
Bereavement, Widowhood and Grief

Death is unique among human experiences

“...both wholly certain and wholly unknowable”
(Erikson, Erikson and Kivnick, 1986, p.72)

Totality of death itself is ultimately incomprehensible

Cultural Perspectives

Biological and medical perspectives: death defined entirely by physical changes within a body's cells.

Sociocultural perspective: death derives its meaning from the way a society or culture interprets the processes through which life ends

Awareness of the end of life is believed to be unique to humans

- Also is the ability to endow death with meaning
- That meaning is seen as a social creation that reflects the prevailing philosophy, economics, and family structure of a culture

Beliefs about death: Death Ethos

People learn the social meaning of death via

- The language – euphemisms e.g. “passed away”
- Cultural activities – e.g. representations of death in the arts
- Cultural rituals surrounding death and dying

Death ethos is inferred from:

- Funeral rituals
- Treatment of the dying
- Belief in ghosts
- Belief in an afterlife

Is death profane or sacred?

Unwanted or welcome release?

A reason for great sadness or for celebration?

(Atchley, 2000)

Different death philosophies

Ancient Egypt: new, eternal life – so bodies mummified to provide permanent home for the spirit and artefacts left with the body

Western views: many shifts over time

- Prior to middle ages: death seen as a natural part of life
- Late middle ages: Final reckoning with God
- 1700s: Punishment or break with life
- 1800s: romanticism – noble to die for a cause e.g. wars – ‘a beautiful death’

Contemporary Western views influenced by:

- Media images and sensationalised ‘death’ stories
- Range of religious and cultural traditions
- Health care practices – sophisticated technology - control

Different death philosophies

Death can also be sentimentalised e.g. Romeo & Juliet

Contemporary interpretations represent peoples' fears of death

- Premature
- Prolonged
- Painful
- Expensive

Longer lifespan – expectation that a long life is the norm

Death moved from homes to hospitals

We no longer witness death as part of everyday life

(DeSpelder & Strickland, 1999)

Death removed from the everyday world

Terror Management Theory

(Soloman, Greenberg & Pyszczynski, 1991)

Thought of own mortality – panic and dread

Awareness of threat to self-esteem – anxiety

Existential questions may lead some to 'turn to religion' when faced with a terminal illness

Some turn to the medical world – sense of control



'Stages' of Dying?

Stage Theory of Grief (Kubler-Ross, 1969):

- Interviewed more than 200 terminally ill patients
- Identified 5 typical responses (stages) to the prospect of death

1. Denial of seriousness of the illness

Self-protective

Fluctuation (Smith, 1993)

Kubler-Ross: family and health professionals should not distort truth

2. Anger

Facing loss of opportunities e.g. travel. parenthood

Angry at the universe

Family members/health professionals – potential targets of rage, resentment and envy

3. Bargaining

May attempt to strike a deal with family members, friends, doctors or God

“If only I can live along enough to.....”

Sometimes for altruistic reasons

Tony: “I don’t want to die yet. Gerry is only 3 and not old enough to understand. If I could live just one more year, I could explain it to him myself and he will understand. Three is just too young”

(Komp, 1996, pp.69-70)

4. Depression

Despondency is often intensified by individuals' experiences associated with dying

e.g. lack of control, deterioration, intrusion of medical machines etc.

(Maier and Newman, 1995)

Responsiveness to patient's wishes

5. Acceptance

A state of peace about impending death

Patient usually disengages from all but those closest

Some patients withdraw from all

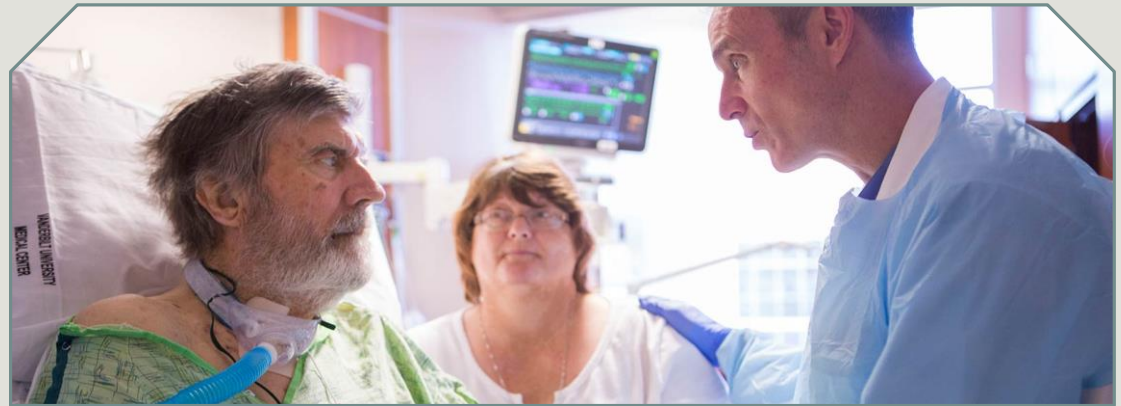
e.g. *“I’m getting my mental and emotional house in order”*

(Samarel, 1995, p.101)

One view of dealing with dying

‘...a complicated clustering of intellectual and affective states, some fleeting, lasting for a moment or a day’

(Shneidman, 1976, p.6)



Discussing terminal-illness

Terminally ill people do not always want to discuss their situation

Personal, frightening:

“They’re scary subjects and....we don’t want to touch on it too much....It’s very personal”
(McGrath, 2004, p.836)

Protection of self:

“I think I’ve got as much as I can cope with. So I can’t get her upset...and then have to try to calm her down”

Protection of others:

“Because you don’t want them to....get really upset so you....hold everything back.....My sister is good but I couldn’t load off onto her, she would just break”

(McGrath, 2004, p.837)

Assumptions regarding 'openness'

Cultural differences

Western individualistic cultures – honest communication even if painful

Collectivist cultures – social harmony

China and Japan – not usual practice to inform patients if they have a fatal disease

(Chan, 2004; Long, 2004)

Grief

Can we avoid grief?

Bereavement

‘To be robbed’ – unjust, injurious stealing

Bereavement Overload

Several deaths at once or in quick succession

Grief Processes

Grief - roller-coaster ride with ultimate resolution (Lund, 1996)

- Avoidance
- Confrontation
- Restoration

Dual-process model of coping with loss (Stroebe and Schut, 1999, 2001)

The bereaved must

- deal with emotional consequences
- attend to life changes (success results in healing/restoration)

Bereavement interventions

Sympathy

Training

Appropriateness?

Lack of response?

‘Being there’

Existing social network

Additional social support

Self-help groups

“We shared our anger at being left behind....our fright of that aloneness. We shared our favourite pictures, so each of us could know the other’s families and the fun we used to have. We shared our feelings of guilt if we had fun...and found out that it was okay to keep on living!...We cheered when one of us accomplished a new task. We also tried to lend a helping hand and heart when we would have one of our bad days!...This group will always be there for me and I will always be there for them. I love you all!”

(Lund, 2005)

Value of the grieving process

e.g.

- gaining insight into the meaning of relationships
- discovering one's own capacity to cope
- determining a sense of purpose in one's own life

(Neimeyer, 2001a)