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A PHENOMENOLOGICAL EXPLICATION

OF THE EXPERIENCE

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OF HAVING ONE'S BEREAVEMENT

DENIED BY OTHERS

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## ABSTRACT

Bereavement is the natural human reaction to the death of a significant other. Often the experience of the bereaved person is denied expression in the social context. The aim of this thesis is to examine what it means to have one's bereavement denied by others.

The relevant literature was reviewed. Theories which have both reflected and influenced the way the bereaved are perceived in contemporary Western society have been discussed. The historical background to changing attitudes towards death was described and the reasons for the "denial of death" were examined. The narcissistic personality in particular was considered.

Using the Phenomenological method, a question was formulated to elicit the lived structure of the experience being researched. This was asked of thirteen voluntary subjects who had experienced the denial of their bereavement by others. Five written answers (protocols) were chosen and explicated. The lived structure of the experience can be described as "a profound and fundamental distancing of the world of the bereaved from the world of others." The implications of this for the bereaved person, bereavement support groups, health care professionals, future research and society as a whole were then critically discussed.

To the Memory  
of  
Patrick Hackart  
1962 - 1986

"And ever has it been that love knows not  
its own depth until the hour of separation"

Kahlil Gibran

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## INTRODUCTION

"Tzu-lu asked how one should serve ghosts and spirits. The master said, "till you have learnt to serve men, how can you serve ghosts?" Tzu-lu then ventured upon a question about the dead. The Master said, "till you know about the living, how are you to know about the dead?"

Confucius, The Analects

As far back as his recorded history man has been concerned with death. Evidence from the Paleolithic period has revealed that even the hominids had attempted to grapple with the mysteries of death. Their burial sites located in caves in France are among the first evidence that recognition was given to the phenomenon of death. These early hominids, even before the full development of Homo sapiens as a species, had already begun making provisions for their dead. Skulls have been found which were ritualistically arranged in a circle. It has been considered that such customs have emerged out of a general philosophical model based on both love and respect as well as fear of revenge.

The realisation that death is the inevitable end to every life is one of the most distinctive and central features of human experience. It is only natural, then, that the actual occurrence

of death should be an occasion for the living to react to this fact "appropriately." In the past death was seen as a rite de passage both for the person dying and for those left behind. Consequently we find that rites and customs connected with the various aspects of death are universal.

Death has, on the personal level, an "existential" significance: our very experience of life itself is influenced by our awareness of its finality. The corpse, representative of the human subject, suddenly becomes a mere object, confronting every man with his ultimate alienation from his subjective reality. In the face of death, man must deal with the threat to his own existence.

On the psychological level, he must readjust and affirm himself by actualising appropriate attitudes and by expressing them in corresponding behaviour. Not in vain has man been described by many writers as the "eternal protestant" against death.

On the sociological level, death represents the destruction of existing sets of intersubjective, social relationships, necessitating re-adjustments in various spheres. Roles of authority as well as positions of political and family status become vacant and have to be filled. Wives become widows and redistribution of property becomes necessary. In contradiction to the disruption and change introduced by the death of its individual members, society attempts to emphasise the permanence of its values, institutions and cultural patterns. Indeed, it is

in the institutions of society that man's phantasies of permanent life are nurtured. Clearly, for the institutions to survive it is necessary that both the existence and the death of man, as an individual, is denied.

Death customs are, in fact, susceptible to both psychological and sociological interpretations. It is the society, often more particularly the religion of any particular group, that defines and institutionalises the meaning of death. This is done theoretically as well as behaviourally, by assigning specific roles to the various members and functionaries (priests, family and mourners, for example) and by prescribing specific rites and practices. Death customs, therefore, generally form a complex involving many interrelated cultural traits which function together in a more or less consistent and meaningful way. Whatever the rituals may have been expected to do for the deceased they perform, more specifically, a function for the living. The attitude towards death and the dead reflects the attitude towards life of both the individual and the group.

Confucius (circa 500 B.C.) stressed the ethical significance of ritual and saw it as a means of bringing order into the life of the individual, into his relations with the family and into his dealings with society as a whole. One is "established by ritual". If the emotions and attitudes of mind associated with religious ceremonies could be carried over into the secular world, he believed human relationships would be strengthened and beautified.

Confucius writes of mourning rituals in The Analects:

"Tsai Yu asked about the three years' mourning, and said that one year was already long enough. "If gentlemen do not practice the rites for three years," he said, "the rites will certainly decay. If for three years they do not make music, music will certainly die. In a year the old crops have gone and the new crops have come up, so after a completed year the mourning should stop." The Master said: "If you were to eat good rice and wear embroidered clothes, would you feel at ease?" "Yes", he replied. "If you would be at ease then do so," said the Master. "But when a gentleman is in mourning, if he eats dainties, he does not relish them, and if he hears music he does not enjoy it, and if he sits in his usual place he is not at ease. That is why he abstains from these things. But if you feel at ease, then do them!" When Tsai Yu had left, the Master said: "How inhumane Yu is! It is not until a child is three years old that it leaves its parent's arms. The three years mourning is the mourning universally adopted by all under Heaven. Surely Yu had those three years of parental love?"

Confucius considers humaneness as the supreme virtue and filial piety as the root of humaneness. Filial piety consisted of the performance of duties directed towards both the living and the dead. The first aspect included obedience to parents and the responsibility for caring for them and providing food for them in old age. The second aspect involved the providing a worthy funeral and the offering of the proper sacrifices thereafter. Indeed the concept of filial piety was subsequently recognised as an excellent preserver of social stability for it cemented the family and clan system on which the state depended for order and cohesion.

Throughout history we find that funerary customs and death and mourning rituals in most societies have far exceeded the practical, rational minima required for the mere disposal of the body. Not only was the actual disposal ritualised but was surrounded by many pre- and post-burial rites, some extending long after the actual internment. Today "death is big business in the U.S.A. where more money is spent upon funerals and accessories each year than is spent on all hospitals and sanatoria" (W.M. Kephart, 1950, p.636 in Salzberger, 1975).

Further insight into death and the beliefs, activities and reactions of the bereaved is provided by anthropologists. Salzberger (1975) noted that death among the Busama villagers was not a hidden thing: they witnessed the process of dying and were present when their loved ones died. They did not mourn in isolation but in the company of others for a set period of time, expressing their emotions openly and communally, rather than silently swallowing their grief. In the Zulu mourning rituals, people rid themselves physically of the "pollution" of disaster and death by taking emetics and vomiting outside their homesteads. The mortuary customs of the LoDagaa show the realignments that are achieved in a series of rites during which the deceased is elevated to the status of ancestor while his widow and orphans acquire new protectors.

Salzberger (1975) considers the reactions to death which are experienced by the bereaved person - shock, anger, aggression, grief, resignation and acceptance. The need to understand the event within the framework of a morally ordered universe and the feeling of identification with decay and hence pollution by it, are given expression in ritualised and culturally sanctioned behaviour leading at the end to the integration of the spirit of the dead into the company of ancestors, and the reintegration of the bereaved into the surviving community. Salzberger holds that such culturally formulated behaviour would be meaningless if it were nothing but a conscious channelling of emotions and needs. What traditional societies give to their bereaved is ideological content as well as behavioural form. The bereaved are not left in a vacuum; they have learned from infancy how to conceptualize death as well as what to do about death and though death may rob them of members of the living community, the deceased are not ultimately lost to them, for they live on in the world of ancestors or spirits. No such ideology exists in our contemporary, technological society.

Apart from the funeral ceremony there is little or no culturally laid down opportunity for the bereaved to detach themselves from the deceased and place the deceased, through thought and action, in the company of ancestors thereby freeing themselves and returning to the tasks of living. This is only to be expected in a society where the human values of the individual are in conflict with its technological values.

The introject with which the bereaved are trapped is a negation and a denial of their present life. They continue to dwell in the past, when their life was shared and hence had meaning. They review the situations preceding death, looking for an explanation for the death and hoping by means of phantasy to change the events leading up to the death thereby undoing the death. The bereaved feel defined by disaster because they lack the mental tools to define and delimit the disaster (Salzberger, 1975). In short, if there is no-one else to blame, they blame themselves.

Since ancient times, death has been a pivotal theme in art, philosophy, religion and literature. Many of Freud's pioneering theories on death include ideas drawn from the knowledge of primitive man's beliefs and fears regarding death and from interpretations of classical mythology. Recently the importance of the phenomenon of death to the living has been critically examined and much has been written on various aspects of death. So much so we have been led to believe that:

"...the march up the mountain has resulted in the capture of death, and that once wild, dread creature is now stabled in our midst, not a beloved family member, exactly, but a familiar accepted presence" (Farber, 1977, p.43).

And that

"among the practitioners of the new thanatology there is an air of satisfaction and...mutual congratulation...that the project is not merely worthy, it is also a success" (Farber, 1977, p.43).

This is manifestly untrue. If it was true we would certainly know how to anticipate our own death and react properly to that of others. That which we cannot answer we ignore or reify. In fact death, has become "wild" (Aries, 1974).

"The loss of a loved person is one of the most intensely painful experiences any human being can suffer. And not only is it painful to experience but it is also painful to witness, if only because we are so impotent to help. To the bereaved nothing but the return of the lost person can bring true comfort; should what we provide fall short of that it is felt almost as an insult. That, perhaps, explains a bias that runs through so much of the older literature on how human beings respond to loss. Whether an author is discussing the effects of loss on an adult or a child, there is a tendency to underestimate how intensely distressing and disabling loss usually is and for how long the distress, and often the disablement, commonly lasts. Conversely, there is a tendency to suppose that a normal healthy person can and should get over a bereavement not only fairly rapidly but also completely" (Bowlby, 1980, p.7).

This bias, in fact, represents the "denial of bereavement" which the present thesis sets out to examine in greater detail.

## LITERATURE REVIEW

"Well, anyone can master a grief except he that has it."

William Shakespeare, Much Ado About Nothing

"Loss of a loved person gives rise not only to an intense desire for reunion but to anger at his departure and, later, usually to some degree of detachment; it gives rise not only to a cry for help, but sometimes also to a rejection of those who respond. No wonder it is painful to experience and difficult to understand. As Shand (1920) has noted: 'The nature of sorrow is so complex, its effects in different characters so various, that it is rare, if not impossible, for any writer to show insight into all of them'" (Bowlby, 1980, p.31).

This chapter contains a review of the literature on grief, bereavement and mourning, and will assist the reader in arriving at a clearer understanding of the meaning of bereavement.

One short essay by Freud, "Mourning and Melancholia", written in 1915 and published in 1917 dominates all of the psychoanalytic and most of the psychiatric and sociological studies of grief and mourning written since then. Freud's main aim was to develop hypotheses concerning the pathological condition of melancholia; the relatively few sentences on the "normal emotion of grief" are intended as points of contrast with the pathological state. Nor, as far as is known, were Freud's observations on normal mourning drawn from patients in analysis and until then his own life had been relatively free from bereavement, his father dying at 81 in

1896 and his half-brother, at the same age, in 1914. It is likely that his concepts relied largely on introspection or imagination. His basic description of mourning is based on wisdom rather than observation and his explanations are hypotheses derived from the theories of psychoanalysis then developing. Near the end of the essay he in fact reveals: "We do not even know the economic means by which mourning carries out its task" (Gorer, 1966, p.119).

Freud considered that grief is the reaction to the loss of a loved person or to the loss of some representation in the abstract of a meaningful object, such as one's country, liberty or an ideal. He reaffirmed the notion that grief or mourning was not to be regarded as a pathological condition, was not to be treated medically, and was likely to be overcome after a certain lapse of time. Freud maintained that any interference with normal mourning was either useless or potentially harmful. The mood of mourning is painful, behaviourally and psychologically, and is accompanied by a loss of interest in the outside world, a loss of capacity to invest in a new love object or ideal, and a turning away from any activity unconnected with the loss. Reality shows that the loved object or ideal no longer exists, but the mourner is unable to withdraw his love or attachment from that which is lost. Instead, a counter-reaction can ensue, where the mourner turns away from reality and clings to the lost object or ideal through denial or through a phantasy that keeps the absent person, object or ideal alive. Reality usually

predominates "at the great expense of time and cathectic energy, and in the meantime the existence of the lost object is psychically prolonged. Each of the memories and expectations in which the libido is bound to the object is brought up and hypercathected, and detachment of the libido is accomplished in respect of it...(W)hen the work of mourning is completed the ego becomes free and uninhibited again" (1917, p.245). Freud suggested that the loss of an object or an ideal is transformed into an ego loss which utilises the adaptational process of mourning to "heal itself". The process of mourning, like the contemporary notion of "working through", requires internal work to restore psychic balance.

The mourning process is an adaptation which occurs in the life of each person, irrespective of his cultural background and which, when ritualised, can be found throughout the history of man in his religious, social and cultural practices.

Freud suggested that the object representations lose their libidinal energy when loss occurs and mourning begins. The withdrawal of libido, however, cannot be accomplished in a very short time if what was lost was meaningful to the mourner. Hence the explanation for the gradual, relatively long and seemingly drawn-out process. It seems in psychoanalysis that first one and then another memory becomes activated, although sequential phases of the process can also be observed. In the mourning process, although the repeated expressions of grief always appear similar, each lament is derived from some different source. If the loss

does not possess great significance for the ego, a value represented by many links, then the loss will not evoke the typical mourning process that is often seen in losses following more intense involvements (Pollock, 1977, p.16).

Concerning mourning, Freud believed:

"It is remarkable that this painful unpleasure is taken as a matter of course by us...However when the work of mourning is completed the ego becomes free and uninhibited again...We found ...that in mourning time is needed for the command of reality-testing to be carried out in detail, and that when this work has been accomplished the ego will have succeeded in freeing the libido from the lost object" (Gorer, 1966, p.121).

Salzberger (1975) noted that the essay "Mourning and Melancholia" was written in the same year as "Thoughts for the Times on War and Death". In the latter essay Freud described the then prevailing attitude of the "civilised adult" concerning death and the dead:

"Towards the actual person who has died we adopt a special attitude - something almost like admiration for someone who has accomplished a very difficult task. We suspend criticism of him, overlook his possible misdeeds, declare that 'de mortuis nil nisi bonum', and think it justifiable to set out all that is most favourable to his memory in the funeral oration and upon the tombstone....The complement to this cultural and conventional attitude towards death is provided by our complete collapse when death has struck down someone whom we love - a parent or a partner in marriage, a brother or sister, a child or close friend. Our hopes, our desires and our pleasures lie in the grave with him, we will not be consoled, we will not fill the lost one's place."

It is important to note, although Freud dealt with both aspects in the two different essays, he did not mention the contradiction between what is socially expected of the mourner and the mourner's reality. Freud thus tacitly revealed the denial of bereavement by his failure to address the issue.

A different approach is that of Melanie Klein "Mourning and Its Relation to Manic-Depressive States" (1940). She emphasised breast feeding, weaning and the process of oral introjection as a basis for self-identity. A child's relationship to its mother is interpreted largely as a defence against paranoid anxiety. If the mother is lost, the child is left victim to this anxiety which is no longer mediated through attachment to the loved object. Fear and guilt at being responsible for the loved one's "destruction" become paramount and the child experiences the loss of its mother as a personal punishment.

"When the depressive position arises, the ego is forced...to develop methods of defence which are essentially directed against the 'pining' for the loved object. These are fundamental to the whole ego-organisation...The ego is driven by depressive anxieties (anxiety lest the loved objects as well as itself should be destroyed) to build up omnipotent and violent phantasies..."

"The child goes through states of mind comparable to the mourning of the adult, or rather, that this early mourning is revived whenever grief is experienced in later life...We now have to connect the infantile depressive position with normal mourning. The poignancy of the actual loss of a loved person is, in my view, greatly increased by the mourner's unconscious phantasies of having lost his internal 'good' objects as well. He then feels that his internal 'bad' objects predominate and his inner world is in danger of disruption...In normal mourning early psychotic anxieties are reactivated. The mourner is in fact ill, but because this state of mind is so common and seems so natural to us, we do not call mourning an illness...To put my conclusion more precisely: I should say that in mourning the subject goes through a modified and transitory manic-depressive state and overcomes it, thus repeating, though in different circumstances and with different manifestations, the processes which the child normally goes through in his early development" (Gorer, 1966, p.121).

"In mourning as well as in infantile development, inner security comes about not by a straight-forward movement but in waves...If the mourner has people whom he loves and who share his grief, and he can accept their sympathy, the restoration of the harmony in his inner world is promoted, and his fears and distresses are more quickly reduced" (Gorer, 1966, p.122).

Klein maintained that if people were unable to share their grief or they failed to experience mourning then:

"Feeling incapable of saving and securely reinstating their loved objects inside themselves, they must turn away from them more than hitherto and therefore deny their love for them. This may mean that their emotions in general become more inhibited; in other cases it is mainly feelings of love which become stifled and hatred is increased" (Gorer, 1966, p.122).

Although Klein accepts mourning as a phase of disorganisation and speaks of the necessity to renew links with the external world her main position is that the individual must "rebuild with anguish the inner world which is felt to be in danger of deteriorating and collapsing" (Smith, 1974, p.77). As with Freud, Klein emphasises the conflicts that occur within the psychic apparatus and like him she neglects to emphasise the individual's social world (Smith, 1974, p.77).

In 1944, Eric Lindemann published a paper entitled "Symptomatology and Management of Acute Grief." His results were based on 101 recently bereaved subjects whom he classified into four categories:

- 1) psychoneurotic patients who had lost a relative during the course of treatment
- 2) relatives of patients who had died in hospital
- 3) relatives of members of the armed forces
- 4) relatives of disaster victims.

Lindemann found that:

- 1) Acute grief is a definite syndrome with psychological and somatic symptomatology
- 2) the grief syndrome may appear immediately after a crisis; it may be delayed; it may be exaggerated or apparently absent
- 3) in place of the typical syndrome there may appear distorted pictures, each of which represents one aspect of the grief syndrome.

Lindemann described normal grief as follows:

"The picture shown by persons in acute grief is remarkably uniform. Common to all is the following syndrome: sensations of somatic distress occurring in waves lasting from 20 minutes to an hour at a time, a feeling of tightness in the throat, choking with the shortness of breath, need for sighing, and an empty feeling in the abdomen, lack of muscular power, and an intense subjective distress described as tension or mental pain. The patient soon learns that these waves of discomfort can be precipitated by visits, by mention of the deceased, and by receiving sympathy. There is a tendency to avoid the syndrome at any cost, to refuse visits lest they should precipitate the reaction, and to keep deliberately from thought all references to the deceased....Another strong preoccupation is with feelings of guilt. The bereaved searches the time before the death for evidence of failure to do right by the lost one. He accuses himself of negligence and exaggerates minor omissions....In addition there is often a disconcerting loss of warmth in relationship to other people, a tendency to respond with irritation and anger, a wish not to be bothered by others at a time when friends and relatives make a special effort to keep up friendly relationships....These feelings of hostility, surprising and quite inexplicable to the patients, disturbed them and were again often taken as signs of approaching insanity. Great efforts are made to handle them, and the result is often a formalized, stiff manner of social interaction."

"The activity throughout the day of the severely bereaved person shows remarkable change. There is no retardation of action and speech; quite the contrary, there is a push of speech, especially when talking about the deceased. There is restlessness, inability to sit still, moving about in an aimless fashion, continually searching for something to do. There is, however, at the same time, a painful lack of capacity to initiate and maintain organized patterns of activity. What is done is done with lack of zest, as though one were going through the motions. The bereaved

clings to the daily routine of prescribed activities; but these activities do not proceed in the automatic self-sustaining fashion which characterizes normal work but have to be carried on with effort, as though each fragment of the activity became a special task. The bereaved is surprised to find how large a part of this customary activity was done in some meaningful relationship to the deceased and has now lost its significance. Especially the habits of social interaction - meeting friends, making conversation, sharing enterprises with others - seem to have been lost" (Gorer, 1966, p.124).

Those symptoms which most usually follow bereavement can be classified under five headings:

- 1) somatic distress
- 2) preoccupation with the image of the deceased
- 3) guilt
- 4) hostile reactions to the deceased and to others
- 5) loss of patterns of conduct and social and psychological disorganisation.

The duration of grief and the successful resolution of mourning depend on the willingness of the bereaved to undertake what Lindemann terms "grief work". This involves the "emancipation from the bondage to the deceased, readjustment to the environment in which the deceased is missing and the formation of new relationships" (Lindemann, 1944, p.143 in Gorer, 1966, p.125).

A difficulty one has in accepting Lindemann's views is that his subjects were all alone in an artificial hospital environment. When he writes of mourners "who refuse visits lest they should

precipitate the reaction of intense grief" (Lindemann, 1944, p.123) he is almost certainly referring to visitors to the hospital and not to callers at home. "This implicit picture of the solitary patient who has nothing to do but get over his grief has tended to dominate the literature of the last twenty years" (Gorer, 1966, p.131).

Nevertheless Lindemann did recognise the importance of the individual's environment although he did not, however, provide a coherent framework in terms of which "grief work" could be carried out (Smith, 1974, p.78).

Eliot was the first to mention the taboo of bereavement in "Bereavement: Inevitable but not Insurmountable" (1955)

"Bereavements are usually unexpected, often a shock, and seldom planned for either personally or by the family....That bereavement has been so little studied can be attributed to inertia, taboo, and inherent methodological difficulties, not to the obscurity of the problem" (Gorer, 1966, pp.125).

Engel sees bereavement differently in "Is Grief a Disease?" (1961):

"Generally it includes an initial phase of shock and disbelief, in which the sufferer attempts to deny the loss and to insulate himself against the shock of reality. This is followed by a stage of developing awareness of the loss, marked by the painful effects of sadness, guilt, shame, helplessness or hopelessness; by a sense of loss and emptiness, by anorexia, sleep disturbances,

sometimes somatic symptoms of pain or other discomfort, loss of interest in one's usual activities and associates; impairment of work performance etc. Finally there is a prolonged phase of restitution and recovery during which the work of mourning is carried on, the trauma of the loss is overcome, and a state of well-being re-established" (Gorer, 1966, p.126).

In Widows and Their Families (1956), Peter Marris concluded, after interviewing seventy-two working-class widows from London's East End, that grief consisted of:

"...first, physical symptoms; second, loss of contact with reality - inability to comprehend the loss, brooding over memories and clinging to possessions, a feeling that the dead man is still present, expecting him home with every turn of the key in the door and talking to him and of him as if he were still alive; third, a tendency to withdraw - to escape from everything that recalls the loss, from sympathetic friends and relatives, from any interest in life at all; fourth, hostility - against the doctor, against fate, in turn, against oneself" (Gorer, 1966, p.126).

Bowlby's analysis of grief and mourning rests primarily upon an appreciation of instinctive attachment and response mechanisms. He believes mourning to be a biological process.

"In old and young, human and sub-human, loss of a loved object leads to a behavioural sequence which, varied though it be, is in some degree predictable. In human beings, moreover, the behavioural sequence is accompanied by a sequence of subjective experiences which begins with anxiety and anger, proceeds through pain and despair, and, if fortune smiles, ends with hope" (Bowlby, 1962, p.320).

The foundation of his approach, which relates to loss in general and bereavement in particular, rests on the contention that the child's tie to the mother "is mediated by a number of instinctive response systems which are part of the inherited repertoire of man" (Bowlby, 1962, p.323). He regards all relationships of physical and emotional significance to the partners as being built around the same general pattern. The response systems are the first developed in the relations between mother and child. The mother often terminates certain instinctive response systems. For example, her presence will terminate searching and anxiety on the part of the child. She will also provide activating stimuli for other instinctive stimuli and reinforce these when they occur. The relationship first between mother and child, and later between self and significant others, is mediated through such instinctive changes.

Bowlby has applied this theoretical orientation to bereavement. He asserts that when an individual first experiences loss, the loneliness and anxiety which ensue evoke in him an "ancient instinctive response". In the first phase of mourning this may be seen in the anger and weeping of the bereaved individual and is aimed at recovering the lost object.

"Thus, we see repeated disappointment, weeping, anger, accusation and ingratitude are all features of the first phase of mourning and are to be understood as expressions of the urge to recover the lost object" (Bowlby, 1962, p.334).

In the second phase of mourning, attempts at recovery diminish when they fail to have any success. Despair then sets in and behaviour, lacking any direction, becomes disorganised. Lindemann, too, noted this in his description of the symptomatology of grief. Bowlby holds that the depression which accompanies this phase represents the subjective aspect of disorganisation and the lack of meaningful and goal-directed interaction between the individual and his social environment. Such an attitude on the part of the bereaved individual is adaptive in the sense that his former mode of relating, behaving and communicating will now be inappropriate. He must, therefore, develop a new structure through which he can relate to his environment. This achievement constitutes the third phase of mourning. Reorganisation takes place partly in connection with the image of the lost object and partly in relation to new objects.

Parkes (1972) follows Bowlby's theoretical approach in his attempt to account for the reactions to bereavement. (He conducted two studies with the aim of discovering the the normal reaction to bereavement. One study involved an unselected group of London widows, the other, a group of twenty-one bereaved people who were undergoing psychiatric treatment.)

These theoretical analyses have tended to ignore the social life of the mourner and thus the social nature of the bereaved individual's predicament. The despair of the bereaved has been interpreted largely by way of biological, instinctive and psychic

processes. Pathological mourning has been similarly interpreted. That animal behaviour after the "experience" of loss is similar to certain human activities in the same situation, is used to support an explanation based on instinct (Bowlby, 1962, p.328 to p.331, and Parkes, 1972 pp.40 - 41). Although overt similarities in physical action may be apparent, the subjective meanings attributed to such behaviour certainly cannot be extrapolated.

Gorer (1966) has criticised those authorities who treat the bereaved "as though they were completely alone, with no other occupation in life but to come to terms with, and work through, their grief" (1966, p.130). It is his contention that "the work of mourning can be assisted or impeded...by the way in which the mourner is treated by society, in general, and in particular those members of it with whom he is in frequent contact including his family". He accuses contemporary society of wishing to ignore grief which he sees as reflected in the diminution of ritual and social awareness which previously had accompanied death and grieving. It is his contention that adults need help to live through the phase of intense grief but questions whether they can appeal for help in a society where the majority ignore grief and treat mourning as morbid. Aries (1977) believes that the predicament of the individual has not always been so, but arose when "experiential" aspects of death were denied. An example of this is the denial of the mourner's experience of bereavement.

"...The majority of British people are today without adequate guidance as to how to treat death and bereavement and without social help in living through and coming to terms with the grief and mourning which are the inevitable responses in human beings to the death of someone whom they have loved...there is no...secular recognition of the fact that human beings mourn in response to grief, and that, if mourning is denied outlet, the result will be suffering, either psychological or physical or both" (Gorer, 1966, p.132)

Gorer described three stages of mourning. The initial stage began with the loved one's death and ended with his burial or cremation. This was followed by a stage of grief and depression, withdrawal from the social world, insomnia and loss of appetite and weight. In the third stage the bereaved regained his psychological and physiological balance and re-established relationships with other people. Gorer indicated that in other societies the mourner's anger at having been abandoned by the dead is allowed institutionalised expression while in ours the denial of mourning may lead to destructiveness to the self, others or things. He proposed that in order to avoid depression, despair and callousness, mourning should be viewed as a rite de passage during which the bereaved undergo social, psychological and physiological changes. He suggested the development of secular rituals for "civil mourning" to help the bereaved express their grief and to be reaccepted by society.

Gorer also stressed the need for the reintroduction of ritual. Ritual is a source of renewal for individuals, enabling them to live through certain life changes which would otherwise be

traumatic. Ritual is aimed not only at the individual but also at the broader community (Gennrich-de Lisle, 1985, p.40). Solomon (1987) holds that mourning and grief are interrelated components of bereavement and are the processes through which the bereaved achieve social, psychological and physiological adaptation following a loss. Such adaptation can be most easily facilitated by those with whom the mourner is in frequent contact.

A Phenomenological perspective enables one to envisage mourning as a profound and lasting transformation of existence. The mourner, himself, by bidding farewell to the departed, bids farewell to his own earlier way of existence and the bereaved somehow takes over the being of the deceased. May (1958) contends that custom has largely regulated the manifestations of mourning and this has facilitated false expressions of mourning, not based on adequate emotional experience. The mourner subjectively experiences pain, a pain which "calls for vehement outbreak" (May, 1958, p.406).

"The mourner feels burdened, heavy, his strength, courage and enthusiasm for life have disappeared. Everything seems deserted and empty, as though seen through a veil; the eye stares into space, the voice is muffled, the feet move with caution. All thoughts are always with the dead; the eye seeks him and wants to retain him as long as possible; time and again, the steps would turn towards the body. Whenever the outside world obstrudes itself, grief breaks out again, loudly, as at the burial. When this is over, mourners feel obvious relief" (May, 1958, p.406).

May (1958) has cited Heidegger's description of the mourning affect:

"The 'deceased', who in contrast to the 'dead' has been torn away from the 'bereaved', becomes an object of 'care' - by way of the funeral rite, the burial, the grave-cult. And this occurs because the deceased, in his way of being, is 'still more' than just some 'stuff at hand' in the environment [Umwelt]. In their mournful-commemorative remaining with him, the survivors are with him in a mode of honouring care. The relation to the being of the dead must, therefore, not be understood as a mere dealing with something at hand. In such being-together with the dead, the deceased is himself no longer 'there'. But being-together always means being together in the same world. The deceased has left and relinquished our world: Only out of it can the remaining ones still be with him."

May maintains that if "being-with" always means "being-together-with in the same world" then, as result of the deceased "having left and relinquished ours", in dwelling with the deceased we are no longer in the same world in which we were with him, while he was alive. Heidegger explains "only out of it (their world) can the remaining ones still be with him." May elaborates "if we learn that in the quiet phase of mourning one always thinks of the deceased, what is meant is identical with what Heidegger terms 'being-with-the-dead'....The desolation and emptiness, the lack of interest in any interference with the ways of the world are all expressions of the feeling that the mourner has been ejected from the world heretofore familiar to him" (May, 1958, p.407).

"As one can see, there has been no lack of complex, theoretical probing into the intrapsychic processes with regard to death, and as a result a number of revolutionary insights have emerged. However, the mental health profession is still faced with the difficulty of extending the concept of awareness, to include awareness of the inevitability of one's own death, as well as of significant others, and, second, how to live with this inevitability. It is most likely that most persons in the helping professions have suffered bereavement by the time they have reached adulthood, and this certainly applies to patients. Yet, so often, the actual loss is regarded as an event extraneous to the person. Freud maintained that it is 'indeed impossible to imagine our own death...and that in the unconscious every one of us is convinced of his immortality.' However, he urged that we should try to make this suppressed attitude more conscious so as to be freer from earlier anxieties and in his view, live a more rational and mature life, without the illusions of immortality" (Palgi, 1983, p.34).

PROBLEMS ASSOCIATED WITH BEREAVEMENT

"Sorrow conceal'd, like an oven stopp'd  
Doth burn the heart to cinders where it is."  
William Shakespeare, Titus Andronicus

To be bereaved in contemporary society is to experience not only the symptoms of physical disease but dis-ease of a psychological and a social nature as well. The uncaring society does little to alleviate the problems of the bereaved. After the initial period of shock, most mourners have to work out their own solution and receive very little, if any help towards personal re-organization (Spector and Clairborn, 1973 in Solomon, 1987).

Young, Benjamin and Wallis (1963) found an increase in the death rate among 4,486 widowers, over the age of 54, of almost 40% during their first six months of bereavement. Rees and Lutkins (1967) researched the mortality associated with bereavement and found that the death rate among survivors during the first year of bereavement was nearly seven times that of the general population. These two studies clearly established statistical proof that bereavement is associated with increased mortality.

Research by Carr and Schoenberg (in Parkes, 1972) showed that certain diseases, including cancer, tuberculosis, ulcerative colitis, asthma, obesity, rheumatoid arthritis, congestive heart failure, leukemia and diabetes have a higher incidence in the

recently bereaved. The findings of Benjamin and Fitzgerald, (1969) reviewed the actual causes of death of the bereaved widowers in the investigation of Young et al (1963). Three quarters of the increased death rate during the first six months of bereavement was attributable to heart disease, in particular ischaemic heart disease (Parkes, 1972, p.31). Although no direct cause-effect link has been established between bereavement and disease, the statistical evidence clearly suggests that reaction to loss can contribute to the development of certain diseases (Despelder and Strickland, 1983, p.201).

Schmale and Ilker (1966) maintain that the feelings of helplessness and hopelessness that accompany loss are responsible for physical illness (in Parkes, 1972). Cancer of the uterus was accurately "diagnosed" by a psychiatrist who was unaware of the pathology and interviewed each patient as to her feelings about any recent losses in her life. Evidence of loss and feelings of helplessness or hopelessness was found to be associated with cancer in 71% of cases.

Research into widowhood has confirmed these results: the widowed typically have higher death rates (especially the young widowed) than their married counterparts (Young, Benjamin and Wallis, 1963, and Berardo, 1968). Parkes, Benjamin and Fitzgerald (1969) studied a large sample of widowers over the age of 55, for nine years, and found that the greatest increase over expected age-specific mortality rates occurred during the first six months of

bereavement. Diseases related to cardiovascular degeneration (rather than conjoint accidents or infectious diseases that might have been shared with the spouse) were responsible for most of the supernumerary deaths.

Hans Selye (1950) has researched the existence of an acute alarm reaction associated with the mobilisation of the body's resources in situations of high emotional stress. This alarm reaction is a "generalised call to arms" of the body's defences and is seen in various physiological changes in response to stress. If the reaction is not followed by some form of adaptation or resistance to the agent eliciting it severe damage or even death can ensue. Hence the stress associated with bereavement appears, at times, to exacerbate a physical condition that may have been latent, causing symptoms to become manifest or to develop more rapidly. Stress is a component of the grief process and plays a crucial role in the survivor's ability to cope (Despelder and Strickland, 1983, p.202).

George Engel (1971, 1977) compiled case studies to show a relationship between stress and sudden death. He classified stressful situations as:

- 1) the death of someone close
- 2) acute grief
- 3) mourning
- 4) loss of status or self-esteem following a bereavement.

Loss of self-esteem is not necessarily associated with bereavement. Guilt, however, tends to lower self-esteem and is a frequently experienced component of grief. Self-esteem can also be lowered in daily situations following the death of someone close; for example, a widower who used to attend social functions with his spouse is now left off the guest list, and a widow's declining of invitations she perhaps feels are activities for couples. Loss is primarily expressed and dealt with through social interaction and if openly acknowledged and dealt with can have a positive and supportive significance for the bereaved person. The converse holds true where the person is socially ignored and alienated.

Anomie, a condition associated with the absence of social norms and customs to guide behaviour, has been associated with suicide (Durkheim, 1951). In contemporary society, the role of the widowed person tends to be a "roleless" one, lacking norms or prescriptions for behaviour (Arling, 1976; Hiltz, 1978; Lopata, 1975 cited in Balkwell, 1981) and is uncertain and ambiguous (Cowgill and Holmes, 1972). One would therefore expect suicide rates to be higher among the widowed than among their married counterparts and indeed this has been found to be the case (Gove, 1972; Kraft and Babigan, 1976; Rico-Velasco and Mynko, 1973; in Balkwell, 1981). Social commitments such as membership of formal organisations or living with one's family, for example, can alleviate the isolation associated with widowhood and can provide partial protection against the forces which drive individuals towards suicide.

Mental illness also affects the widowed to a greater extent than it does married people. Depression is so often experienced by the widowed that it may be viewed as a normal reaction to loss through death. Elevated rates of depressive symptoms were noted in the widowed (Clayton, 1974 in Balkwell, 1981) and the incidence was significant when age, race and sex were controlled (Pearlin and Johnson, 1977, in Balkwell, 1981). In contemporary Western society women typically have higher rates of mental illness than men. Among the widowed, however, it is the men who have higher rates of mental illness (Grove, 1972 in Balkwell, 1981).

In another study, previously unrecognised mental illness was found more frequently among the widowed than among the married in a sample of elderly men who were admitted to hospital for acute medical and surgical problems (Schuckit, Miller and Hahlbohm, 1975 cited in Balkwell, 1981).

Bowlby (1962, p.102) cites Weiss (1975) concerning the experiences of marital partners after they had become separated or divorced. Looking specifically at loneliness, he draws a sharp distinction between the loneliness of social isolation and the loneliness of emotional isolation. Each form of loneliness is of great importance but what acts as a remedy for one does not necessarily aid the other. He sees emotional loneliness as being helped only by involvement in a mutually committed relationship, without which he found there was no feeling of security. Such potentially long-term relationships are distinct from ordinary

friendships and, in adults of Western society, take only a few forms. The important point to consider here is that "once the nature of emotional loneliness is understood, its prevalence among widows and widowers who do not marry again, and also among some who do, is hardly surprising. For them, we now know, loneliness does not fade with time" (Bowlby, 1980, p.103).

"He first deceased; she for a little tried  
To live without him, liked it not, and died."

"Upon The Death of Sir Albert Morton's Wife",  
John Donne, (1651)

During the Fifteenth Century, grief was one of the legal causes of death that could be listed on death certificates. Clearly the bereaved, especially during the first year of loss, do have a higher incidence of certain diseases and are at a greater risk generally than the rest of the population.

"Grief, if unmanaged, can be as great a killer as any disease of known origin" (Balkwell, 1981 in Gullotta, 1982, p.9). So it seems that the people in the Fifteenth Century were not wrong to regard "griefe" and "a broken heart" as legitimate causes of death.

## HISTORICAL ATTITUDES TOWARDS DEATH

"Neither the sun nor death can be looked at with a steady eye."

La Rochefoucauld (1613 - 1680), Maxims

Man's attitude toward death relates to his awareness of self, his perception of existence and his individuality and has constantly changed throughout history.

Philippe Aries (1974) studied notarial records and examined artefacts, wills, fashion in tomb sculpture, dramas of the deathbed scene and cemeteries since the Middle Ages. He showed that supposedly traditional customs associated with death are in fact not traditional at all but only originated during the late Eighteenth Century. He has called these customs "the romantic cult of the dead".

Aries described the following phases which represent changes in attitude toward death:

- 1) tame(d) death (la mort apprivoisee): characterised by indifference, resignation, familiarity and lack of privacy (500 to 1100);
- 2) the death of the self (la mort de soi): individualised awareness of death (1100 - 1400)

- 3) remote and imminent death (la mort longue et proche): the subtle distancing of death which is nevertheless still close (1400 to 1650)
- 4) the death of the other (la mort de toi): a morbid fascination with death (1650 to 1900)
- 5) invisible death (la mort inversee): death is taboo (1900 - ).

Although these phases have been presented chronologically, attitudes did not change uniformly throughout a particular region, social group or period.

The "tame death" was so called because death was both near and familiar and evoked no particular fear or awe. In contrast, death today is perceived as something so frightful that "none may utter its name" (Aries, 1974, p.13). The concept of the "tame death" also contrasts to the contemporary attitude where death "has become wild" (Aries, 1974, p.13).

The basic premise underlying the concept of the "tame death" is that, while a person's death constitutes a painful loss to others, for the dying person death is not a source of fear and dread at all. Usually the dying person was forewarned by natural signs and inner conviction, not supernatural forces or magical premonition. In the Early Middle Ages King Ban said "I see and know that my death is near." J.S.Bach in 1750 said that he "felt his end approaching" and Don Quixote in the Seventeenth Century stated: "Niece, I feel that death is near". Both Christians and non-Christians died in such a way.

The "tame death" is depicted by:

- 1) death in bed
- 2) ritual organised by the dying person himself
- 3) until the end of the Eighteenth Century, the dying man's room was a public place. After "germs" were discovered doctors kept onlookers away
- 4) the simplicity with which the person died
- 5) the co-existence of the living with the dead: people dwelt among the remains of the deceased.

The era of the tame death extends into the Christian centuries - but with changes in funeral custom. Despite death's familiarity, the Ancients feared the dead and, continuing this belief, the Romans buried their dead outside the cities along major roads. With the Christian belief in resurrection, "this aversion to the proximity of the dead soon gave way...first in Africa, and later in Rome" (Aries, 1977, p.30). This resulted in Christians and pagans alike being buried near the tombs of martyrs hoping to be associated with them through union in death. Maximus in the Fifth Century said: "these martyrs will keep guard over us." Later people were buried within the cities' precincts in churches and cathedrals. When the churchyards filled up, the bones of the long dead were gathered into charnel houses and ossuaries. "The cemetery together with the church, was the centre of social life. The cemetery took the place of the forum. During the Middle Ages and until well into the Seventeenth Century, it corresponded as much to the idea of a public square as it did to the notion, now become exclusive, of a space reserved for the dead" (Aries, 1977,

p.62). The word "cimetiere", in fact, was taken to mean a place of asylum and a refuge rather than merely a burial place. People met there to gamble or trade, although from the Thirteenth Century onwards, dancing and gambling in cemeteries was strictly prohibited (for example in 1231 and 1405 by the Church Council of Rouen) due to interference with funerals. "Death was an occasion for the renewal of life. Dancing with the dead, on their tombs, was an occasion for affirming the joy of being alive" (Illich, 1976, p.181).

"It is startling to learn that, for all this activity in and around cemeteries, the shallow graves and the unceremonious haste with which the dead were buried meant that the sight and smell of rotting flesh was commonplace, with bleached bones showing through the soil" (Carse, 1982, p.401).

Although signs of intolerance began to make themselves felt, for over a thousand years people were adapted to "this promiscuity between the living and the dead....Indeed, they were as familiar with the dead as they were familiar with the conception of their own death" (Aries, 1974, p.25).

Death, therefore, was not solely an individual act but was an event for celebrating the individual's solidarity with his family and community. "If the community feared the passage of death and felt the need to recover itself, this was not only because it was weakened by the loss of one of its members. It was also because death...opened a breach in the defence system erected against the

savagery of nature" (Aries, 1977, p.604). Death was ritualised therefore to aid man's "total strategy" against nature.

"This is why death has not been permitted its natural extravagance, but has been imprisoned in ceremony, transformed into a spectacle. This is also why it could not be a solitary adventure but had to be a public phenomenon involving the whole community" (Aries, 1977, p.604).

That life has an end was not overlooked. This end was not seen to coincide with physical death, but rather depended on the unknown state of what was imagined to lie beyond the grave. At this stage the dead wait, according to Christian doctrine, for what will be the true end of life, the glorious resurrection of the world to come. Death is here conceptualised as a state of peaceful repose. "Death may be tamed, divested of the blind violence of natural forces, and ritualised, but it is never experienced as a neutral phenomenon" (Aries, 1977, p.605).

At this time another attitude emerged which held that "every man possesses a personal biography" (Aries, 1977, p.138). This attitude, which Aries categorises as "death of the self", saw, from the Twelfth Century onwards, the gradual replacement of the importance of the Second Coming of Christ with the Last Judgement. Implied here is the widely held expectation of Christ's triumphant return and the raising of the dead. Death was still understood as a collective state and not an individual destiny and hence was nothing to fear. As the importance of the individual began to emerge in the Middle Ages, concern for the

assessment of the individual's life led to an obsession with postmortem judgement.

Previously, it was believed that a period of time elapsed between one's death and "the Judgement" so that intercession by the Church or the dead person's family members was possible. Slowly the belief changed to that of the individual being judged at the moment of death, especially on those acts committed immediately preceding death. Great importance was laid on the process of dying. Death-bed conduct Manuals, "artes moriendi", were prepared ostensibly to assist the dying especially in the Fifteenth and Sixteenth Centuries.

It was thought that each person's life flashed before them at the moment of death and that his attitude at this moment would give his biography its final meaning. Hence a close relationship developed between death and the biography of each individual.

From the Twelfth to the Sixteenth Century death was regarded as the occasion when man was most likely to reach a deeper understanding of himself. He was aware that death was always with him and that his life would be brief - and yet he "felt a love of life which we today can scarcely understand perhaps because of our increased longevity" (Aries, 1974, p.45).

So, by shedding some of its "tameness" and taking on a role for which the dying person had to prepare himself, death was seen as

a drawing closer to life. As the Middle Ages progressed this "encroachment of death" gave rise to an interest in the macabre (Carse 1982). The semi-skeletal figure of death engaging, and leading the living in obscene activities, is reflected in the "danse macabre". Aries stresses that the macabre "exposes a passionate love for the world and a painful awareness of the failure to which each human life is condemned" (Aries, 1977, p.130). In 1424, the Dance of the Dead was painted for the first time on a cemetery wall in Paris. Through reconstruction, it is seen that "king, peasant, pope, scribe and maiden each dance with a corpse. Each partner is a mirror image of the other in dress and feature. In the shape of his body Everyman carries his own death with him and dances with it through his life....From dancing with dead ancestors over their graves, people turned to representing a world in which everyone dances through life embracing his own mortality. Death was represented, not as an anthropomorphic figure, but as a macabre self-consciousness, a constant awareness of the gaping grave" (Illich, 1976, p.182).

"In the mirror of his own death each man would discover the secret of his individuality (speculum mortis). Hence, since the early Middle Ages, western man came to observe himself in his own death" (Aries, 1974, p.51).

Slowly the traditional relationship between self and other changed and the sense of the individual's identity prevailed over the previously held notion of a collective destiny. The individual, distinct from the community, now became conscious of himself as an individual. The Will was the means by which an

individual's continuity between this world and the next was ensured and served both to justify his life on earth and to "make an investment in heaven, thanks to the transition of a good death" (Aries, 1977, p.606).

The new self-awareness changed the concept of the individual and the afterlife. In the later Middle Ages the individual was "split" in two: a body that experienced pleasure or pain, and an immortal soul that was released at death. This view became increasingly wide-spread from the Eleventh Century on, until by the Seventeenth Century it gained almost universal acceptance. Associated with this idea are the expressions "he gave up the ghost" and "God has his soul."

It was believed that the "fully conscious" soul did not just rest passively in resurrective anticipation but, rather, asserted its own creative identity on the world and afterlife. Also spoken of is the soul's "refusal to let it (creative identity) dissolve into some biological or social anonymity. It was a transformation of the nature of human existence that may well explain the cultural advance of the Latin West at this time" (Aries, 1977, p.606).

The deathbed drama, once of paramount importance, became a pathetic scene in the Seventeenth and Eighteenth Century when an attitude of mingled acceptance and indifference prevailed. Interest in funeral rites and rituals diminished and death was,

on the whole "more concealed than ever" (Aries, 1977, p.607). The face of the deceased was covered by a shroud, coffin and catafalque or representation. The dead person's face, once unthinkingly accepted, was now covered for fear of upsetting or frightening viewers. But, once the body was conjured away by the representation, the old familiarity with death was restored and everything returned to normal.

"Defence against untamed nature was invaded by a new fear but this fear was immediately overcome by the taboo to which it gave rise" (Aries, 1977, p.608).

Visible manifestations of this stage, the death of the self, are the concealment of the corpse and the use of the Will. During the Renaissance (1450 to 1600) changes occurred in the collective attitude toward death. These changes, contained the seeds of a reversal - "a remote and imperfect adumbration of the great reversal of today - was starting to appear in representations of death" (Aries, 1977, p.608). Death, previously seen as tame, was now preparing its return to savagery. The movement, which was discontinuous and consisted of long, almost imperceptible steps, was evident during the time of the rise of rationalism, science and technology: in short, the faith in man's triumph over nature.

AS. SOONE. AS. WEE. TO. BEE. BEGUNNE.

WE. DID. BEGINNE. TO. BE. UNDONE.

English "memento mori" c.1650

"The shadow of death lengthens and falls across the entire course of life" (Carse, 1982). Hence the death-bed drama disappears, as does the belief that one can prepare for death in one's final hours on earth. Clergymen therefore urged people to consider death at all times, and not just as they were dying.

Evolving here then is "a model of the good death, the beautiful and edifying death, which replaces the death of the medieval "artes" in the bedroom" (Aries, 1977, p.310). Life was seen as a possession which should be lightly released. Later, death was seen as a "blessed haven, safe from the troubled seas and the quaking earth. Life and the world have taken the place of the negative pole that the people of the late Middle Ages and the early Renaissance had identified with death. Death and life have switched roles" (Aries, 1977, p.332). In the Renaissance, death was now no longer familiar but was sharply different from life, hence "remote and imminent death."

The "mortality plays" of the late Fifteenth Century show death in a new costume and role (Linder, 1928, in Illich, 1976, p.185). No longer just a mirror image of the individual, Death assumes the leading role among "the last four things", preceding judgement, heaven and hell. Death is no longer just one of the four apocalyptic riders or a mere messenger executing the orders of God. "Death has become an independent figure who calls each man, woman, and child, first as a messenger from God but soon insisting on his own sovereign rights" (Illich, 1976, p.185).

By the middle of the Seventeenth Century a fourth attitude had taken shape, a "romantic disposition that is focused primarily on the death of the other" (Aries, 1977, p.472). This contrasts with the two main attitudes that had previously emerged:

- 1) the familiar resignation to the collective destiny of the species ("et moriemur" and we shall all die). This is the longest held, most familiar view
- 2) the importance of the self in the modern period (which first emerged in the Twelfth Century) and culminated in the attitude termed "one's own death" (la mort de soi).

Aries does not mean that the Romantic "revolution in feeling" prevalent at this time was the only occasion where affectivity was emphasised. In earlier ages, affectivity was widely distributed and not restricted to the members of the conjugal family. But, "beginning in the Eighteenth Century, affectivity was, from childhood, entirely concentrated on a few individuals who became exceptional, irreplaceable and inseparable" (Aries, 1977, p.472).

Previously death in bed was a solemn event which increasingly had become ritualised. In the late Eighteenth/early Nineteenth Century, however, a new passion arose. Those at the bedside stripped custom of all its banality, acting as if their behaviour was inspired by their sorrow. "Certainly the expression of sorrow by survivors is owing to a new intolerance of separation" (Aries, 1974, p.59). Now people were moved by the very idea of death and, in fact, are still morbidly fascinated by it.

Since the Eighteenth Century death was a concern only for the person threatened by it. Hence a last Will and Testament was more than merely a legal document for the disposal of property but a way for a person to express his final thoughts, feelings and decisions regarding the "salvation of his soul and repose of his body" (Aries, 1974, p.63). He knew he would be listened to and that his will would be done - in fact, quotations from dying people's last testaments were often inscribed on their tombstones.

But, in the latter half of the Eighteenth Century a fundamental change occurred in Wills and the "pious clauses, choice of a tomb, funding of religious services and the giving of alms disappeared" (Aries, 1974, p.64). The Will became the secularised document we know today: a legal document distributing possessions. The final wishes and feelings towards those left behind were said personally.

Aries sees the reason for this change as being due to the entrustment by the dying man of his next of kin with his "powers" and earthly possessions. The dying man did not need elaborate testaments to see that his will would be done. His loved ones' word was enough.

Although the attitude of those present at the dying person's bedside changed: the dying person still had the leading role.

From the Twelfth Century, the excessive mourning of the early Middle Ages had become ritualised and from the end of the Middle Ages to the Eighteenth Century, served either of two main functions:

- 1) it constrained the family of the deceased to demonstrate a sorrow it did not always feel
- 2) it served to protect the sincerity of the grieving survivor from the excesses of his grief by allowing the expression of sorrow to be regulated by social convention.

This convention was ignored in the Nineteenth Century and mourning was then conducted in an hysterical, almost pretentious, manner. Aries sees this exaggeration of mourning as indicative of the survivor's acceptance of the death of the other person with greater difficulty than before. Hence the death feared is no longer the death of the self, but the "death of the other."

Until the Nineteenth Century the emphasis in attitudes towards death involved two themes: a sense of a universal, common destiny and the idea of a personal, specific biography. The emphasis then declined in favour of a new notion, that of the other, which then led to the "death of the other".

The great social changes which took place during the agricultural and industrial revolutions followed the scientific thought of the previous era. Changes in ideas, politics, economics, and demography - and a new sense of privacy, which found its

mainstay in the nuclear family, developed. Privacy can be distinguished both from individualism and from a sense of community and was a new way to relate to the world and to others.

Aries holds that the fear of death (prevalent in Seventeenth and Eighteenth Centuries) was transferred from the self to the other, the loved one. The emphasis was no longer on the fact of dying but on the physical separation from the dead. Now, death ceased to be sad and, in fact, was deemed desirable as one had the opportunity to be reunited with loved ones who had died. Simultaneously death was no longer associated with evil.

"Untamed nature invaded the stronghold of culture where it encountered humanised nature and merged with the compromise of 'beauty.' Death was no longer familiar and tame, as in traditional societies, but neither was it absolutely wild. It had become moving and beautiful like nature, like the immensity of nature, the sea or the moors" (Aries, 1977, p.610).

In the early Seventeenth Century the belief in hell and the belief in the connection between death and sin or spiritual punishment waned. By the beginning of the Nineteenth Century the conflict between Catholic and Puritan doctrines had largely subsided. Although Catholics still retained their belief in purgatory, it was now inconceivable that the "dear departed" could go to hell. Guilt, and fear of hell, served to counteract the fascination with death which had been transformed into a state of the highest beauty.

Logically, if there is no hell there can be no heaven and the next world then becomes the scene for great reunions between loved ones. Such a vision was shared by believers, non-believers and psychics - hence the general term "the cult of the dead". "They have all built the same castle, in the image of earthly homes, where they will be reunited - in dream or in reality, who knows? - with those whom they have never ceased to love" (Aries, 1977, p.611).

"The cult of the dead" influenced the redesign of cemeteries as sculpture gardens and a return to the use of tombstones. It emphasised that the bonds with the deceased are never broken and that the original associations of affection still continue. The notion of certainty of an existence continuing beyond death became very popular despite the waning of religious belief.

"The next world becomes the scene of the reunion of those whom death has separated but who have never accepted their separation: a recreation of the affections of earth, purged of their dross, assured of eternity. It is the paradise of Christians or the astral world of spiritualists and psychics" (Aries, page 611, 1977).

Jackson (1977, p.301) notes that "spiritualism reached high peaks of popularity in the 1850's and again in the 1870's and was in sharp decline by the end of the century." Despite the lessening of spiritualistic practices, the profound effect of the "cult of the dead" was to hide death and death has continued to remain hidden in the Twentieth Century. With the fading of romanticism,

the bonds of affection that sustained intimate relationships and small communities also weakened and disappeared. Possibly the only remnant existing today is the nuclear family. "The community in the traditional sense of the word no longer exists. It has been replaced by an enormous mass of individuals" (Aries, 1977, p.613). The attitude of this vast, faceless mass of people called society is regulated by various movements. One of these movements which helped to unify the massified society against death was that which caused it to be ashamed of death and to behave as if death in fact did not exist. "If the sense of the other, which is a form of the sense of the self, taken to its logical conclusion, is the first cause of the present state of death, then shame - and the resulting taboo is second." (Aries, 1977, p.613). This fragmentation of human relations has meant that in the "course of the Twentieth Century an absolutely new kind of dying has made an appearance in some of the most industrialised, urbanised and technologically advanced areas of the Western world" (Aries, 1977, p.560). Whereas once, in the era of the tame death, death was a social and public event it had now become isolated and private, out of the sight and minds of others. This is the phase that Aries terms invisible death.

For Aries, invisible death is that phenomenon which occurs outside the family circle in either hospitals or institutions designed to care for the aged and dying. As man progressed through time and adapted to increasing industrialisation, urbanisation and individual fragmentation of his social roles, he himself became less aware of his impending death. This implied a

new dependence on those around him. Even the doctor was not "there" for him, as he too had renounced his almost priest-like role of the Eighteenth Century. Today, one of the main functions of the doctor is to conceal the seriousness of the patient's condition. Nevertheless it does happen that the dying person is aware of his condition, yet for the sake of the others he pretends not to know. Conversely if they know they do not tell him. Today, nothing remains of either the sense that people had of their impending deaths or of the public solemnity attached to the moment of death. The once appreciated is now hidden, the solemn has become taboo.

The attitude of someone dying today contrasts dramatically with that of earlier times, when the dying person participated in his death with those around him.

Today, anyone dying is robbed of his freedom and is taken in charge and treated by his attendants who assure him that what is being done for him is in his best interests. He believes them and, even if he guesses that he soon will die, more often than not, continues living the lie with them instead of preparing himself for death.

Without the progress of medical science, the pressure of family feeling alone would, in all probability, not have been sufficient to remove the dying man's autonomy so completely. With advancements in pharmacology and surgery from the second half of

the Nineteenth Century onwards, it has become difficult to determine the precise mortality rate of a specific illness. Due to the ability of machines to take over many vital functions, the distinction between life and animated death has become increasingly blurred and patients continue to "live" with diminished capacities while receiving artificial support. In today's world where high technology medicine is held as the answer to all illness, we cannot conceive that we, ourselves, will actually die one day. Whatever the condition, if a cure does not already exist, we believe it will surely be found.

"Before 1959 when Herman Feifel wanted to interview the dying about themselves, no doubt for the first time, hospital authorities were indignant. They found the project 'cruel, sadistic, traumatic.' In 1965 when Elizabeth Kubler-Ross was looking for dying persons to interview, the heads of hospitals and clinics to whom she addressed herself protested, 'Dying? But there are no dying here!' There could be no dying in a well-organized and respectable institution. They were mortally offended" (Aries in Enright, 1983, p.74)

The act of dying is now performed under the supervision of people who have no intimate relationship with the dying person and death has become sterilised and even de-humanised. Glaser and Strauss (1965), have described a model for dying which they term "an acceptable style of living while dying, an acceptable style of facing death". Today the main characteristic of death is that it is "acceptable". "An acceptable style of dying is one that avoids...scenes, scenes that tear the person out of his social role, that violate his social role" (Aries, 1977, p.544). Such

scenes could be the patient's cries of despair and sorrow, which might upset the serenity and order of the hospital . This would be regarded as an unacceptable form of dying and thus would cause embarrassment to both hospital staff and family alike. The currently acceptable way to die is to be as discreet as possible and act to the end that one is unaware. Hence, to die badly means either to seek a constant exchange of authentic emotions or to accept one's death and refuse to communicate. Should the patient die badly the medical model and its promise to tame nature is temporarily shattered.

Unfortunately, the old savagery has been allowed to creep back under the guise of medical technology: the patient, tube-bound, covered with wires, surrounded by laboratory reports and X-rays, dying incontinent and alone in the sanitised intensive care unit has become more repugnant and dehumanised than the worm-riddled skeleton.

"When the doctor contrived to step between humanity and death, the latter lost the immediacy and intimacy gained four hundred years earlier. Death that had lost face and shape had lost its dignity" (Illich, 1976, p.203)

It appears as if Western society has conspired to erase or banish any reminders of our mortality - and hence, our humanness: a complete reversal of the attitude during the Renaissance. Medical technology has reduced pain and often succeeded in eliminating it altogether and the goal glimpsed in the Eighteenth

Century has almost been reached: evil is no longer a part of human nature. But, if there is no more evil, what do we do about death?

"From now on, the denial of death is openly acknowledged as a significant trait of our culture. The tears of the bereaved have become comparable to the excretions of the diseased. Both are distasteful. Death has been banished" (Aries, 1977, p.580).

We act as if death does not exist. The bereaved are forced to bear their suffering alone.

Society demands from the bereaved a self-control similar to that which is expected from the dying. No emotion must be shown by either. Society at large behaves in a way similar to the medical staff: the dying must overcome their fears and collaborate with the attendants. Likewise must the bereaved hide their grief and continue with social relations. The penalty is ostracism, an experience quite different in meaning from the traditional seclusion of the bereaved.

The bereaved person, today, must therefore don a mask in public, to be removed only in the utmost privacy. Society refuses to accept that the bereaved are in need of comfort and support and this causes unnecessary misery, loneliness, despair, morbidity and mortality.

THE SOCIALIZATION OF DEATH-DENIAL

"The morning train to Alicedale  
eats through the winter grass  
getting up speed on level ground  
at the cemetery.  
Down here in the palm of town  
gowned academics lay their wreaths,  
a bugler plays last post  
for the dead I never loved.  
The train roars remote defiance  
at this maimed serenity.  
The dignitaries move like dolls  
wooden, gowned, mouthing  
an abstract sorrow  
for something out of reach."

"Ceremony" by Don MacLennan (1983)

In this century, three main forces in society have acted to separate the living from the dead:

- 1) urbanisation
- 2) advances in medical science and health care
- 3) a secular and materialistic outlook

## 1) Urbanisation

Life in the city has made it difficult for the home to be the favoured and most common site of death. People are expected to die in hospitals or other institutions. Their bodies will then be disposed of by professional undertakers.

Urbanisation destroys the close-knit community and intimate neighbourhood, where a loss once felt by one, was felt by all. Increasing mobility and employment opportunities have separated family members and diminished their emotional involvement with one another. After extended periods of separation even the death of a family member has little meaning. Death is now remote.

## 2) Advances in Medical Science

A second factor affecting the change in attitudes towards death has been the advance in medical technology and public-health. It is only relatively recently that doctors were able to intervene in serious and even fatal illnesses and defer death, as well as control how the patient died. The terminally ill are frequently segregated into special wards and attended to by specialists whose expertise is in the treatment of the particular pathology (disease). No one actually "cares for" the patient. Understandably this has influenced attitudes to death and dying. Medical technology has so blurred the distinction between fatal and controllable illness that even the patient has no idea whether he will live or die.

In certain cases, particularly those maintained on "life-support" machines and drugs, the moment of death has become a mere technical phenomenon produced by the ceasing or failure of "treatment" and is therefore a decision if not actually made by, then definitely influenced by the attending physician. In many cases therapy is no more than an experiment conducted at the arbitrary whim of the attending doctor. On his "death-bed" the patient most certainly has no dignity.

Advance in medicine, particularly in the control of infectious disease, has meant that serious illness can no longer be treated at home. Most serious illness today requires surgery and/or hospitalization. Concomitant with this shift in illness from the home to the hospital is a shift in the attitude whereby contemporary Westerners are increasingly "unwilling to involve themselves in the occurrences of death and dying" (Jackson, 1977, p.307). Aries, too, has noted that in the hospital where patient and family are subordinated to the impersonal setting and technology, the death-bed ritual, with family and friends gathered around and presided over by the dying person became impossible (Aries, 1977, pp.87, 88). The patient is denied any participation in the decisions concerning himself from start to finish - he merely signs "consent".

A consequence of the "non-home" location of death is that death and dying have become invisible and have less impact on the social order. The drastic reduction in child and mid-life disease means that most people reach advanced age and will die in an institution.

Because the elderly no longer have dependents and are usually retired from their careers, and hence are not seen as being vital contributants to our youth-orientated society, their lives and therefore their deaths are irrelevant to the social order. Statements such as "oh well, he had a good innings", imply that the length of a person's life is now one of the primary criteria for assessing its success. Fulton (in Jackson, 1977) terms these kind of deaths "low-grief affairs". Here, survivors require emotionally only a minimum acknowledgement of the death of the other and anything further seems inappropriate and extravagant.

Natural death has therefore faded from sight due to the cultural expendability of the aged and because people reach adulthood without encountering the death of anyone close. Old people are encouraged to congregate and segregate themselves in their own communities, so that family and social bonds have time to loosen before their deaths. (Fulton and Geis in Jackson, 1977, p.307).

### 3) Secular and Materialistic Outlook

Their idols are silver and gold,  
the work of men's hands.  
They have mouths, but do not speak,  
eyes, but do not see.  
They have ears but do not hear;  
noses, but do not smell.  
They have hands, but do not feel;  
feet, but do not walk;  
and they do not make a sound in their throat.

Psalm 115: 4 - 8, Revised Standard Edition

The third force affecting the contemporary attitude towards death has been a growing secular and materialistic outlook. Hillhorst (1985) holds that religion, in particular Christianity, has lost its dominant influence in Western society. Consequently, without a legitimate and ultimate social meaning structure, death, as an isolated event, shows itself "only to be absurd" (Hillhorst, 1985 p.255). The significance of the waning of religion is that death has become taboo in the Twentieth Century. In a secular society, where the culture no longer supports the certainty of an afterlife, death and physical decomposition become too abhorrent to contemplate or even discuss, unless death is perceived merely as an event (Gorer, 1966, Todres, 1978). Stones (1979, p.8) citing Fromm (1963) (Edwards, 1970; Judah, 1974; Roszak, 1974,

1976 inter alia) believes that contemporary Western culture is possibly the first totally secular culture. Fundamental issues of human existence are ignored and people no longer are concerned with the ultimate meaning of life. It is assumed that God is irrelevant because He has no economic importance.

A second expression of the prevalent secular and materialistic outlook has been the trend towards the deritualization of death and the decline of mourning.

Gorer (1966) believes the decline of the mourning ritual has coincided with the reduction of all expressions of grief. He emphasised the Victorian willingness to display emotion but may have failed to recognise that the rules of social mourning had very little to do with feelings of grief and were merely a way of displaying relationship with the deceased (Wolfram, 1966). Parkes (1972, p.169) supports Gorer's view that: "the absence today of social expectations and rituals facilitating mourning is likely to contribute to the occurrence of pathological reactions to bereavement."

A recent phenomenon, the sympathy card, allows the sender to acknowledge the death while still preserving the cultural taboo against talking about it. Acceptance and avoidance, nearness and distance, merge in the message of the card and in the act of sending it (Lippy, 1977).

In the decade following World War II, attitudes and morals changed by loosening tradition and social restraint. The weakening of mourning customs is seen as a part of this. Gorer attributes this change to what Leites and Wolfenstein have called "fun-morality". Jackson sees this as "the ethical duty to enjoy oneself (thereby proving that one is psychologically well adjusted) and the generous imperative to do nothing which would diminish the enjoyment of others. Public and private mourning were at odds with this ethic" (Jackson, 1977, p.309).

A phantasy of death has been substituted for its reality. Gorer conceptualized "the pornography of death" where "natural death became more and more smothered in prudery, (while) violent death has played an ever-growing part in the fantasies offered to mass audiences - detective stories, thrillers, Westerns, war stories, spy stories, science fiction, and ...horror comics" (Gorer, 1966, p.163). The images of death have now been caught up by the "cameras and recording machines (which) not only transcribe experience, but alter its quality..." (Lasch, 1980, p.47). We are so used to the electronic images of "death" in our lives, that we have grown numb to the reality of death and do not know how to react to loss through death, except by seeing the dead as inanimate objects.

THE PSYCHOLOGY OF CONTEMPORARY WESTERN MAN

"It is no accident that at the present time the dominant events in psychoanalysis are the rediscovery of narcissism and the new emphasis on the psychological significance of death" (Robert Hendin, in Lasch, 1980 p.42).

Death was a major preoccupation in the Twelfth and Thirteenth Centuries and ideas concerning death centred around two main themes: the Last Judgement and the art of dying. In both themes the life of the dying person was compressed into the moments before his death and his attitude towards his death revealed his individuality. Death was the time for the realisation of self.

In the Middle Ages, individualism appeared in various forms: religious, economic (the beginnings of capitalism), social and cultural. The rise of science, the assertion of human rights, and the appearance of a bourgeois class in the Eighteenth Century are all manifestations of individualism. Man's self-determination was constrained by the restrictions of his family and his job. "The clear correspondence between the triumph over death and the triumph of the individual during the Late Middle Ages makes one wonder whether a similar - but reverse - situation does not exist today between the 'crisis of death' and the 'crisis of individuality'" (Aries, 1967, p.560).

Christopher Lasch developed the idea of the narcissistic personality from the concept of "individualism." He has described a way of life which he perceived as waning, namely the culture of competitive individualism, "which in its decadence has carried the logic of individualism to the extreme of a war against all, the pursuit of happiness to the dead end of a narcissistic preoccupation with the self" (Lasch, 1980, p.xv). Survival in this environment is seen by him as the strategy of narcissism.

Bourgeois society has used up its store of constructive ideas and has lost both the capacity and the will to confront the difficulties that threaten to overwhelm it. Even historians feel "a sense of the irrelevance of history" and "of the bleakness of the new era we are entering" (Lasch, 1980, p.xiv). Indeed, contemporary man faces a future without hope. Lasch feels society's only chance for the future is to distrust experts who he feels have crippled the human-capacity for self-help.

"The narcissist has no interest in the future because...he has so little interest in the past. He finds it difficult to internalise happy associations or to create a store of loving memories with which to face the latter part of his life, which...always brings sadness and pain. In a narcissistic society...that gives increasing prominence to narcissistic traits - the cultural devaluation of the past reflects...the poverty of the narcissist's inner life. A society that has made 'nostalgia' a marketable commodity on the cultural exchange quickly repudiates the suggestion that life in the past was in any important way better than life today. Having trivialised the past by equating it with outmoded styles of consumption, discarded fashions and attitudes, people today resent anyone who draws on the past in serious

discussions of contemporary conditions....As Albert Parr has observed, this kind of reasoning rules out entirely any insights gained, and any values arrived at by personal experience, since such experiences are always located in the past, and therefore in the precincts of nostalgia" (Lasch, 1980, p.xvii).

Such an attitude has enabled the individual to survive in a bureaucratic, industrialised society. The narcissist has been described as eternally youthful and energetic, continuously shaking free the past, parents and tradition. He is in pursuit of self-actualisation, "growth" and identity, with various options to "discover the new him" gleaming in many forms of therapies, cults and hobbies. "The ideology of personal growth, superficially optimistic, radiates a profound despair and resignation. It is the faith of those without faith" (Lasch, 1980, p.51).

Life for the narcissist is linear, accumulative and is essentially deathless. He is at pains to avoid those communal structures concerned with death. For him, such communal structures require commitments which are undesirable and emotionally impossible. Contemporary man, then, plagued by his own self-consciousness, turns to fashion, excitement, self indulgence and symbols of success to find meaning and purpose in life, to find a reason to live. "Much form and little substance" best describes his attitude. The perceived "cult of intimacy" conceals a growing despair of finding it. Marin believes that the new popular therapies and cults provide their adherents with

a way to avoid the demands made on them by the world. The therapies allow their adherents to remain who they are and to accept the world as it is, but with "a new sense of justice and justification....We are in our proper place; the others are in theirs; we may indeed bemoan their fate or even, if we are so moved, do something to change it, but in essence it has nothing to do with us" (Marin, 1975, p.48). This is especially relevant to the situation of the bereaved.

In this view, what is lost is the ground of community, the felt sense of collective responsibility for the fate of each separate other. Marin paints a tragic picture of a moral vacuum, in which the narcissist is trapped in a "private" destiny, doomed to whatever befalls him. Here he sees "the traditional measures of justice or good vanish completely. The self replaces community, relation, neighbor, chance, or God. Looming larger every moment, it obliterates everything around it that might have offered it a way out of its pain" (Marin, 1975, p.48). Sadly then, the end result of this retreat from involvement with the world is the ultimate denial, in the name of higher truth, of the claims of others upon the self. Hence what is lost is the vast middle ground of community. The web of reciprocity and relationships is shattered. The world diminishes. The felt presence of others disappears and, following the fact that "one is one's relations in the world", so a part of our own existence disappears. This clearly highlights the plight of the bereaved.

Yet, the individual is led to believe that, "with a little self-help alienation will be washed down the drain like dirt in a sparkling sink" (Jacoby, 1975, p.67). Jacoby criticises Carl Rogers' Encounter Groups, which is an example of one of the more "conservative" "therapies" by saying that it "is copy for the campaign of self-manipulation in an age of mass manipulation." He accuses Rogers and others with the creation of illusory "roles" which they believe are deliberately assumed to hide the real self which is "locked within the artificial, the role, and needs a little encouragement to step out into the fresh air" (Jacoby, 1975, pp.67, 68). Society here is conceived of as an external factor, an outside force acting on the individual, but not decisively moulding the individual from without and from within.

Critical theory illuminates the apparant contradiction that the Humanists, in their impatience to find humanity everywhere, deny: that roles are not only fraudulent but are also real. "Roles are not merely adopted by the subject as a facade that can be dropped with a little willpower. They are an alienated mode of behaviour custom-fit for an alienated society. The neat division between roles and real selves reduces society to a masquerade party. Yet not even plastic surgery can heal the psychic disfigurements. The social evil reaches into the living fibres; people not only assume roles, they are roles" (Jacoby, 1975, p.68).

"The insistence...on finding humanity everywhere by underestimating the objective and social foundation of inhumanity perpetuates the latter - it humanizes inhumanity" (Jacoby, 1975, p.69).

The "therapies" offer no real solution to contemporary man's plight. Instead they mystify it with perceived panaceas while the real issues involved remain obscured.

Contemporary man therefore lives in a confused world; the more he strives for "self," the more elusive "self" becomes. Consequently, the inability "to take an interest in anything after one's own death", which gives such an urgency to the pursuit of close personal encounters in the present, makes intimacy more elusive than ever" (Lasch, 1980, p.188).

Death is of no concern to the "narcissist" who has failed to share his life with others, while having his "isolation" undermined by the integrative measures of modern industrial society. His technical skill has been surrendered to the corporation which in turn has increasingly involved itself in his life, hence he can no longer provide for his own material needs. Even traditional functions of the family have been largely eradicated by the "professionalisation of experts". People are not even confident to raise their young, which, without a doubt is one of the most basic of human functions. "The atrophy of older traditions of self-help has eroded everyday competence, in one area after another, and has made the individual dependent on the state, the corporation, and other bureaucracies" (Lasch, 1980, p.10).

"Narcissism represents the psychological dimension of this dependence. Notwithstanding his occasional illusions of omnipotence, the narcissist depends on others to validate his self-esteem. He cannot live without an admiring audience. His apparent freedom from family ties and institutional constraints does not free him to stand alone or to glory in his individuality. On the contrary, it contributes to his insecurity, which he can overcome only by seeking his 'grandiose self' reflected in the attentions of others, or by attaching himself to those who radiate celebrity, power and charisma. For the narcissist, the world is a mirror..." (Lasch, 1980, p.10).

Parallel to the historic rise and contemporary demise of the individual is a rise and demise of ritual relating to the individual - specifically here, that of the mourning ritual. The emotional aspect of mourning, namely the experience of bereavement has also been affected. - Today's person has very little ego strength, hence barely any sympathy for the bereaved. It is said that the narcissist sees the world and the people in it only as the mirror of himself and he has no interest in external events except in so far as they throw back a reflection of his own image.

"People today complain of an inability to feel. They cultivate more vivid experiences, seek to beat sluggish flesh to life, attempt to revive jaded appetites. They condemn the superego and exalt the lost life of the senses. Twentieth-century peoples have erected so many barriers against strong emotion....They tend...to be consumed with rage, which derives from defences against desire and gives rise in turn to new defences against rage itself. Outwardly bland, submissive, and sociable, they seethe with an inner anger for which a dense overpopulated, bureaucratic society can devise few legitimate outlets" (Lasch, 1980, p.11).

Vivian Rakoff (in Tentler, 1972, p.512), seeks to characterise the "death myths" prevalent in contemporary society. His views are similar to those of Lasch:

"Americans practice a secular form of denial, with endless euphemisms for chronic disease, affliction and death. They live in an eternal now, which is founded historically on the myth of coming to America and abandoning one's origins. Rejection of the past tends to include rejection of family as well as ethnic identity, and the old people are literally left out. We value modernity, newness, movement and promise of a better future. We do not build mausolea to our public heroes; and we regulate the old to an unreal existence as 'soft, gentle, sexless creatures', whose attributes are the product of infantile fantasies. It is only logical that Americans would find horrifying the prospect of being reduced to this obscenity - social and sexual impotence, loneliness and dependence."

The concept of "narcissism" enables us to understand the psychological impact of recent social changes, bearing in mind the Freudian continuum of psychopathology and normality on which we all have a place. The contemporary "liberal" personality, characterised by "his charm, his promiscuous pansexuality, his fascination with oral sex, his fear of the castrating mother, his hypochondria, his protective shallowness, his avoidance of dependence" is unable to mourn, and dreads old age and death (Lasch, 1980, p.50).

"The irrational terror of old age and death is closely associated with the emergence of the narcissistic personality as the dominant type of personality structure in contemporary society. Because the narcissist has so few inner resources, he looks to others to validate his sense of self. He needs to be admired for his beauty, charm, celebrity or power - attributes that usually fade with time. Unable to achieve satisfying sublimations in the form of love and work, he finds he has little to sustain him when youth passes him by. He takes no interest in the future and does nothing to provide himself with the traditional consolations of old age, the most important of which is the belief that future generations will in some sense carry on his life's work....The thought that we live on vicariously in our children (more broadly, in future generations) reconciles us to our own supersession - the central sorrow of old age, more harrowing than even frailty and loneliness.....The emergence of the narcissistic personality reflects among other things a drastic sense of our historical time. Narcissism emerges as the typical form of character structure in a society that has lost interest in the future" (Lasch, 1980, pp.210, 211).

Clearly, the bereaved individual has little chance of finding someone with understanding, who is able to support him in his grief. In fact, the very survival of contemporary society militates strongly against such a circumstance.

CONSIDERATIONS OF THE PHENOMENOLOGICAL METHOD

"Who the living would explain  
He must enter death's domain"  
Christian Morgenstern

"The self-assertion of technological objectification is the constant negation of death" (Heidegger, 1968 in Colaizzi, 1975 p.20). Heidegger uses "technology" to refer not only to the self-evident manifestations of technology but to an attitude, which influences our world view. "Our understanding, our thinking about everything, our language, our very lives and deaths, are pervaded by a technological outlook" (Colaizzi, 1975, p.21).

Brown believes that the entire course of human history hinges upon repression of death, and to successfully repress death, life itself must be repressed, "and in turn the body and sexuality, both of which, sublimated, create society and technology" (Brown in Colaizzi, 1975, p.23).

Nietzsche claimed that "the entrance gate of science reminds all of its mission - namely, to make existence appear comprehensible and thus justified" (Colaizzi, 1975, p.24). He inferred that technology is that knowledge and science which seeks impossibly, malevolently, to conquer death.

Man is mortal and therefore finite - hence death is inevitable. The refusal to acknowledge this is a refusal to recognize reality, in other words, bad faith. Technology can thus be described as: "that endeavour which, in bad faith, seeks to surmount death. Wherever we find either efficiency or denial of death we have, in its roots, some manifestation of the technological attitude...denial of death, bad faith and technology - they all belong together" (Colaizzi, 1975, p.30).

To claim to study critically the experience of the denial of bereavement from a scientific perspective which in itself is linked to technology and hence gave rise to the existential possibility of the denial of death, is a contradiction. The Phenomenological method does not suffer from this epistemological drawback.

The Phenomenological method gives priority to the phenomenon under investigation so that the following program is accomplished:

- 1) the phenomenological return to things themselves
- 2) the investigation of phenomena in a meaningful way
- 3) the relinquishing of the grip maintained by the technological attitude (Colaizzi, 1978, p.57).

"For the phenomenologist, there are no layers, there is just one layer (which we must not call a layer at all) of life as such. There, in that life is the depth of life. There is the explanation of life insofar as life can be explained at all. For there is much that cannot be explained in life and that never has been explained. Life is definitely not a nebula, but it is certainly a mystery. And so it be....Phenomenology is the description of reality" (Van den Berg, 1980, pp.123/4).

The Existential-Phenomenological approach is ideal for the present study as it is able to reveal the meaning of human experience in a way that is not possible using the natural scientific method, while still maintaining a systematic and reliable methodology.

Studies have previously been undertaken in the field of "death and dying" using this method (da Silva, 1982, Todres, 1978, Hoare, 1985) This study, however, is the first attempt to describe phenomenologically the meaning of the denial of one's bereavement by others.

## SPECIFIC METHOD

### COLLECTION OF THE DATA

To perform this research, data is required which reveals the lived experience of the denial of one's bereavement by others in a spontaneous, pre-reflective and concrete manner. The study is directed specifically at how others react to the bereaved person and what their reactions signify to such a person.

### Research Question

"Please can you describe as accurately and concretely as possible a situation in which you felt your bereavement was either partially or totally denied by others. Please focus on your feelings in this situation."

The word "situation" was used specifically to ensure that a sound, non-reflective experience was described. Eight respondents, however, focused their descriptions on the situation in which the experience occurred and provided little information about their feelings in the situation. For this reason they were eliminated from the study. In the remaining five respondents the word "situation" worked effectively, allowing them to move easily from the situation to their experience of it.

The subjects were asked to respond to the question in writing.

## Subjects

Twenty-five people were interviewed initially as to their experience of the denial of bereavement by others. Twelve of these either had no such experience or did not want to participate in the study, largely because they felt that writing down their experience would prove too painful for them. Ironically enough, it was the members of this group who were the most enthusiastic to speak about their bereavement. Thirteen respondents answered the question but, as mentioned above, eight wrote only about the situation in which the experience occurred and hence their answers had to be rejected. The five remaining protocols, however, proved rich enough to be explicated. The language used by the subjects was English, which is their home language as well as that of the researcher.

Despite the recommendation of van Kaam (1966, pp.310, 317) and Stones (1979, p.125) no subject was psychologically naive. Clearly, with an experience such as bereavement the bereaved person would have reflected deeply. The five subjects were all University students, with some knowledge of Psychology. Their ages ranged from 18 to 31 years. There were four females and one male.

## Interviews

In four protocols the information provided was integrated, ordered and succinctly written, and was used without a follow-up interview. It was thus found necessary to interview only one subject, (A).

## ANALYSIS OF THE DATA

### Method of Explication

The data was analysed using the method of Giorgi (1975, 1982, 1985), This method has been accepted as a means of rigorously studying phenomena in a qualitative way. The works of Giorgi (1971), Colaizzi (1968) and van Kaam (1958), conducted at Duquesne University, contributed to a further understanding of the procedures involved.

Identical steps were used in the analysis of each written protocol. They were:

- 1) "The description was read a number of times to grasp a sense of the whole. Familiarisation with the meaning of the description, as a whole, is important for the subsequent steps but particularly, for the discrimination of Meaning Units which are considered as constituents and not elements. 'A constituent is a part determined in such a way that it is context laden. An element is a part determined in such a way that its meaning is as much as possible independent of context'" (Giorgi, 1985, p.14 in Parker, 1987, p.55).
  
- 2) It is impossible to analyse descriptions in their entirety; they must be broken down into more manageable, workable forms. Hence they were organised into Natural Meaning Units, which Giorgi describes as:

"...spontaneously perceived discriminations within the subject's description arrived at when the researcher assumes a psychological attitude toward the concrete description, and along with it a set that the text is an example of the phenomenon" (1985, p.11 in Parker, 1987, p.55).

- 3) Each Meaning Unit was transformed into psychological language, which reflected the Essential Theme of each Meaning Unit. The transformation was accomplished using the processes of reflection and Imaginative Variation (Giorgi, 1985, p.17).
- 4) A Situated Structure of the experience of the denial of bereavement was written by pulling insights gained from the previous step into an integrated description of each protocol. This description is a reflection of the concrete experience of the particular subject.
- 5) The Situated Structures were read until it was possible to synthesize the insights gleaned from them into an Extended Description, which contained every constituent of each of the Situated Structures.
- 6) Imaginative Variation was then used to move beyond the generality provided by the five subjects in the previous step. Imaginative Variation provided further insight into the generally essential features of the denial of bereavement. The aim was to determine what was typical of the experience rather than what was universal (Kruger, 1984 cited in Parker, 1987, p.57).

Imaginative Variation requires that each constituent of the Essential Description is reflected upon by asking: "Does the phenomenon of the denial of bereavement occur without this?" If the answer is "No" then that constituent is vital to the phenomenon under research. All the constituents which emerged from this step were considered with the question: "If we have all this, no more and no less, do we have the whole Phenomenon?" When the answer to the question is affirmative then a comprehensive description of all the relevant constituents is accepted as the Phenomenon. This is called the Essential Description.

In the "Results" chapter will be found:

- 1) the complete breakdown of the protocol of Subject A
- 2) the Situated Structures of Subjects B, C, D and E
- 3) the Extended Description
- 4) the Essential Description.

The protocols, Natural Meaning Units and Essential Themes of Subjects B, C, D and E are found in the Appendices.

## RESULTS

### Natural Meaning Units and Essential Themes in the Protocol of Subject A

(N.M.U.'s 7 to 14 are in response to the interview question:  
How did you feel?)

#### Natural Meaning Units

- 1) When I was thirteen years old my mother died.
- 2) I knew that she had been extremely ill, but with all the optimism of youth, I never dreamed that she would die.
- 3) My immediate response to the situation was to talk.
- 4) It was almost as though I wanted to assert that she had existed, and it was, for me, the best way of dealing with my grief.
- 5) The problem was that no-one was willing to listen.

#### Essential Themes

- S was thirteen years old when her mother died.
- Although S knew that her mother was gravely ill, she did not consider that she might die.
- S's immediate response to her mother's death was to talk.
- Talking was a way that S could both assert that her mother had existed and aid her grief (by sharing her experience with others).
- No-one was willing to listen.

6) People became extremely discomforted as soon as I mentioned Mom, and did their best to change the direction of conversation.

When S began to speak of her mother, those present grew extremely uncomfortable and endeavoured to change the topic of conversation.

7) The obvious thing is that I felt really upset that people didn't want to listen to me.

S first felt upset that people did not want to listen to her.

8) One of the feelings at a time like that, is that I felt I had a right to talk about it

She felt she had the right to talk.

9) and I got agitated when people wouldn't listen to me.

When this was denied her, she became highly confused and unsettled.

10) It made me feel as if something peculiar had happened to me, that I was unacceptable because of the aura that was around me, because of what I brought with me -

She was made to feel taboo in that situation.

- 11) people didn't know how to deal with that. People did not know how to deal with the situation - hence they actively denied it.
- 12) S I felt shut out and excluded. S felt shut out and excluded.
- 13) and angry. S felt angry.
- 14) because I didn't really understand their reactions to me. S could not understand how people could react to her in such a way.
- 15) My worst experience of this was after the funeral. S's worst experience of this occurred after the funeral.
- 16) People came back to our house, and Dad, determined not to make the occasion a morbid one, had provided lunch and beer. To counteract the heaviness of the situation, S's father provided lunch and beer at home for those returning from the funeral.
- 17) Mom would have wanted to be remembered with laughter, and, taking advantage of the relaxed feeling I began to reminisce with those around me. S understood that her mother would have wanted to be remembered with laughter, and made the most of the apparently relaxed feeling by attempting to reminisce with those around.

18) Their obvious discomfort and embarrassment made me hold my tongue,

This resulted in the obvious discomfort and embarrassment of those around and caused S to cease immediately.

19) and I could not disburden myself.

S was frustrated in her attempt to relieve the fullness and heaviness that she felt.  
(Confirmed by subject).

20) Oddly, the need was to talk to non-family members. There was no need for speech within the family.

S found she did not need to speak of her mother's death to family members who shared her grief but were equally stricken by it. Rather, S needed to talk to non-family members.  
(Confirmed by subject).

21) As the afternoon wore on my confusion and anger mounted: this was Mom's wake after all; who else should we be speaking about? The hypocrisy of it all really galled me.

As the day passed, S became increasingly angry and confused that at the one time when all attention should have been directed towards speaking about her mother, the subject was actively avoided.

22) I realised that, for their  
sakes, my grief had to be  
private and unassisted.

S then realised that for the  
sake of those around her, her  
grief had to be private and  
dealt with on her own.

23) In the light of this  
experience, I was reluctant  
ever to speak with people  
about my loss, and it was  
four years before I had the  
chance to express myself in  
the company of someone who  
was prepared to listen.

Because of her experience in  
this situation, S was wary  
about speaking of her loss to  
others. It took four years  
until she found someone who was  
prepared to listen.

### Situated Structure of The Experience of Subject A

To relieve the fullness she was feeling and to verbalise the reality of the death shared by those around her, S spoke of the dead person. The obvious uneasiness of the others silenced her. Their shared reality, the affirmation of the dead one's life and S's world were thus denied. S felt frustrated in her attempt to disburden herself and confused and angry at the others' deliberate avoidance of the event which was the reason for their being together. S felt rejected and ostracised by their reaction and unacceptable for broaching the topic which was shared by all and so real and present to her. The fullness of her being was denied as she was unable to share the heavy burden of her grief. She felt alone and completely cut off from the world.

### Situated Structure of The Experience of Subject B

A few people acknowledged S's bereavement if they were alone. In social situations S was largely ignored: her social participation was generally negated and she was ostracised. She felt that she no longer existed, yet that everyone was painfully aware of her presence. S felt stigmatised and that she was being punished and should be ashamed of something. She felt heavy and full of pain, yet physically and experientially alone in the world.

### Situated Structure of the Experience of Subject C

S's missing of the dead person, who was always there to listen to her, prompted her to speak of him. The awkwardness and disinterest shown by the others caused her to feel rejected. She was prevented from speaking about someone whom she could always speak to, hence her experience of loss, their relationship and his existence were denied. S's world was full of pain and anger yet she was prevented by the others' indifference from sharing these feelings. The profundity of her experience and reality was negated. S responded by crying and wanting to isolate herself from the world and others. She felt despondent, let down and alone in the depths of her pain.

### Situated Structure of The Experience of Subject D

S was rejected by another's non-understanding when she spoke about death. She felt angry at the others' embarrassment and selfishness and guilty at revealing her vulnerability and personal feelings, thereby disrupting the expected social interactions taking place. S's experience was denied and her very being silenced. She was not allowed to take the responsibility for herself and saw herself as an intrusive embarrassment to the others. S felt alienated by their pity and insensitive denial of the fullness and heaviness of her world.

### Situated Structure of The Experience of Subject E

On learning of his bereavement S felt very heavy and full and felt that the world would know of his loss. People related to him in their usual way - both those who knew of his loss, who made no mention of it, and those who did not. Although one person did approach S, it was with an attitude of curiosity rather than compassion and served only to heighten S's estrangement. S found it difficult to comprehend that others could be oblivious of something that had changed his world completely. He felt abandoned in his feelings and profoundly changed existence, yet very alone.

## Extended Description of The Experience of Having One's Bereavement Denied by Others

A situation in which bereavement can be denied is one in which, although everyone is aware of the death, few people if any commiserate with the bereaved person in a sincere, meaningful way (subjects B and E) or one in which people become uneasy and awkward when the bereaved speaks of her loss (subjects A, C and D).

The world of the bereaved person is considerably changed: it is full of heaviness and pain. There exists a fundamental distance between the world of the bereaved and the responses of others. She is made aware of the burden of her grief, isolation and loneliness of her being by the various responses of others.

Further, the bereaved person feels anger (subjects A, C and D) at the denial of the profundity of her experience (included in this is the affirmation of the dead person's life, their relationship and loss of the person through death) and selfishness and indifference of the others (subjects C and D).

Rejection can be felt for broaching the topic (subjects A and D), as can a sense of frustration (subjects A and C) and confusion (subject A) at not being allowed to verbalize her feelings. The responses of others can also lead to feelings of being unacceptable (subject A), punishment and stigmatization (subject B) and perceiving oneself as an intrusive embarrassment, denied the responsibility of taking charge of one's own experience in the situation (subject D).

Generally then, one can feel ostracized (subjects A and B) and feel that the meaning of one's bereavement as well as, in the situation, a very real and profound lived experience of oneself and one's world are denied.

In the situation one's authentic being-in-the-world is negated by others and the distance between the fullness, heaviness and pain of one's existence and the alienating responses of others emerges. The feeling of being totally alone and abandoned in one's feelings is paramount (subjects A, B, C, D, and E).

\* The usage of "she" and "her" also includes "him" and "his" and was intended to make the above description more readable.

Essential Description of The Experience of Having One's Bereavement Denied By Others

The bereaved person feels full and heavy, and the pain of her loss is continually present and real to her. Although her world is now profoundly different, others fail to share or meaningfully acknowledge this world and the feelings of loss the bereaved person is experiencing. In fact when she endeavours to make her world and feelings known either verbally or behaviourally, the others actively deny her and her world.

The loneliness of living in a different world to others is reinforced by their rejection of it. The bereaved person then, as well as experiencing the pain of loss through death, experiences a denial of the full meaning of this pain and the chance of sharing some of the experience of her pain with others. The fullness and profundity of her lived-world thus becomes distanced and removed from the world of others.

Because her authentic being-in-the-world is denied and the meaning of her world and bereavement is questioned on many levels, she feels alienated and alone in her all-powerful experience and existence.

\* The usage of "she" and "her" also includes "him" and "his" and was intended to make the above description more readable.

## DISCUSSION

"O death, where is thy sting?"

1 Corinthians, 15: 55

This chapter includes a comprehensive summary of the salient points of preceding chapters together with a discussion of the results and suggestions.

It has been shown that the culture of "traditional" societies bestowed ideological meaning and behavioural form on the bereaved. In Western society the only occasion when the bereaved are socially acknowledged is at the funeral. Today, there is neither the ritual nor the ideology to provide answers to the questions that arise on the death of a loved one. After a funeral, Western culture offers nothing to help the bereaved "let go of the dead" and re-integrate into life. The bereaved feel bounded by their loved one's death because they lack both the mental tools in the form of ideological content and structure and the necessary social support to define and delimit the tragedy.

Clearly, mourning is a most stressful and dangerous circumstance. During the first year of bereavement there is a seven times increase in the death rate compared to that of the general population (Parkes, 1972). "Grief, if unmanaged can be as great a killer as any disease of known origin" (Gullotta, 1982, p.9).

Aries (1977) contended that death which was once a "familiar friend" has, since the late Eighteenth Century, become "wild". Consequently, because it is something which cannot be predicted or controlled - characteristics of our contemporary technological society - death has been repressed and denied and it has become taboo.

Jackson (1977) identified three forces which contributed to the separation of the living from the dead:

- 1) urbanization, with its characteristic bureaucratic specialization and high geographical mobility
- 2) advances in medical science and general health care improvements, culminating in the fact that we seldom see death today - and when we do, it is usually when it strikes old people, who are most often in hospitals, attached to life-support machines
- 3) the waning of a religious, ideological stronghold and resultant prevalence of a secular and materialistic outlook.

Traditional rites de passage preserved by ritual have fallen away to the extent that today death is seldom seen. Death's social impact has been reduced, deritualized and bureaucratized. Death, in fact, has been stigmatized. It is necessary, however, for society to accept death in order to provide support for the bereaved and its failure to do this redounds to its disadvantage.

In his study of the contemporary Western personality-type, Lasch (1980) observed that "bourgeois society appears to have used up its store of constructive ideas, having lost the capacity and the will to confront the difficulties that threaten to overwhelm it and that contemporary man, because of his survival in such an environment, faces a future without hope".

The individual has retreated from his traditional morality and his history; he has denied human reciprocity and the value of living and being in a community. The world of the contemporary "narcissist" is a mirror which reflects images of himself and himself alone. He is unable to mourn and has an irrational terror of old age and death.

So, man lives and experiences the world around only for himself and to reflect himself. He perceives others merely as objects "out there" for his own use and because of his dread of old age and death and inability to mourn, those who are bereaved remind him only too harshly of what he lacks and cannot face. Consequently, for his own survival he must reduce the bereaved and their experience to the level of objects and events, peripheral and irrelevant to his own life and experience. This attitude is reflected in the following quote from the protocol of Subject C:

"...I thought over the whole thing, on my own, and felt sad that people just tend to want to shun experiences like death just because it hasn't affected them directly."

The attitude can also be seen in the following quote from the protocol of Subject D:

"When people deny the bereavement of others, I don't think they realise their selfishness. A denial of another's experience of death, or of their bereavement, is a denial of one's own inevitable death, and that's what scares people, not the threat of upsetting, or being insensitive to the grieving person."

It is as if society conspires in various ways, and on various levels, to deny death and bereavement.

Freud (1917) was the first to consider the psychology of mourning. He stressed that grief was not to be regarded as a pathological condition and consequently should not be treated medically. Although he did recognize the pain of bereavement, he noted that any interference with normal mourning was either useless or potentially harmful. Freud saw mourning as a process which had to be carried out alone.

Klein (1940) recognized the importance of others sharing one's grief when she wrote:

"...If the mourner has people whom he loves and who share his grief, and he can accept their sympathy, the restoration of the harmony of his inner world is promoted, and his fears and distresses are more quickly reduced."

Klein foresaw emotional problems for people who could not share their grief. She failed, however, to appreciate the severity of

the social forces which militate against the sharing of grief and contribute to the predicament of the bereaved. This is seen in Subject's protocol:

"In the light of this experience, I was reluctant to ever speak with people about my loss, and it was four years before I had the chance to express myself in the company of someone who would listen."

Lindemann (1944) observed subjects in hospital and saw the resolution of the mourning process as dependent on the willingness of the bereaved individual to undertake "grief work." This involved "the emancipation from the bondage to the deceased, readjustment to the environment in which the deceased is missing and the formation of new relationships" (Lindemann, 1944, p.143 in Gorer, 1966, p.125).

Bowlby (1962), on the other hand, has tended to a mechanistic, instinctual model of man, a view which is also held by Parkes (1972). He has implied that grief is an unnatural state which should be regarded as a "psychiatric disorder," rather than as a natural and even healthy response to the loss of a loved one through death:

"I know of only one functional psychiatric disorder whose cause is known, whose features are distinctive and whose course is usually predictable. And that is grief, the reaction to loss...And yet this disorder is not even touched on in most of the best known general textbooks of psychiatry."

Gorer (1966, p.130), however, believes society has a very important role to play:

"The work of mourning can be assisted or impeded by the way in which the mourner is treated by society in general, and in particular those members of it with whom he is in frequent contact."

"In being-together with the dead, the deceased himself is no longer 'there'. But being-together always means being together in the same world. The deceased has left and relinquished our world: Only out of it can the remaining ones still be with him" (Heidegger, 1962, p.282)

In the light of the Essential Description of this study:

"the fullness and profundity of her lived-world thus becomes distanced and removed from the world of others."

Consider Subject E:

"Even though the guys I did not know were ignorant of the fact of my mother's death, I found it hard to believe that they did not know. It was so ultimately real to me, and was so at the forefront of all that was happening around me, that it seemed scarcely possible that others might be, and were, totally oblivious of the event. I felt quite alone and abandoned in these feelings which nobody around me really shared."

To attempt to validate their experience only serves to increase the distance between the bereaved and others, for example, Subject A: "I was unacceptable because of the aura that was around me, because of what I brought with me."

So, there is not much hope for the bereaved person to share the "burden of his grief" (Subject A). If the world is the mirror of contemporary man, then, it is impossible for the bereaved person to either be "reflected" to, or to "meaningfully reflect" to another, for the bereaved and the other live in experientially different worlds.

Because of the stigma of bereavement, and the unsureness of how to approach the bereaved, people generally leave the bereaved alone. People, generally, either feel helpless or are not prepared to be burdened by feelings of grief that they do not understand.

"...Adults need help in living through the phase of intense grief, but I question whether they can appeal for help at all explicitly in a society...where the majority wish to ignore grief and treat mourning as morbid" (1966, p.130).

Charmaz (1980, p.297) views grief as a process of facing the reality of loss through death and of reintegrating one's life and one's self-image without the person who died. The crucial issue is the loss of self that occurs when a significant relationship ends. Implied in the loss of self is also the loss of one's being-in-the-world.

The bereavement problem of loss of self has largely been neglected in the literature. For this reason the author was unable to find any workable description of the actual lived experience of bereavement.

"One day Father  
I suppose I shall turn  
from the window  
and find you withdrawn  
into your hole in the wall  
and turn again  
to discover the bird gone  
and the sun retreated  
and Mother and I shall leave  
empty-lunged  
walking  
between shadow and shade  
always."

From "Magnolia Clinic" by Nigel Fogg (1968)

The stigma of death presents the bereaved with a dilemma: if they wish to be with others, thereby aiding in the facilitation of social interaction, they are forced to be silent about their true state of being, which is so real and constantly present to them. Alternatively, if they wish to make their loss known, thereby attempting to articulate the reality of their existence, they must be prepared to face a rejection by the others of their new, fragile, confused and pain-filled world. The result is frustration and anger and this alienates the bereaved further from society.

For example, Subject D, who "trespassed" into the "other" world while attending a university tutorial, was made to feel as if she (and more specifically her bereavement experience) had no right to be in the tutorial situation and that she had violated the expected codes of conduct by making the others aware of her state at that time. She also felt intruded upon and rejected because the others could not face her as a bereaved person and was made to feel guilty for disrupting the set teaching syllabus. Referring to the Situated Structure of Subject D: "She...saw herself as an intrusive embarrassment to others." This feeling is also seen in the Situated Structure of Subject B: "She felt that she no longer existed, yet that everyone was painfully aware of her presence. She felt stigmatized and that she was being punished and should be ashamed of something."

Subject A, responded by feeling angry at the others' discomfort at something which was so present and real to her. Because of the others' reaction and non-understanding of her bereavement she was reluctant ever again to speak about her loss. Subject C also felt angry and hostile at the others and wanted to be alone with her sadness as she felt let down and disappointed by their rejection of her experience. Subject B, who was ostracised in various ways by the others, responded in a similar way to Subjects A and C. Her decision to keep her grief to herself was interpreted by others as callousness and insensitivity.

Clearly, there is a need for a general social acceptance of death which offers behavioural guidelines to the bereaved who find themselves trapped in a "no win" situation. If they speak of the dead person, they are perceived as being morbid and are generally ostracised, and if they do not, they are perceived as being callous. Indeed, there is no way out for the bereaved but to dwell in the past when they experienced wholeness in their lives, and to abandon hope for the present and future, and for any meaningful interaction in the world of others. It is, then, not only the death of the loved one that causes the heart of the bereaved person to break, but it is also society which cordons the heart and prevents its true expression.

Indeed, as de Koning (1984, p.141) holds:

"The heart as a perceptive organ grasps certain meanings, and meanings themselves are like fabric which comprises not just one thread but a network, woven from interactions with the world."

"The heart as an organ of perception is then like a mirror which acts as a medium to manifest the essence. The spiritual essence...is manifested in the heart" (1984, p.145).

Those of the Fifteenth Century were surely correct to include "griefe" and "a broken heart" as legitimate causes of death when 75% of the increased death rate during the first six months of bereavement is attributable to heart disease (Parkes et al., 1969). So, the "sting of death" applies to those who live on after the death of a loved one, forced to bear the burden of their grief alone.

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The author believes the present work is valuable. It shows how the bereaved feel when they, themselves, show willingness to break the death taboo and discuss their loss with others who are either afraid to hear about or share the burden of grief with them or are indifferent to something irrelevant to their own lives.

This study shows, too, that the bereaved can speak for themselves, despite the pain, anger and confusion of bereavement. It also highlights their profound experience of rejection.

This study will be of value to organizations such as Hospice, Lifeline and Compassionate Friends.

Research possibilities arising from this study are investigations into specific aspects of the bereaved's response to the denial, such as the implications of the feelings of rejection and anger.

Although this thesis deals specifically with the denial of loss through death, using the concept of others denying one's experience of loss, this study can be used as a starting point for research into the general field of loss of something important, such as one's country (due to either political take-over or emigration) or one's job (due to either retrenchment or retirement). Clearly, in such situations the individual is "bereaved".

## CONCLUSION

"Any man's death diminishes me, because I am involved in Mankind; And therefore never send to know for whom the bell tolls; it tolls for thee."

John Donne, Devotions, XII

Now that their plight is understood, it is possible to assess what is actually being done for the bereaved in contemporary society. In the U.S.A, health-care professionals have instituted support programs called "prevention programs" ostensibly to help the bereaved. Clearly the notion of bereavement "prevention" is absurd and it is therefore confusing to understand what is meant. Adler, Levinson and Astrachan (1978) have criticised bereavement "prevention" groups: "the very concept of prevention is muddled." Nuehring (1978) also observed that prevention "lacks a body of technical knowledge" (Gullotta, 1982).

Gullotta believes that "traditional one-on-one approaches using ego psychology counselling techniques cannot be construed as prevention" (Gullotta 1982, p.10). He holds that: "prevention calls for an equal partnership and an understanding that the target population is not only competent but capable of determining its own destiny" (Gullotta, 1982, p.10). As seen in the present study, this is of vital importance to the bereaved.

Recall Subject D:

"The tutor became apologetic and embarrassed and told us she did not think it was 'a sensitive idea' to deal with that particular subject right then as it was 'probably difficult for me'."

Articles which describe one-on-one intervention techniques, and focus on ego support, have called this prevention. Raphael (1977) has reported success in the reduction of morbidity in widows in an average of four counselling sessions, which Gullotta feels is hardly prevention. Similarly Williams and Polak's (1979) attempt to reduce acute grief in a one-on-one therapeutic relationship, which served primarily to increase anxiety in the experimental group can also hardly be called prevention. And likewise, neither is the earlier work of Williams, Lee and Polak (1976) who attempted and failed to use treatment methods to ease grief for a population experiencing a normative life event (Gullotta, 1982, p.10).

"Most importantly, it appears that current intervention strategies (of treatment not prevention) are not effective or appropriate and may even be harmful when utilized in major life crises. Certainly, those approaches that are predominantly person-centered, call for constant emotional release, and conceptualize repression and denial as ineffective or harmful defences are doomed to failure and possibly harmful interference....In this respect, prevention may be achieved more effectively by focusing upon basic education of the public of facts that involve major life crises and loss and the utilization of natural caregivers. The professional then becomes a consultant and educator rather than intruder" (Williams and Polak, 1979, p.44 in Gullotta, 1982, p.10).

The intrusion and ignorance of health-professionals is recognised by Carey (1979-80) who found that doctors and nurses were perceived by only 40% of widows as being helpful, while 60% perceived them as "old, impersonal and unconcerned". Only 10% of widows and widowers found social workers helpful while "4% did not feel the social worker even knew the patient's name." Widows perceived non-professionals as more caring: 80% received support from family members, 76% from funeral directors, 62% from local clergy and 68% from neighbours who, however, were also perceived as exhibiting "jealousy and failing to visit" (Gullotta, 1982, p.11). Referring to the professionals, Gullotta maintains: "these behaviours are clearly not the empathic listening or reassuring care that Bugen (1977) feels is crucial to assisting the grief process" (Gulotta, 1982, p.12).

To help improve the "performance" of the health professionals certain educational institutions are running "death education" courses. These involve a "dynamic" "group approach" to help the professionals to understand their own feelings about death.

"Authentic success and happiness in human existence demand uncompromising realism; we must understand and acknowledge the facts of life. Paradoxically, the most vitalising fact of life is the utter invisibility of death! Man must constantly keep before his eyes the reality, the nature and the inevitability of that fact. He must make every effort to understand exactly what his own death means to him. He must see the consequences of the knowledge that he is mortal. He must never let go of this insight" (Koestenbaum, 1971, p.26 in Todres, 1986, p.9).

It is believed that when an individual can confront the meaning of his own death, death anxiety will diminish (Todres, 1978).

"Our neurosis is an attempt to obscure existential facts; and in our excessive concern to emphasise our relatedness and denying the aloneness of the death we are to die, we may all huddle together excessively for reassurance and pay the price of confluent support in which our sense of personal freedom is obscured. These strategies are ultimately futile and our attempts to ward off realizing this constitutes an anxiety tinged with quiet desperation or frenetic mania" (Victor Frankl, 1971, in Todres, 1986, p.11).

It is hoped that by confronting the meaning of their own deaths, then, health professionals and in fact, anyone who has attended a "death education" course can extend the emotional care necessary not only to the patient but to his own family. In 1955, Elliot wrote: "If good sex education is important, delicate and subtle, so is proper death education" (Palgi, 1983, p.35).

Although "death education" is valuable, clearly bereavement cannot be forestalled or prevented. The mourning process is one that has to be lived through and though it can be aided, and the bereaved supported through it, it cannot be controlled. Gullotta, nevertheless, believed control was possible by the means of groups which facilitate the promotion of "self-reliance and self-worth" (Gullotta, 1982, p.13). He felt that such qualities are important to overcome and combat grief. But, clearly by treating the symptoms of bereavement one is not treating bereavement itself.

To control something, or wish to, is a manifestation of the technological attitude prevalent in contemporary society. Bereavement and mourning cannot be controlled and have to be lived through. According to the dictates of society, then, since bereavement cannot be controlled it must be denied.

"By altering their own behaviour and assisting the development of community care, health workers will not ease grief. Grief, sorrow and mourning are all natural processes. What the health care worker can do is...provide insurance that grief does not permanently overshadow his (the bereaved person's) life" (Gullotta, 1982, p.16).

The bereaved so often feel overshadowed, even "destroyed", by the death of their loved ones. This is not surprising for in Western society, there is a feeling of powerlessness and impotence in such a situation. Our experience continually falls short of our expectations. We feel alienated, distant from one another, overwhelmed by gigantic forces. Rollo May (1972) calls this the problem of personal powerlessness, in which people feel unable to influence or to change others. There is a daily realization that we cannot influence anyone, that we count for little, that the values we were taught, which our parents lived by, are to us insubstantial and often worthless. "In truth, however, precisely nowhere does man today any longer encounter himself, i.e., his essence" (Heidegger, 1977, p.27).

May feels that a society which encourages powerlessness among its members is storing up trouble. "Deeds of violence in our society are performed largely by those trying to establish their self-esteem, defend their self-image, and demonstrate that they, too, are significant." Charles Reich (1971, p.75), in fact, describes Twentieth Century Western consciousness as "convinced that man's needs are best met by trying to dominate experience rather than being subject to experience." The view reflects the insistence that "real" experience is that which is dominated, not that which comes to the individual who is unguarded and open.

Heather (1976) holds that our society requires not only a split between people's experience and their behaviour but also a split between the individual and society. Man can determine his own history and create his own environment, yet it is vital for the continuation of the institution of society that man, as an individual, does not realise he has this power. Qualitative changes in society occur when people suddenly realize that society does not exist independently of them and has not always been there in the present form to which they are expected to adjust themselves, but is a man-made creation for which they, in fact, are responsible. To put man back into the world, immediately invites the dangerous thought that poverty, degradation, oppression, and other evils are not just "there" but are his responsibility and can be changed. In such a way man would be forced to accept his mortality, his values would become more human and he would show more responsibility for his fellows.

To change society, we first have to change ourselves. To start from the self does not mean to be selfish - it means to start from premises which are based on human life and the rest of nature rather than on artificial values such as status, power or wealth. It is not an "ego trip" but a radical subjectivity designed to find genuine values in a world whose official values are hostile to the individual. It is not egocentricity, but honesty, wholeness, genuineness in all things. It starts from the self because human life is found as individual "units" and not corporations or institutions. The intention is to start from life.

Genuine helping, therefore, cannot simply be restricted to the bounds of intrapsychic probing. It involves intervening in and interfering with the social and economic environment. Such helping aims to liberate both the helper and the helped. But, helping can result in the greater personal and structural enslavement of both. Our struggling can entangle us more deeply in the net of ego and suffering. We may seek to control others in the guise of helping them. True helping is less of a task-oriented activity than a way of living and being. It is a process frequently springing from our everyday life and a retreat from controlling and shaping. Helping others is a good way of helping ourselves. There is a growth of continuity between the self and others. Ego barriers melt and compassion blooms. The highest level of compassion is without any purpose or intent, it seeks neither the good of others nor its own good, it lies in being good not "doing good."

On the other hand, we are very much concerned with those who are around us. We continually "judge" ourselves against the standards of others. Frequently the energy in our helping comes from feelings of pity towards others and our own desires to be accepted by them. Pity is part arrogance and part sympathy, but unlike compassion, it sees others as unequal and inferior. The destructive power of pity can be seen in the following extract from the protocol of Subject D:

"That was the worst, I think, feeling rejected by my peers and teachers, feeling their alienating pity and embarrassment, instead of understanding sympathy."

We are in fact the society we condemn, and so we must accept responsibility and cease blaming others. Blaming will not help us reach others, nor will it change us, nor will it change society. For it is warmth rather than words that will cross the many barriers.

Two groups have sought to put man back into the world through the medium of death and dying. Using genuine compassion and warmth each group has sought to wrest death from its unacceptability and taboo. The groups are those of Elizabeth Kubler-Ross, and Cicely Saunders of the Hospice Movement.

Elizabeth Kubler-Ross has been a significant force in the "death and dying" movement. She has played a major role in "making death acceptable" and this has obvious implications for the living.

"Kubler-Ross has been a pioneering catalyst, increasing public awareness of death, mortality, and the needs and experiences of the dying and their caretakers; providing a convenient and helpful cognitive and emotional grid for those who work with terminally ill patients; pointing up inadequacies in the established institutional care of the dying; and suggesting and stimulating changes in it. Blending the attributes of physician, psychiatrist, priestess, and medium, she has become a kind of societal shaman of death and dying" (Fox, 1981, p.51).

In Medieval times, the Hospice was a shelter for travellers, maintained by members of a religious order. Based on this concept, Dr Cecily Saunders created and now directs the well-known St Christopher's Hospice in London. Today, the hospice offers succour to the terminally ill. Patients are admitted into the "high person, low technology" setting - an atmosphere reminiscent more of a home than a hospital. Committed staff and volunteers work to ease the psychic pain of the sufferer, while physical pain is controlled with analgesics. Families are welcome to stay with their loved ones during their last days. Hospices also offer bereavement counselling (Fox, 1981, p.53).

These movements started the contemporary revolution in attitude towards death and dying, which has led to a change in the medical and social perceptions of death and dying. The care advocated attempts to integrate mind and body, feelings and intellect, the subjective and the objective, the material and the spiritual, the self and the other. Both movements conceive of death that is more than medical in nature (Fox, 1981). The bereaved by accepting death, which is no longer taboo or so terrible that "none may speak its name", cope far better.

Kruger (1983, p.124) describes contemporary Western cultures as typically "anthropemic, in that they tend to exclude members because of idiosyncratic behaviour or inability to compete." He cites mental hospitals, old age homes, and prisons to see how pervasive this trend is. We see this trend, too, in attitudes towards death, from the location of cemeteries on the periphery of towns and cities, and as described here, in the denial and even avoidance of the bereaved in our daily life. This view contrasts with that of most tribal cultures which he sees as being largely anthropagic, incorporating and reincorporating members of the community. This aspect is evident in their many and varied rituals for both the dead and the bereaved. Because of an acceptance of mystery and death, the incorporation of death via rituals of respect for the unknown but inevitable into their traditional lifestyles and customs, greatly serves to enrich the lives of those living in these more tribal societies.

Apart from the healing and reintegrative power embodied in the closely adhered to ritual, the individuals making up these traditional cultures have also struggled to find their own way of accepting the inevitability of death. In contemporary Western society, we have streamlined almost all rituals to a process of bureaucratization, and cannot realistically take up Gorer's plea of a "return to ritual" as the ritual would be meaningless to our way of life. What we can do, (following Kruger, 1983) is open ourselves up to the underlying attitude of tribal cultures with their respect and acceptance of the dead, and therefore their respect for life.

Following Montaigne's quote (Simpson, 1979, p.257): "Whoever teaches people how to die, teaches them how to live", Palgi (1983, p.36) suggests that a greater awareness of death can help people find meaning in their lives which extends beyond their own biological existence. She cites Lifton (1977) who suggests five alternative means to experience a sense of immortality. "The first and most usual is the historic mode where one invests in and lives through one's children and grandchildren. A second expression of the sense of immortality is the religious one - the transcending of death through spiritual attainment. A third mode is the theme of eternal nature; the fourth mode is creativity." This is exemplified by the works of men of genius which live on for time immemorial. Every one of us who wants his words or acts to be thought significant, wishes to be remembered and in this sense, seeks to escape the brevity of his own lifespan. The fifth mode is the entering of a psychic state of experiential transcendence. Possibly, by seriously contemplating these means to immortality, one will be led to accept the reality of one's own death and, in turn, one's life.

"Perhaps only when we lose a loved one, and identify very intensely with the death...do we become fully aware of the fact that his body will decompose under the earth, and possibly it is only then that we fully comprehend the reality and the inevitability of our own end" (Hollingswoth and Pasnau, 1977, p.134)

The world of the bereaved is different to that of the "not bereaved". So as not to be reminded of their mortality and humanness, the "not bereaved" try through science, technology,

medicine and industry to ignore or overcome the existential "given." Being-with-the-bereaved would return them to that which they try to avoid: a meaningful existence but one not deemed successful by society on a linear and quantitative scale. Often the fear of something is, however, greater than the actual confrontation with it. So the "not-bereaved" must learn from those who have been bereaved - and from those who have, meaningfully, been-with-the-bereaved.

"The closer we come to the danger, the more brightly do the ways into the saving power begin to shine and the more questioning we become. For questioning is the piety of thought" (Heidegger, 1977, p.35)

We must open ourselves to the suffering of the bereaved. Indeed,

"it is just a matter of visiting, listening and prompting... encouraged all the time to live out the grief and by talking about it slowly they have come to accept it and go on with their lives....But generally those who have been bereaved just want to talk about it" (Leard, 1974 in Smith, 1974, p.90).

The bereaved, too, have much to offer, having climbed the mountain and returned to tell the tale. As Parkes (1972) says:

"...the pain of grief is just as much a part of life as the joy of love; it is perhaps, the price we pay for love, the cost of commitment. To ignore this fact, or to pretend that it is not so, is to put on emotional blinkers which leave us unprepared for the losses that will inevitably occur in our own lives and unprepared to help others cope with losses in theirs."

All we have is each other. What is rich and wonderful about our lives is the meaning which we share with one another. The greatest challenge - the one on which all else hinges - is that of Kierkegaard:

"Let us ever hold fast to what it means to be a human being."

## APPENDICES

This chapter contains the protocols, Natural Meaning Units and Essential Themes of Subjects B, C, D and E.

### Protocol and Natural Meaning Units of Subject B

Seven years ago, when I was 16, my brother was killed in an accident. It happened in March and I was in Standard 9./ (1) On returning to school, I had to face all my friends and teachers./ (2) My best friend at that time had been very good to me and had been willing to listen. Yet despite that, I felt an underlying hesitancy that told me she didn't understand, couldn't comprehend what I was feeling and going through./ (3) Her reaction was nothing to what I faced at school.

It was obvious that everyone knew what had happened. A few girls and one or two teachers offered their condolences, but only if they could speak to me alone./ (4) As a member of the class, I suddenly felt ostracised. The girls ignored me, the teachers ignored me./ (5) Whereas before I had been an active participant in class discussions, now no-one turned to me to ask my opinions, to ask questions or to comment./ (6) I felt as though I wasn't there./ (7) I felt that I was being totally ignored./ (8) Yet at the same time I felt that everyone was painfully aware of my presence./ (9) They didn't look at me - if I happened to catch their eye, they would quickly look away. Conversations that I tried to initiate became stiff and formal and soon came to an end./ (10)

It was almost as if I was being punished, as though I had done something wrong, that I should be ashamed of something./ (11)

I knew that they were embarrassed, unable to handle the situation, ill at ease with even the thought of death. But that knowledge didn't help me./ (12) They didn't help me. I needed companionship, I needed to be included, I needed to listen to and talk about other things./ (13) It was a relief to become involved in something and to realise 3 hours later that the time had flown by - and I hadn't spent it feeling sad and depressed./ (14)

During one science lesson I was feeling particularly down, very alone./ (15) I felt tears beginning to form, but couldn't stop them./ (16) I didn't want to break down in class - it would have been very embarrassing, almost taboo / (17) - and yet I didn't want to leave, to be physically alone./ (18) Tears started to pour down my face, I couldn't control it./ (19) Everyone was looking away, trying not to notice./ (20)

It eventually became too much for me and I ran outside and flung myself down on the ground behind some trees and sobbed my heart out./ (21) Grief is something that you experience alone - not by choice but by social decree./ (22)

Not a single person at that time sat down with me and let me talk. Talk about Antony, about what happened, about how I felt./ (23) I think it would have been much easier for me if they had./ (24) Yet it seems that only a few people, usually someone

who has had a similar experience, can offer an understanding ear./ (25) I needed time to forget my loss, to do other things, yet I also needed time to talk about it. No-one seemed to understand or acknowledge this need./ (26)

My reaction to all of this was to keep it all to myself, to "cope", to get over it as quickly as possible, to return to "normal"./ (27) Basically to let everybody else forget that it had ever happened./ (28) It is ironic that this reaction itself was seen by a number of others as a callousness on my part, an insensitivity./ (29)

Essential Themes In Subject B's Protocol

- 1) S's brother was killed in an accident when she was sixteen.
- 2) On returning to school, S had to face her friends and teachers.
- 3) Although S's best friend at the time had been willing to listen, S perceived an underlying hesitancy which meant to S that her friend could not understand what she was feeling and experiencing.
- 4) Although everyone at school knew of S's loss, only a few people offered their condolences - if they could speak to S alone.
- 5) S felt completely ostracised at school.
- 6) Previously S was an active member of the class. Now she was consciously ignored.
- 7) S felt as if she did not exist.
- 8) S felt that she was being ignored completely.
- 9) Yet S felt that those around her were painfully aware of her presence.
- 10) S was generally avoided. When she caught people's eyes they would look away, and conversations she initiated were tense and soon ended.

- 11) S felt as though she were being punished and that she should be ashamed of something.
- 12) S's knowledge that those around her were embarrassed and ill at ease in the situation and hence could not be there for her was of no comfort at all.
- 13) S needed to be included by others and to take part in their conversations.
- 14) It was a relief to S when she became involved in an activity and discovered some time later that her attention had been taken off the sadness and depression that occupied her most of the time.
- 15) One day in class S found herself especially down and alone.
- 16) S could not fight back the tears that began to form.
- 17) It would have been highly embarrassing and taboo for S to break down and cry in class.
- 18) Yet S did not want to leave the classroom and increase her aloneness.
- 19) S began to cry uncontrollably.
- 20) Those present actively ignored S's crying.
- 21) To alleviate the tension of the situation, S ran outside, flung herself down and cried bitterly.

- 22) For S, grief was seen to be something one experiences alone - not through choice but by social decree.
- 23) At that time there was no-one who would let S talk about her loss.
- 24) S felt that dealing with her loss would have been easier had she been allowed to talk about it.
- 25) S has found that very few people will listen and understand in such a situation, and usually they are those people who have experienced loss through death themselves.
- 26) No-one seemed to understand or acknowledge S's needs for reintegration into her social network, accepting that she had experienced this loss and needed time to deal with it, and people to listen to her speak about it.
- 27) S responded to the denial of her experience by keeping her grief to herself, giving the appearance that she had dealt with her loss and was now no longer different but acceptable again.
- 28) S behaved in this way to let others forget everything associated with the death.
- 29) However, this reaction was seen by a number of people to be callous and insensitive.

## Protocol and Natural Meaning Units of Subject C

I was sitting with a group of friends one day. As we were talking someone came into my mind. This was my ex-teacher, Mr K. who had died just a few weeks before./ (1) What would he have done in such a situation kept flashing through my mind./ (2) I just wished he was here to talk to. I started talking about him / (3) and straight away noticed the silence that descended. There were looks on some faces that clearly said: "Oh no, please don't".

As I was talking they were either coughing or had a very bored look on their faces./ (4) They were just not interested and it seemed to me they all felt very awkward. They didn't understand the pain and hurt I was feeling./ (5) I felt very rejected thinking that nobody wanted to listen./ (6) I felt like crying / (7) and then I only wished he was still here. He was someone who would listen no matter what I spoke to him about./ (8)

I felt terrible and just wanted to get away to my room. I wanted to be by myself / (9) because there was not anybody who wanted to let me talk my heart out and just listen. No interruptions, no looking awkward./ (10) I felt even more hurt at this rejection of my sadness and pain./ (11) They couldn't seem to understand why I felt it so much and why he meant so much to me./ (12)

To them it was just another person who had died. It didn't touch them directly so that's why they found my actions and feelings puzzling./ (13) I felt like screaming at them: "Can't you see? Why can't you understand? Just hear me out!"/ (14)

I wanted to ask them if they couldn't feel the pain. Have they never experienced something that hurts more than physical pain? Have they never felt as I did that I had a wound that would take some time to heal? / (15) I felt angry at their stupidity./ (16) I couldn't understand why they couldn't understand./ (17)

I started crying, but now the tears that came were not only of hurt and pain now, but very much of anger. I was angry at the world./ (18) I wanted to be on my own. To cut myself off from the world and others completely./ (19) I had a hostile feeling towards my friends especially./ (20) I felt very despondent and let down./ (21)

Finally I thought over the whole thing, on my own and felt sad that people just tend to want to shun experiences like death just because it hasn't affected them directly./ (22)

Essential Themes In Protocol of Subject C

- 1) While sitting with a group of friends, S thought of her ex-teacher who had died a few weeks earlier.
- 2) She wondered how he would have reacted in a similar situation.
- 3) S's wish that he was still alive to talk to moved her to speak about him.
- 4) Immediately a silence descended and S saw that some people clearly did not wish to discuss him. They responded either by coughing or looking bored.
- 5) They were not interested and seemed to S to be feeling awkward, not understanding the pain and hurt that she was feeling.
- 6) S felt rejected because no-one would listen.
- 7) S felt like crying.
- 8) S wished desperately that he was still alive as he always listened to her.
- 9) S felt terrible and wanted to be alone.
- 10) S could not find anyone who would listen while she spoke, without interrupting or looking awkward.
- 11) S was further hurt at the rejection of her sadness and pain.

- 12) S felt the others could not understand why she felt the death so deeply and why he meant so much to her.
- 13) S felt that the reason the others found her actions and feelings so puzzling was that the death did not affect them directly.
- 14) S wanted to scream at them to look at her, to understand and to hear her out.
- 15) S longed to reach out and ask them if they could feel the pain, or perhaps had experienced something in their lives that hurt more than physical pain. S wanted to ask whether they had ever felt like she did - that she had a wound that would take a long time to heal.
- 16) S was angry at their stupidity.
- 17) S was confused as to why they could not understand.
- 18) S started to cry, from hurt and pain, but largely from the anger she was feeling at the world.
- 19) She wanted to cut herself off from everything completely.
- 20) S felt especially hostile towards her friends.
- 21) S felt very despondent and let down.
- 22) After reflecting on the situation, alone, S was saddened to realise that people want to avoid experiences like death when they have not been directly involved.

Protocol and Natural Meaning Units of Subject D

My mother died during the Easter vacation of my second year of university (1982). I had to call the English department to tell them I'd be returning to university a week late./ (1) The entire teaching staff knew of my mother's death. I felt good about this, it was not something I wanted to deny or shut up - dying is just another part of living, it's a word we've created./ (2)

The first tutorial I attended in the new term was a poetry one. We discussed a poem on death - I forget the name right now, but it concerned itself with the finality and tragic nature of death./ (3)

We started the tutorial and everything went well for a couple of minutes, until I ventured comment on the poem./ (4) The tutor became apologetic and embarrassed and told us she did not think it was "a sensitive idea" to deal with that particular subject right then as it was "probably difficult for me"./ (5)

This made me feel a lot of things, but primarily rejected./ (6) It made me angry at the tutor's non-understanding of my feelings, and at the others' embarrassment./ (7) I felt guilty as well, because my own situation had come in the way of a class exercise./ (8)

The tutorial could have been a rewarding way for me to speak about my experience. But this was denied to me,/(9) and I knew it was not because the tutor wanted to protect me, but because she wanted to shield herself and the other students from facing the reality off the page./ (10) The utter selfishness shown made me the most angry./ (11)

I would not have become emotional, and I would not have subjected the class to an outpouring of my feelings of loss./ (12) But the subject was taboo, primarily because it could no longer be treated as mere words on a page./ (13) My feelings were taboo also, because they were suspected of being volatile and uncontrollable if given vent in the tutorial./ (14) I was taboo in that situation. I was silenced. My very self / (15) - my being forced in reality to handle the subject of death and its larger implications were denied publicly./ (16)

If the exercise had become too traumatic for me, I would have excused myself and left. But this was still my prerogative, not someone else's./ (17) All this led to a feeling of intrusion./ (18) I felt I had no right to be there, because I was an embarrassment that nobody could cope with./ (19) That was the worst, I think, feeling rejected by my peers and teachers, feeling their alienating pity and embarrassment, instead of understanding sympathy./ (20) and feeling guilt for disrupting the set teaching syllabus./ (21)

When people deny the bereavement of others, I don't think they realise their selfishness./ (22) A denial of another's experience of death, or of their bereavement, is a denial of one's own inevitable death, and that's what scares people, not the threat of upsetting or being insensitive to the grieving person./ (23)

Essential Themes in The Protocol of Subject D

- 1) S had to call the English Department at the university she was attending to tell them that her mother had died during the vacation and she would be returning late to university.
- 2) S felt good about the entire teaching staff knowing of the death, as death for her is not something to be denied.
- 3) The first tutorial S attended concerned itself with a poem on death.
- 4) The tutorial ran smoothly until S began to comment on the poem.
- 5) The tutor, apologetic and embarrassed, said it was insensitive to deal with a poem on death at that time as it was probably difficult for S.
- 6) S felt very rejected.
- 7) S was angry both with her tutor who did not understand her feelings, and at the others' embarrassment.
- 8) S felt guilty that her own situation had come before a class exercise.
- 9) S was denied the potentially rewarding chance to speak about her experience.

- 10) S knew the chance was denied her not to protect her, but because the tutor wanted to shield herself and the other students from the reality of death off the page.
- 11) This selfishness made S the most angry.
- 12) S knew that she would not have become emotional or continued speaking excessively of her feelings of loss.
- 13) Because the subject could no longer be treated as mere words on the page, it could no longer be spoken about.
- 14) Because S's feelings were taboo and suspected of being volatile and uncontrollable, they were completely censored in the tutorial situation.
- 15) In the situation S was taboo: her very self was silenced.
- 16) S's being forced through her loss to handle the reality of death was denied publicly.
- 17) S felt that she should have been allowed to have the responsibility over her own actions and to have had the choice to leave had the situation become too traumatic for her.
- 18) S felt intruded upon.
- 19) S felt that she was an embarrassment that no-one could cope with and as such had no right to be there, in the tutorial situation.

- 20) For S, the worst feeling was that of rejection, and her experiencing the alienating pity and embarrassment of those around her.
- 21) S also felt guilt for disrupting the set teaching syllabus.
- 22) When people deny others' bereavement, S feels that they do not realise their own selfishness.
- 23) S believes that the denial of others' bereavements stems not from the fear of upsetting or being insensitive to the grieving person, but from a denial of one's own death.

Protocol and Natural Meaning Units of Subject E

I was in the army when my mother died./(1) I had been told by my dad who 'phoned me at the army camp miles from where we lived./(2) As I heard his voice telling me the news in the duty room where I stood among army guys going about their daily rounds, I felt a heaviness descend upon me./(3) I could sense that they already knew (they had actually been told) and I steeled myself against their half-inquisitive, half-dutifully concerned gaze./(4) As I walked back to my bungalow to prepare to march down to "Bid Parade" (Prayer Parade), I felt very heavy and full, and felt that at a glance the world would (or should) know that my mother had just died./(5)

A very good friend of mine happened to be in my bungalow and when I told him about my mother's death, the guy in the bed next to his overheard. This guy came to me immediately afterwards to confirm what he had heard and to say how sorry he was./(6) The way in which he did this, however, suggested that rather than feeling any genuine concern, he was more taken by the sensation value of the event, which he relayed in hushed tones to other members of the bungalow at the slightest provocation./(7) He seemed almost pleased that the doggedly dull routine of army life had been disrupted in some way./(8) I experienced his behaviour as a denial of my bereavement; it would have been better had he totally ignored my mother's death./(9) For the rest of that day, on the surface at least, the guys I knew (all of whom had come to know "the news") related to me much the same as usual. However,

their eyes, which betrayed both an awareness and equally an avoidance (of the fact that my mother had died), told a story which was not the same as the story voiced by the words they spoke./ (10) Even though the guys I did not know were ignorant of the fact of my mother's death, I found it hard to believe that they did not know. It was so ultimately real to me, and was so at the forefront of all that was happening around me, that it seemed scarcely possible that others might be, and were, totally oblivious of the event./ (11) I felt quite alone and abandoned in these feelings which nobody around me really shared./ (12)

Even though the other guys' failing to acknowledge my loss openly made it difficult for me to experience and express my feelings, I too was avoiding these feelings./ (13) Had I really expressed what I felt, regardless of how the other guys were, it would have been difficult for them to deny my bereavement./ (14) However, I was unable to do so in the rigidly male-role-stereotyping environment of the army, which was not conducive to such expression./ (15)

Essential Themes in Protocol of Subject E

- 1) S was in the army when his mother died.
- 2) S's father telephoned the news to him at the army camp, miles away from where the family lived.
- 3) S felt a heaviness descend upon him as he heard the news in the duty room where the other army guys went about their daily rounds.
- 4) S could sense that they already knew and steeled himself against their half-inquisitive, half-dutifully concerned gaze.
- 5) As S returned to his bungalow he felt very heavy and full and felt that at a glance the world would (or should) know of his loss.
- 6) A guy (A), in the next bed overheard S tell a friend of his loss. A came over to confirm what he had heard and to offer his condolences.
- 7) A's manner suggested that he was more interested in the newsworthiness of the event than any feelings of loss S might have had.
- 8) S felt that A was almost pleased that the dull routine of army life had been disrupted in some way.
- 9) S experienced A's behaviour as a denial of his bereavement and would have preferred it had A totally ignored his loss.

- 10) Superficially the guys S knew related to him in their usual way, not mentioning the death of which they had all come to hear. Yet S saw in their eyes an awareness and an avoidance of his loss, absent in the words they spoke.
- 11) Because S's world was so changed and the death so ultimately real and present to him, it was hard for him to grasp that those he did not know could not feel his loss and were in fact ignorant of the event.
- 12) S felt totally alone and abandoned in his feelings which nobody shared.
- 13) Despite the others' failing openly to acknowledge S's loss and thereby inhibiting the expression of his feelings, S admits that he too was avoiding his feelings of grief.
- 14) S believes that had he expressed what he felt, regardless of the others, they would have found it difficult to deny his bereavement.
- 15) However the difficulty of expressing his grief was exacerbated by his being in the rigidly male-role stereotyping of the army, which was not conducive to such expression.

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