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‘FEEL THE PAIN’

Death, Grief and Bereavement Counselling in the North East of England

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Submitted for the degree of Doctor of Philosophy
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Abstract

‘FEEL THE PAIN’

Death, Grief and Bereavement Counselling in the North East of England

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This thesis is about death, grief and bereavement counselling in the North East of England. It is based on ethnographic fieldwork carried out over a period of three years.

I have three main objectives in this thesis. Arguing that the anthropology of death has neglected grief, I seek to describe and explain how people in the North East of England experience grief; how they make sense of the death of their loved ones, and their own reactions to those deaths. Working with interviews with bereaved people and drawing upon work in narrative analysis about the importance of stories in how we think, interact and relate to other people, I focus especially on the stories that bereaved people tell in their grief.

I seek to illuminate, too, how grief is managed in the North East. In particular, I focus on bereavement counselling which has, I suggest, assumed something of an authority over how people should grieve. Seeking inspiration from the anthropology of emotion and the Foucauldian notions of discourse and ‘technologies of the self’, I examine how grief is constituted in bereavement counselling both in training and practice.

Finally, I compare how bereaved people experience grief with the construction of grief in bereavement counselling. In bereavement counselling the focus is upon the emotions the bereaved is experiencing in the present; grief is understood as an emotion that has its origin and location inside the individual mourner now. For bereaved people, grief is a part of their ongoing relationships and interactions with their loved ones, and other people around them, and as such it is a feature of the history of those relationships and interactions. The difference between the experiences of the bereaved and the workings of bereavement counselling is explained by placing the latter in the context of modern governmentality.

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Part I

Just Remember...

Chapter 1

Introduction. What's the Story?

This dissertation is about death, about grief and about bereavement counselling. This dissertation is about stories, knowledge, experience, emotions and power too. In being about these things, this dissertation has something to say about culture, social interactions and social relationships. It is based upon ethnographic fieldwork carried out in the North East of England from 1994 to the present.

I have three main objectives here. I want to try to understand how people in the North East of England experience grief, how they make sense of the death and of the lives of their dead ones,¹ and how they react to those deaths. Drawing upon the work of people like Jerome Bruner (1986) and Michael Carrithers (1992 and 1995) about the importance of narratives in how we experience the past, plan the future and make sense of our interactions and relationships with other people, I focus especially on the stories, the narratives, that bereaved people tell in their grief.

I hope to illuminate, too, some of the ways in which grief is now dealt with, managed, officially and publicly in the North East. In particular I am interested in bereavement counselling, a relatively new form of dealing with grief, one that is steadily and rapidly growing in importance and authority and one that increasingly, I will suggest, may come to colour the way in which people experience and evaluate their grief and their grieving. Bereavement counselling

¹ I use the term dead ones here and sometimes in what follows instead of such terms as dead relatives or loved ones. I do so because sometimes people grieve someone who was not a relative and sometimes they grieve someone whom they didn't love.

has assumed, or been offered, something of an authority in matters of grief, over what people should expect in grief, of how, indeed, they should grieve. In cases of national tragedies it is bereavement counsellors as much as priests or doctors who are called upon by the media to explain to people what is going on.

Finally, I want to compare what bereaved people have told me about, and in their grief, with the construction of grief found in bereavement counselling, both its discourses and its practices. I shall suggest that while bereavement counselling's importance and authority may be growing, there are some fundamental discrepancies between its notions of grief and the experiences of the bereaved. For bereavement counselling death signals the end of the relationship between the deceased and the bereaved. Accordingly, in bereavement counselling the focus is upon the emotions of the client, the attention is directed towards whatever the bereaved person is experiencing in the present. For bereavement counselling grief is an emotion that has its origin and location inside the individual mourner in the present. For bereaved people, on the other hand, death signals a change but not the end of their relationship with the deceased. Accordingly, for the bereaved, grief is much more a part of their ongoing relationships and interactions with their dead ones, and those other people around them, and as such it is a feature of the history of those relationships and interactions.

Later, I will talk at length about the power of stories. Perhaps the nature of this dissertation is best explained by telling you the story of how I came to write it. I came to the North East of England with my family in the autumn of 1993 to do my master's degree. Midway through I began to think about the possibility of doing a Ph.D. Sharing my thoughts with my supervisor he sent me home with the instructions to return the next day (this is how I tell the story now) with a suitable subject matter for a Ph.D. research. At home my wife suggested that I take up an earlier interest that had never come to anything and do some work on death. My supervisor accepted the idea with his usual enthusiasm and we immediately agreed that I would align this work with his interest in narratives and decided that I would consider the stories that bereaved people tell in their grief.

From the start I saw my work as falling within the anthropology of death and as I started reading the anthropological literature on death it became evident, as a number of people have observed (see Fabian 1991 [1972], R. Rosaldo 1984 and 1989, Kan 1992, Good 1994), that anthropologists interested in death have largely ignored the experiences of bereaved people, that they have indeed ignored grief. To try to describe and understand how people experience grief was to be the focus of my research, my contribution, I hoped, to the anthropology of death. Their stories would provide me with the key.

Here I was of course, to some extent, encroaching upon the territory of the anthropology of emotion and my supervisor soon sent me away to read that literature. Reading the work of Michelle Rosaldo (1980 and 1984), of Unni Wikan (1987 and 1990), and of Lila Abu-Lughod (1986) and Catherine Lutz (1985a, 1985b, 1988; also Lutz and White 1986; Abu-Lughod and Lutz 1990), I learnt that the radical distinction between thoughts and emotions may be a peculiarly Western view as may be the view that emotions are natural, physical reactions that reside exclusively in individual minds and individual bodies. Instead, I learnt that it may be fruitful to locate emotions in social interactions and social relationships and to probe such emotion terms as grief not for what they have to say about individual psychology but for 'the meanings such words acquire through their association with enduring patterns of social relationships and activity' (Rosaldo 1980:27).

While this was going on, I was about to begin my efforts to get in touch with people who had been bereaved and with people involved in the business of death. I was introduced to a couple who were deeply involved in the running of a local branch of the biggest voluntary bereavement counselling organisation in the country, Cruse- Bereavement Care. The couple offered to take me to meetings with their local branch and from those meetings arose the opportunity to enrol on a course in bereavement counselling. The initial idea was simply that partaking in the course would provide me with access to people with whom it would be

valuable for me to talk to. My supervisor then suggested that I ought to broaden my scope a little and consider bereavement counselling, and by some extension, counselling as such as part of my research. He pointed out something which I had noticed too, that counselling is or has become a very prominent feature of life in England.

This coincided with further readings in the anthropology of emotions. In particular I became engrossed in Abu-Lughod and Lutz's (1990) claim that it is not enough to look at the role and place of emotions in social relationships and interactions, but that we can fruitfully treat the emotions as discourses in Foucault's sense and investigate how they are constituted as a separate knowable domain of reality, and how this constitution reflects and affects the distribution of power in society. This, I decided, would be the perspective from which I would view discourses about the emotions and grief within bereavement counselling.

Having decided that I would look more closely at bereavement counselling as an institution and an activity, my supervisor suggested that I examined the literature on counselling. I also read the social science literature on counselling and psychology, the classic work of Phillip Rieff (1966) and Christopher Lasch (1979), and the more recent work of Jeffrey Masson (1989). In particular though I read the work of Nikolas Rose (1985, 1989a, 1989b, 1992, 1994, 1996). Rose points out that social scientists like Rieff and Lasch, and indeed Masson too, have been influenced by the humanistic and sometimes vaguely Marxist liberalism of the 1960s and talk about psychotherapy and counselling as mystifying, repressive and hegemonic tools of oppression. These writers analyse the psychotherapeutic encounter as one based upon permanent imbalances of power, between the expert and the patient, wherein the therapist's agenda habitually overwrites the subjectivity of the client. They analyse psychotherapy more generally as means by which inherently social problems of class divisions and the unequal distribution of wealth and power are redefined as essentially psychological problems of motivation and adjustment, a redefinition that makes impotent any attempts to

rectify the situation through political action and prescribes strictly individual visits to the therapist.²

What Rose points out, and what I discovered during my training, is that psychotherapy or counselling does not work this way; not now anyway. Counsellors seek to help their clients to explore and express their subjectivities and through that make changes in their lives and many people find this extremely helpful. The bereavement counsellors that I came to train and work with - and I believe that goes for most counsellors working today - have taken on the key aspects of Carl Rogers's (1951) client- or person-centred therapy. In the counselling relationship they seek to downplay their own status as experts and aim 'to start from', as more than one of them have put it to me, 'and stay with the reality of the client'. It is the client, these counsellors stress, who is 'the expert' for he knows his own experiences and his own problems.

Still, power, influence, and effect are obviously there. Without them there would not be any use for counselling. Without them there would not be any counselling. In addition, counselling resides in a social and cultural context and social and cultural context, as I understand it and shall relate later in this introduction, always implies power. In order to illuminate these issues I resolved to follow Rose (1989a) in following Foucault (1978; 1977c) and his argument that modern forms of power are productive rather than repressive. Bereavement counselling is productive, I shall say, it produces, or helps the client to achieve, specific forms of subjectivity. This idea that counselling is productive is supported by the few genuinely anthropological studies that have been carried out on counselling (Hockey 1986 and 1990; Edgar 1997) who confirm that counselling is a creative activity and counsellors often profoundly creative people. But the subjectivity produced in counselling has to be understood in the double sense that Foucault invested in the concept. For not only does bereavement counselling allow or help

² To me Rieff, Lasch, and Masson are following the very respectable lead established by Marx and Engels (Marx 1963) in their arguments against Hegel and the young Hegelians that alienation is a material, social reality and not an imbalance in Spirit's relationship with itself (see McLelland 1980).

people to have experiences that they might not otherwise have, but it is through those experiences that bereavement counselling has its effect, wields its power.

In describing counselling in this way I have heeded another advice from Rose (1989a) that he in turn accepted from Foucault. Rose points out that while psychology and its more applied descendants trade in complex and profound notions about the self and about human nature, we, in our attempts to understand psychology should not start from its abstract speculation. Rather, Rose says, we should see psychology, or counselling in my case, as a set of local techniques and practices developed to meet quite specific practical problems. Anthropology, I would like to add, and participant-observation in particular is ideally suited to study psychology and counselling in this way.

I attempt, then, to study counselling as techniques and practices developed to solve specific practical problems. For a while I thought about asking for permission to sit in on counselling sessions and observe what goes on there. Rather quickly, though, I decided against this. My presence, I felt, would ruin any session, be against the interests of the client and the counsellor, and would not, as such, be a very good example of what I actually wanted to look at. Instead I talk here about the training courses which I undertook to become a voluntary bereavement counsellor. This, I suggest, is a good substitute for observing actual counselling in action, for in training we were being taught, in a very practical way, how to go about counselling. In addition, we would ourselves engage in pretend - and sometimes not so pretend - counselling practices, taking up in turn the position of client, counsellor and observer. From these and from my own more recent experiences as a counsellor, I believe I can build a reasonable account of counselling itself.

While I trained for the bereavement counselling I established contact with people of various professions who deal with death and grief in one way or another. I spoke with priests and funeral directors, superintendents at crematoria and graveyards, doctors, nurses and counsellors. What these people told me is

reflected in this dissertation. I also worked as a volunteer in a hospice for the terminally ill for over a year. I intended to ask for permission to make the hospice part of my thesis but decided against this. The reason was simply that bereavement counselling was assuming such an importance in my work that I felt that taking the hospice into account as well would leave very little room to do what I had originally intended to do, that is, to talk about the experiences of bereaved people. Instead I asked the hospice to help me contact bereaved people who might be willing to be interviewed by a fledgling anthropologist. With the help of the people at the hospice I arranged three interviews with people whose spouses had been 'guests', as they are called, at the hospice before they died. Needing more interviews I turned to my friends asking some of them if they knew someone who had been bereaved and who might be willing to be interviewed, or whether they would like to be interviewed themselves. By these means I arranged a further twelve interviews although not all of them are recorded here.

Theoretical orientation: death, grief, story

Death

Anthropologists have from the very inception of their discipline been interested in death and its rituals and their place in human society and cultural evolution. Bloch and Parry (1982:6) have distinguished between cultural and sociological schools in the anthropology of death. The very first anthropologists, they point out, to pay any sustained attention to death focused largely upon mortuary symbolism and sought their material mostly in the classical sources of Greek and Roman civilisation. It was Bachofen who set the trend in 1858 (Bachofen 1967; see Bloch and Parry 1982:1) in his study of the symbolism manifested in the Dionysian and Orphic mystery cults. Bachofen pointed out the presence of eggs in some Classic tombs and to their significance as symbols of fertility. He noted that the eggs were painted half-black and half-white, symbolising the 'passage of night and day and the rebirth of life after death' (Bloch and Parry 1982:1). Adding a political dimension to what Bachofen regarded as largely a matter of cosmology Frazer (1963) wondered how killing could be a rite of fertility and

renewal. In particular, Frazer pondered the question of how the killing of divine kings could regenerate the fertility of the community (Bloch and Parry 1982:2; Huntington and Metcalf 1991 [1979]: 164).

Bloch and Parry (1982:6; see Taylor 1989) point out that this early anthropological concern with mortuary symbolism gave way, early on in this century, to questions about the place of death in social organisation as anthropology in Europe swung towards the sociology of Durkheim. My old Professor of Anthropology at the University of Iceland, Haraldur Ólafsson, never tired of stressing to his students the importance of Durkheim's central concern which he put something like this: 'How does society hang together?' In putting these questions, Durkheim made a radical distinction between the individual as a biological organism with selfish drives and the individual as a social person whose conscience is largely, if not totally, provided by his or her society (see Gísli Pálsson 1991; Ingold 1986). The relevance of this here, is that Durkheim's problematic of how the social order can be established, and maintained, presupposes as a problem for, and threat to, that social order the biological individuality of society's members, part of which is, it would seem, their mortality. According to Durkheimian sociology, death is a problem for society in two different ways. First, the death of one of its members disrupts the delicate network of social relationships that constitutes the society, threatening the social order this very network supports. Second, because society stamps its authority upon its members, a loss of even one of them threatens to undermine rather drastically, dramatically and decisively the claims to eternity upon which society's authority, according to Durkheimian orthodoxy, depends (see Durkheim 1965 [1912]; Radcliffe-Brown 1922).

How can this problem be met? How can this threat be neutralised? It was a favourite strategy of Durkheim and his followers, in some ways the defining project of their school of sociology, to show how thoroughly social seemingly biological and individual states, processes and events in fact are (see Bloch and Parry 1982; Carrithers 1985). Marcel Mauss (1985 [1938]), for example,

attempted to show how what we take to belong most securely with ourselves, our awareness of ourselves as individuals, has in fact a long and complex social history (see Carrithers 1985; Cohen 1995). It was another of Durkheim's pupils, Robert Hertz, who took it upon himself to carry this project to death (Hertz 1960 [1907]). Hertz focused his attention on the case of the Malayo-Polynesian speaking people of Indonesia. Drawing heavily upon Van Gennep's (1960 [1909]) notion of the three stages of rites of passage, Hertz's specific contribution was to show how, in societies where secondary burials are practised, a symbolic link is established between the state of the dead body, the fate of the soul of the deceased, and the status of the bereaved relatives. So, in the case of the Malayo-Polynesian speaking people of Indonesia the total decomposition of the flesh marks the time when the bones can be interred with the bones of the ancestors, the moment when the soul will be allowed entry into the land of the benevolent ancestral spirits, and the occasion when the bereaved are deemed clean of the ritual defilement they have suffered through their contact with death and are permitted re-entry into everyday social life.

Through his analysis Hertz was attempting to show how what we take to be the biological event of death is in fact a lengthy social process. In accordance with Durkheimian orthodoxy, Hertz states that the person who dies is not only a biological organism, but a social person upon whom society has written its identity. Society needs this lengthy period of rituals to remove that identity and install it upon another of its members. It is the 'work' of society that has to be rescued and separated from the biological stuff upon which it was placed, in order that it can then be recycled within the group, maintaining the authority, stability and timelessness of the social order. Only when that task is fulfilled can the biological material upon which society works be discarded (see Bloch and Parry 1982). Among the Malayo-Polynesian speaking people of Indonesia, Hertz points out, this mortuary treatment is only for certain people. Children who have not been initiated, slaves and foreigners are all buried quickly, quietly and only once. What these people have in common, Hertz adds, is that they are not members of the group, they are not part of the society. Correspondingly, society has not

performed upon them the work it has on its members and has, consequently, nothing to recoup.

Here then, in the sociological tradition (see Bloch and Parry 1982:6), the analytical lens has largely been turned to how societies respond to and deal with death in order to minimise the disruption it can cause. The focus is largely upon those very public, collective, rituals that death tends to set in motion, funerals and burials, for example. Durkheim (1965 [1912]) and Radcliffe-Brown (1964 [1922]) both attempted to show how collective the authority of society is re-asserted in funerals and Jack Goody (1962) and William Douglass (1969) have presented funerals as a tool to realign social relations severed by death by redistributing the rights and obligations that inhere in those relations, and by finding new incumbents for the social positions and roles left empty by the deceased.

More recently, Bloch and Parry (1982:6) have attempted to map out new lines in the anthropology of death by wedding together the concerns of both the cultural and the sociological schools. Their edited volume 'focuses on the significance of symbols of fertility and rebirth in funeral rituals' (Bloch and Parry 1982:1) and the authors are 'interested not only in the cultural logic of the kind of symbolism which preoccupied Frazer, but also ... in seeing this symbolism in relation to the organizational aspects of the society in which it occurs' (Bloch and Parry 1982:6). I think it fair to say, though, that the force of Bloch and Parry's drive is more sociological than cultural in that social organisation is called upon to explain the cultural logic rather than the other way around (see Metcalf and Huntington 1991 [1979]:6). Bloch and Parry's decisive step, where they break with the Durkheimian orthodoxy, is in doing away with the personification of society of that orthodoxy according to which society is not simply superorganic, but a '*superorganism*' (Ingold 1986:227). So while Bloch and Parry share with the Durkheimians 'a concern with the social implications of mortuary practices,' they do not share their 'view of society as an entity acting for itself' (Bloch and Parry 1982:6). But if society does not, as Bloch and Parry maintain, exist simply and unproblematically, then it and its authority must be created. And death, according

to Bloch and Parry, provides an excellent chance to carry out just such a creation. It is, they say, 'not so much a question of Hertz's [and Durkheim's] reified 'society' responding to the 'sacrilege' of death, as of the mortuary rituals themselves being an occasion for *creating* that 'society' as an apparently external force' (Bloch and Parry 1982:6). Death is not so much a threat to society as an opportunity to set in motion the symbolic resources which can be mobilised to create that society. In this way Bloch and Parry demonstrate that death is not only destructive, as the Durkheimians would have it, but also profoundly creative (see Taylor 1989).

Bloch and Parry's de-personification of society has some far reaching and dramatic consequence. If society is not 'an entity acting for itself' (Bloch and Parry 1982:6) then the mortuary rituals, the act of creating society, must be carried out by some of its members. This allows for the problematisation of how mortuary rites are set in motion, organised and carried out. It makes it possible to pose some genuinely political questions about precisely which members of society get involved in organising funerals, in what way and at what stages. Bloch and Parry advance the general idea that if death is associated with renewal of fertility 'that which is renewed may either be the fecundity of people, or of animals and crops, or of all three. In most cases what would seem to be revitalised in funerary practices is that resource which is *culturally conceived* to be most essential to the reproduction of the social order' (Bloch and Parry 1982:7). They, though, largely base their theory on, and extend it to, societies based on traditional authority in Weber's sense (Weber 1978:212-250), where the social order is represented as being eternal, immutable and unquestionable. Going through a number of dichotomies - irreversible time v cyclical time, good death v bad death, life-giving fertility v polluting sexuality, men v women, order v chaos - Bloch and Parry (1982:38) argue that, so that the 'eternal, stable, life-giving element' of traditional authority 'can be constructed, it is antithetically contrasted with another order built up by reference to such notions as 'biology', 'individuality', 'flesh' and so on. Bloch and Parry argue that irreversible time, bad death, polluting sexuality, chaos, biology and individuality are, in societies ruled by traditional authority,

associated with women and conceived as essentially feminine, whereas good death, life-giving fertility, social order and eternity are associated with men, particularly male elders, and conceived of as essentially masculine. In this way burials amongst the Merina people of Madagascar, where authority resides with male elders, provide an opportunity to stress the impermanence and insignificance of individual human life, largely conceived as feminine, in face of the permanence, stability and eternity of the social body, largely conceived as masculine. They offer a chance to emphasise the life giving fertility of male authority against the life threatening pollution of female sexuality (Bloch and Parry 1982; Bloch 1982).³

In sharp contrast to this stand the four African hunter-gatherer societies - the Hadza, the Mbuti, the Baka, and the !Kung - considered by James Woodburn (1982). None of these societies is based on traditional authority. In fact, within them, authority is fleeting, vested in particular individuals, momentarily, and not in permanent social positions. They, fittingly, as Bloch and Parry (1982:7) observe, have no great concern with 'ensuring the continuity of the human group itself, or the replacement of its personnel.' There is no attempt among the four societies to translate death into rebirth for, 'the force of the analogy between death and rebirth is missing when you not only enter and leave the world naked, but remain naked while in it; where there is no transcendental authority to be created the dead can be left alone' (Bloch and Parry 1982:42; see Woodburn 1982).

I find a lot of the work in the anthropology of death inspiring. In particular, my account has been influenced by the work of Bloch and Parry. I shall argue, as do they, that collective responses to death can be seen to be constitutive of society. More concretely I shall in the following chapters attempt to show the place and part of bereavement counselling in the social and political formation of England. Yet, for all their insights, I can't help feeling that there is something missing from

³ It is somewhat ironic that Bloch and Parry's picture of societies based on traditional authority - with its transcendence of the social over the individual and the biological - reproduces rather neatly Durkheim's vision of the fundamental character of society. It recalls, too, Geertz's (1973) description and analysis of Balinese society, a description for which Bloch (1977) took Geertz to task for exporting Durkheim into the field (see Ingold 1986:163; Gell 1992).

the anthropology of death. It is an old trick to criticise writers for not doing what they never set out to do. It is true that neither Durkheim nor Radcliffe-Brown, Hertz nor Bloch and Parry have set out to try to understand the individual experiences of bereavement. They did not intend to uncover the psychological mechanisms of grief (see Fabian 1991 [1972]; R. Rosaldo 1984; Kan 1992; Good 1994). In fact, the flow and force of the argument has been in the other direction. In their writings about death and the emotional responses it elicits, anthropologists have broadly followed the respectable lead of Durkheim, exemplified brilliantly in his *Suicide* (Durkheim 1952 [1897]; see Bloch and Parry 1982:3), in establishing how seemingly autonomous, spontaneous, individual actions, such as suicide, often have their sources outside the individual and do in fact possess their own sociology which renders them not so much autonomous and spontaneous as obligatory, determined, and predictable.

In his *The Elementary Forms of the Religious Life*, Durkheim (1965 [1912]) tackles grief - or the emotions associated with death - in the same vein. Durkheim (1965 [1912]:435-6) relates a death scene among the Warramunga of Australia reported by Spencer and Gillen:

a piercing cry suddenly came from the camp: a man was dying there. At once, the whole company commenced to run as fast as they could, while most of them commenced to howl ... 'some of the men, scattered about here and there, sat down, bending their heads forward between their knees, while they wept and moaned ... Some of the women...were lying prostrate on the body, while others were standing or kneeling around, digging the sharp ends of yam-sticks into the crown of their head, from which the blood streamed down over their faces, while all the time they kept up a loud, continuous wail. Many of the men, rushing up to the spot, threw themselves upon the body, from which the women arose when the men approached, until in a few minutes we could see nothing but a struggling mass of bodies all mixed up together. To one side, three men of the Thapungarti class ... sat down wailing loudly, with their backs to the dying man, and in a minute or two another man of the same class rushed on to the ground yelling and brandishing a stone knife. Reaching the camp, he

suddenly gashed both thighs deeply, cutting right across the muscles, and unable to stand, fell down into the middle of the group, from which he was dragged out after a time by three or four female relatives, who immediately applied their mouths to the gaping wounds while he lay exhausted on the ground.' The man did not actually die until late in the evening. As soon as he had given up his last breath, the same scene was re-enacted, only this time the wailing was still louder, and men and women, seized by a veritable frenzy, were rushing about cutting themselves with knives and sharp-pointed sticks, the women battering one another's heads with fighting clubs, no one attempting to ward off either cuts or blows (Durkheim 1965 [1912]:435-6; quoted in Huntington and Metcalf 1991 [1979]:48-9).

Relating scenes of such intense emotions, it appears that the force and direction of Durkheim's argument can only be to demonstrate the unstructured, spontaneous, chaotic nature of grief. Durkheim stresses that the emotions associated with funeral rites are grief, sorrow and anger (Huntington and Metcalf 1991 [1979]:50). He makes it clear, though, that their expression is not simply a matter of spontaneous outburst (Durkheim 1965 [1912]:446). It is natural for family members, Durkheim states, to feel lessened and weakened in the face of the death of one of its members but what happens in the following public rituals, 'when sorrow leaps from mind to mind', is that other members of society feel moral pressure to align their behaviour with the state of the bereaved (see Huntington and Metcalf 1991 [1979]:51). So, Durkheim says, participation in funeral rituals is obligatory rather than voluntary and it serves to reaffirm the commitment to society, the subservience to its authority, that death may have lessened. For this purpose, Durkheim goes on and argues, it is important for society to harness and harvest the emotions that death may instigate. Here, he says, we can see that what appears as a perfectly spontaneous and even chaotic expression of emotions is in fact a 'minutely organized' affair (Huntington and Metcalf 1991 [1979]:51). Despite being 'seized by a veritable frenzy' the Warramunga are in fact, according to Durkheim, following a tight pattern. For the 'obligations of slashing one's thighs or burning one's abdomen are precisely determined by kinship (mother's brother and mother, respectively)' (Huntington and Metcalf 1991 [1979]:51).

What appears originally as a spontaneous and chaotic outburst of private emotions is in fact both obligatory and precisely organised social and collective phenomena.

Radcliffe-Brown (1922) later made similar observations about the Andaman islanders. One of the things that interested Radcliffe-Brown about the Andamanese was the custom of ceremonial weeping, when an Andamanese 'sits down and wails and howls and the tears stream down his or her face' (Radcliffe-Brown 1922:117). Weeping is, maybe not surprisingly, a conspicuous feature of Andamanese funerals but Radcliffe-Brown insists ceremonial weeping is not a voluntary expression of sadness, grief, or whatever other emotion we may associate with death. It is obligatory and controlled and it serves the purpose of affirming the existence of social bonds between two or more persons. Participants at a funeral, then, may not feel the sentiments they express, but Radcliffe-Brown asserts that participation in the obligatory ritual 'will strengthen what positive feelings they do have and create such sentiments where they were previously absent' (Huntington and Metcalf 1991 [1979]:45). It is not the case, then, that grief gives rise to tears but rather the reverse. 'For Radcliffe-Brown, the sentiment does not create the act, but wailing at prescribed moments and in the prescribed manner creates within the wailer the proper sentiment' (Huntington and Metcalf 1991 [1979]:46; see Palgi and Abramovitch 1984).

Rosenblatt, Walsh and Jackson (1976) take a radically different track. They agree with Durkheim and Radcliffe-Brown in asserting that grief - 'the uneven, mental distress, emotional agitation, sadness, suffering, and related feelings caused by death' - is born of social interdependency. They point out that the ethnographic record shows that grief feelings are not unique to people in the West and observe that at the death of those we would now call 'the significant other', one generally experiences strong emotions and radical change in behavioural patterns (1976:1-2). The emotions experienced, Rosenblatt, Walsh and Jackson say, may be sadness, anger, fear, anxiety, guilt, loneliness, numbness and general tension. Change in behaviour may involve loss of appetite and loss of weight, disruption of

work activities, loss of interest, decrease in sociality and disrupted sleep. They argue that if the bereaved are to return to a reasonably normal life they have to 'work through the loss'. This involves accepting the loss, letting go of behaviour patterns that are no longer adaptive, dissipation of guilt, anger and other disruptive emotions, acquiring new behaviour patterns and establishing new social relationships (Rosenblatt, Walsh and Jackson 1976:6).

While asserting that grief is universal Rosenblatt, Walsh and Jackson are careful to point out that different cultures will deal with grief differently. They pose the question: what is the role of cultural and social factors in the resolution, or not, of grief? In trying to elicit the effect of culture on emotions Rosenblatt, Walsh and Jackson (1976:2) distinguish between grief, 'the uneven, mental distress, emotional agitation, sadness, suffering, and related feelings caused by death'; bereavement, the period of time following death during which grief occurs and the state of experiencing grief; and mourning, the culturally prescribed acts that are usually performed when a death occurs. They contend that all adult grief is patterned by culture and that, conversely, cultural acts may be influenced by psychology and biology.

Rosenblatt, Walsh and Jackson's basic aims are, then, to identify the needs, emotions, beliefs and problems in social relations that are fundamentally human in response to death; and to seek cross-cultural regularities in solutions to the problems a death creates (Rosenblatt, Walsh and Jackson 1976:4). The Durkheimian problematic was to show how seemingly spontaneous, individual feelings are in fact carefully created through obligatory social means and how they, once created, serve to reinforce the very society from which they stemmed. If grief is universal, it is universal because human society is. For Rosenblatt, Walsh and Jackson, on the contrary, grief is a natural, psychological reaction to death. Their problematic is to elicit how different cultures and societies deal with grief and the problems it causes for the individual and the social order. The final, ultimate question for them is, how successful, or not, are different societies in dealing with death?

This approach is predicated upon the assumption that grief can be separated from society, that it is a universal, psychological reaction, naturally and automatically triggered off by the death of a significant other, and that it has an existence outside culture. Superficially, this would seem to contrast rather sharply with the Durkheimian perspective where grief is presented as being social through and through, created as it is on the very ritual occasions that seemingly express it. The difference is though, I argue, only apparent. For Durkheim and Radcliffe-Brown, no less than for Rosenblatt and his colleagues, grief is indeed a universal, biological phenomenon. If for the former two grief is actually set in motion by ritual it is still, to them, the same emotion in Australia and in the Andamanese islands. It is clear, too, that to Bloch and Parry (1982) the very ability of funeral rituals to create society is predicated upon the strong emotions that they presume death to instigate. Yet, Bloch and Parry (1982) make little or no reference to how the people they speak of, think of or experience, the emotions associated with death.

What I am driving at has been said often enough before. Johannes Fabian (1991 [1972]), Renato Rosaldo (1984 and 1989), Sergie Kan (1992) and Byron Good (1994) have all observed that an understanding of grief is missing from the anthropology of death. There are exceptions though. Loring Danforth (Danforth and Tsarias 1982) in discussing the death rituals of rural Greece devotes considerable time to the emotions associated with grief in Greece. He focuses in particular on the notion of *ponos*. *Ponos*, Danforth tells us, is a complex of emotions that are 'an expression of the social bonds that tie people together. One feels *ponos* at a person's death because one enjoyed a close social relationship with him, and it is the *ponos* that makes one want to continue this relationship after death' (Danforth and Tsarias 1982:141). *Ponos* must, according to local understanding, be dealt with in one way or another and the ultimate and final goal of grieving must be to rid oneself of it. This is to be achieved through repeated and often ritualised, expression of *ponos*. Failure to do so, along with the

prolonged containment of *ponos* can, or so the local people have it, cause serious illness (Danforth and Tsarias 1982:144).

Danforth's interest was to elicit how people in rural Greece, and women in particular, seek to relieve their *ponos* through various ritual means of exhumation, secondary burials, and stylised lamentations. Yet Danforth looks for his theoretical inspiration to Levi-Strauss and ultimately interprets these rituals as attempts to mediate between the structuralist binary opposition: life and death (1982:6). This does seem to render the emotional upheaval that characterises death in rural Greece rather cerebral. As the women folk told Danforth frequently, they entertain not just the possibility, but the almost certainty, that their ritual actions are but futile. They will lament, but then state immediately, that it was pointless and didn't get you anywhere (Danforth and Tsarias 1982:12). They will lavish great care upon the graves of their loved ones but seem to believe, still, that their actions are futile, that death is in fact final (Danforth and Tsarias 1982:140).

Let me stress again, that for this lack of interest in grief there are some very sound reasons. In as much as anthropology is and remains a social discipline it must and will seek to uncover and emphasise the social aspects, or the social nature, of those areas of human life it endeavours to illuminate. Part of this project has been the Durkheimian attempt to establish how, what we here in the Western world, may take to be individual, spontaneous, psycho- or biologically grounded events, actions and emotions, are in fact collective and obligatory processes.

This must remain an objective for anthropology, at least as I have been taught it and as I understand it. It is an objective from which I do not wish to depart here. Its relevance, if further argument is needed, is evident from the fact that it is an ally to anthropology's battle against ethnocentrism, showing up the social nature of those things that we take to be inherently natural. This is even more important for me doing, as I am, anthropology close to home and addressing the very

Western world in whose common sense may be the sources of the academic theories discussed here.

Still, it seems somewhat inappropriate to me, given this subject matter, to ignore so carefully any questions of individual, personal experience, particularly that of the bereaved. The intensity of this experience is often acknowledged in the literature only for it then to be ignored. This seems to me to render the neat, sometimes brilliant, analyses of which the anthropology of death is so rich, rather hollow. Indeed it is relevant to point out here that these accounts are largely conspicuous for the absence of any 'natives' in them. Rarely, and this goes for Durkheim, Radcliffe-Brown and their followers, and for Bloch and Parry and the contributors to their volume (Bloch and Parry eds. 1982) is any mention made of anything anyone 'on the ground' has said. 'The natives' are silent. Still, if 'the natives' are silent there is, of course, still a voice to be heard, the voice of the anthropologist. For as 'postmodern', 'poststructuralist', 'deconstructive', 'call it what you like' anthropology has repeatedly pointed out of late, ethnographies that assume the appearance of subjectless objectivity are inescapably infused with the subjectivity of the author. In this way Western ideas about death and grief seem to creep into the accounts of the anthropology of death, offered there, unexamined, to illuminate the death rituals of other people.

Deborah Battaglia (1991) has suggested that it is important that there be some measure of congruence between the theories an anthropologist chooses to infuse her ethnographic descriptions with, and the character of the world view of those who are being described. And so there is another reason, I feel, why the approach of Durkheim, Bloch and Parry and those others is not appropriate here. For the world they describe is a world wherein death is most notable for the large and very visible public ceremonies it sets in motion, the purpose and effect of which may well be to strengthen the social order. That is no longer so in the ethnographic context under consideration here (see Walter 1994; Hockey 1990; Barley 1989) where funerals are quite often an almost secretive and hurried affair, where questions about the social order are not so much not answered as never

really posed. What is stressed about death in Britain today is the experience of the bereaved and that flavour of the ethnography could not be captured and communicated by Durkheimian sociology.

Let me stress, again, and make it absolutely clear that I seek here to write an account of grief that is simultaneously sensitive to individual experiences and sociologically informed. If so, then a lot must rest on how the 'social' is conceived. Over the last ten years or so, the previously dominant Durkheimian vision of society, and its counterpart, the individual, has come under sustained criticism (see for example Giddens 1979, 1984; Ingold 1986, 1990, 1993; Bloch and Parry 1982; Strathern 1988, 1990; Carrithers 1992; Gísli Pálsson 1991). According to this vision society exists on a level over and above that of the individual human organisms that are its members. Society exists independently of these individuals, it is an entity *sui generis*, as the phrase goes. What is more it exists in opposition to its individual members, striving as it must - to preserve its own existence - to stamp its moral authority upon them to curb their anti-social, biological drives.

As I mentioned earlier it constituted a very significant part of the Durkheimian sociological project to establish how many of our most cherished private passions have in fact their source outside ourselves as individuals and in the collective consciousness of society. Durkheim's vision was of course part of his programme of establishing sociology as an independent field of academic, empirical study and it was, to a degree, put forward against Western individualism especially as that was represented by Herbert Spencer. Spencer maintained that society was nothing more than a collection of individuals who willingly entered into social relations because it was in their best interest. This vision would, of course, have rendered sociology superfluous as society would then appear to be explicable in terms of purely individual psychology. Against this Durkheim (1933 [1893]) argued that society exists over and above the individuals and that it provides them with their wills and interests. Yet, making of society a reified entity that acts on its own behalf constitutes nothing less than reintroducing individualism, if on a

higher level. 'Society', as a concept, after all, refers to people living together in a group, with their social relationships and their social interactions. By reifying society it comes to replace the individual as the source of all volition. The critical point is that this source, like the individual as his name suggests, cannot be divided. Society, the source of moral values, common conceptions, actions, ideas and emotions, is uniform, one and, maybe most importantly, coherent. What is thereby lost is the sense of the social as relational, interactive and negotiated. That loss is all the more profound if Foucault (see Barry, Osborne and Rose 1996) is right in asserting that the idea of 'society' was only born with changes in governmental rationality and the advent of liberalism (I return to this particular issue in a later chapter).

David Bidney (1953) would have referred to Durkheim's 'society' as a case of misplaced concretism. Society, he would have said is an abstraction, it cannot act on its own behalf. Yet, the apparent alternative, the picture wherein sovereign individuals are the source of their own actions, is one I do not endorse. Instead I follow, broadly, Carrithers (1992), Ingold (1986, 1990, 1993), Strathern (1988, 1990) and Gísli Pálsson (1991) in arguing that we do not understand the social as a reified entity, but as the social relations that tie people together and constitute them as social persons. The above, and maybe Ingold in particular, have argued that this allows us to dispense with the Durkheimian dichotomy between society and individual and to talk about the individual as constituted by her social relations and at the same time as occupying a unique place in the network of those relations. The case, then, is not that each and every one of us stands alone, as it were, against that reified entity - the society - but that we are all caught up in a web of social relations and that these relations make us who we are. If we each occupy a unique place in a network of relations then, society cannot be an entity that speaks with one, unified voice (see Ingold 1993). Instead, we must conceive of society as constituted by different people, and their relations, who speak with a multiplicity of voices. This, may I suggest, holds the promise of allowing us to write an anthropology of death that is sensitive to individual experiences, yet sociologically informed. This position is similar to that developed by Renato

Rosaldo (1984, 1989) on the 'positioned subject'. Rosaldo's article (1984, partly reproduced in 1989) is particularly important for me, and I have deliberately delayed discussing it until now, as his main task is to address the anthropology of death.

Rosaldo criticises his colleagues for having ignored grief by equating it with the rituals that death sets in motion. This, Rosaldo argues, is misleading in three very important ways. Firstly, he says, anthropologists have too often failed to make a distinction between emotion, say grief, and its expression. Persuaded by the belief that people ritualise and symbolise most elaborately those things that matter to them most deeply anthropologists have taken death rites as a necessary and sufficient entrance point to grief. Focusing on the apparent obligatory nature of such customs as ceremonial weeping and self-mutilation, anthropologists have forgotten the grief, says Rosaldo. For while a funeral may be an occasion when the expression of grief is encouraged and sometimes demanded, Rosaldo says, the grief may still be genuine and felt and not simply triggered by the occasion for its expression.

Secondly, the focus on rituals suggests that, what bereavement counsellors would call 'the course of grief', can be equated with, analysed and understood as the course of mortuary rituals. Anthropologists have here predominantly analysed funerals as examples of van Gennep's (1960 [1909]) rites of passage, with stages corresponding to his now classic phases of separation, liminality and reintegration. The assumption, or maybe it is an observation, here is that rituals have a kind of linear progression, a definite beginning, a middle bit, and an end, an end that is, to boot, often presented as a resolution. What Rosaldo points out is that this serves singularly badly as a model for grief. For grief, Rosaldo argues, does not possess such lineal, logical quality. It may not, in fact, have a very clear beginning, a very clear middle bit, and certainly not a very clear end, least of all an end that is also necessarily a resolution. If grief has an end, he continues, that most certainly will not correspond with the end of the funeral ritual.

Finally, Rosaldo says, this focus on rituals, with a certain lack of sensitivity toward their social context, fails to make any sort of distinction between the different experiences of the different people present at the funeral. It fails most glaringly to distinguish between those directly bereaved and those others who are present at the funeral - for whatever other reasons - as if the experiences of the two parties could and would be the same. Given Rosaldo's notion of the positioned subject it follows, indeed, that, to him, everyone present at a funeral will have a somewhat unique relationship with the deceased and that this will affect their particular experience of the ritual.

In contrast to all this Rosaldo stresses, with recourse to his own experiences of the tragic death of his wife, that grief does not possess a neatly organised course. Rather, it is characterised by strong emotions that come and go often in no particular order. This leads Rosaldo to question what he sees as the anthropological orthodoxy that people symbolise and ritualise most extensively those aspects of their lives that matter most. Rosaldo relates how he spent years trying to understand the assertion of his Ilongot men friends that they hunt for the heads of their enemies because of the anger they feel, anger that is caused by grief. Rosaldo explains how he tried to understand this through Geertzian 'thick description' to no avail until he himself suffered the tragedy of his wife's death. Only then, when through his wife's death he had been repositioned as a subject, Rosaldo says, could he understand how grief can fill you with rage that may cause you to hunt heads. Grief, that is, may resist attempts to symbolise and ritualise it, but it has a pan-human poignancy and force that allows those who have experienced it, to find resonance between his grief and that of Ilongot head-hunters.

Rosaldo's proposition is attractive. Yet, I must point out that this idea - that emotion, powerful emotion, can transcend the structures and strictures of society and culture - is a Western idea, and maybe a fairly recent one at that (see Lutz 1988). It is an idea that has been influential in psychotherapy and counselling, not least the person-centred counselling of Carl Rogers (see Mearns and Thorne

1988). It is also a Western idea - although maybe not a peculiarly Western idea - that only those who have suffered major traumas like bereavement can understand what it is like. Rosaldo's assertion that he can understand the Ilongots' grief because he shares with them the experience of loss is though clearly based upon a delicate selection process during which certain differences are weeded out in favour of a particular similarity. So Rosaldo and the Ilongots may share an experience of loss but obviously there are great social, cultural and economic differences between them that set them apart. There seems to be a subtle contradiction in Rosaldo's argument here. On the one hand he seems to be saying that each grief is unique, born as it is of our - as 'positioned subjects' - particular relationship with the deceased. On the other hand he seems to be saying that he, through experiencing the death of his wife, can understand the grief of the Ilongots although his relationship with his wife was, presumably, different from those Ilongots have amongst themselves. It is interesting that while Rosaldo claims to have, through experience, gained the understanding of the Ilongot that had eluded his cultural analyses, there is no mention of the Ilongots feeling that they understand Rosaldo any better because of their shared loss. Rosaldo's claim of understanding, that is, may be his understanding of the Ilongots rather than the mutual understanding between him and the Ilongots.

Then there is another unanswered question here. It may be commendable to emphasise the experience of grief, at the cost of ritual analysis, but, as Metcalf and Huntington (1991) assert, we still need to know why the Ilongots, in their grief, carefully behead their victims rather than chop them up into small pieces. We might want to know too why Rosaldo in his grief did not resort to such measures any more than most of his fellow Americans do? Metcalf and Huntington's observation echoes, of course, Durkheim's (1915) account of the Australian aborigines whose own bouts of grievous violence were carefully stipulated by social structure. To this, I imagine, Rosaldo might reply by saying that his aim is to understand the experience of grief rather than its different ritual expressions. But that, I would contend, seems to assume that we can talk about and understand grief without reference to the social, cultural and historical

environment in which we find it. Are we then forced to go back to Durkheim and his observation that society structures the way in which people experience and express their grief? I hope not and I think not. To show why I turn to the anthropology of emotion.

Grief

I have been busy announcing my intention to focus on grief. I have been even busier arguing that the anthropology of death has all but ignored grief. If so I am, in a way, addressing the anthropology of emotions no less than I am the anthropology of death. But what can anthropology say of the emotions? The emotions are after all universal, grounded in humanity's common biology. Anthropology, on the other hand, peddles in the relativity of different societies and cultures. Abu-Lughod and Lutz (1990) have delineated three different strategies anthropologists have employed in dealing with the emotions.⁴ First they have 'essentialised' the emotions; second they have 'relativised' them; and thirdly they have 'contextualised' them (see Lutz and White 1986; Wikan 1990). Let me say something about each of them and set out my own position.

Abu-Lughod and Lutz (1990; see also Lutz 1988; Lutz and White 1986; Wikan 1990 and 1993) say that the general Western view - both academic and lay - of the emotions is characterised by drawing a radical distinction between thoughts on the one hand and emotions on the other. Thoughts are considered to be subject to the control of our rational faculties, emotions are not. Rather, they are portrayed as beyond our control, as psychological reactions that have their root and location deep within the individual, often subconscious, mind. On this basis, they continue (see also Lutz 1988 here), the emotions are either denigrated as ir- or maybe a-rational, instinctual animal-like reactions; or they are glorified as the essence and expression of our true selves, as that which escapes the rationalising clutches of cold reason and the suffocating embrace of etiquette. Anthropologists, Abu-Lughod and Lutz (1990) say, 'essentialise' the emotions when they extend this

⁴ Abu-Lughod and Lutz do indeed differentiate between four different strategies here but I shall only discuss these three.

general Western view of the emotions to other peoples around the world. Essentialism implies, then, and assumes the universality of distinct emotions, their meanings and processes. Grief is grief, wherever you observe it, and so is any other emotion. Different people may have different names over the different emotions, they may be differently inclined to feel these emotions and different people may feel them for different reasons, but the emotion is the same (Abu-Lughod and Lutz 1990; see Lutz and White 1986). It is clearly essentialism that inspires the work of Rosenblatt, Walsh and Jackson (1976) cited above. They assume the universality of 'grief feelings' and proceed to ask how well, or badly, different societies cope with those feelings.

The assumptions behind essentialism have been severely questioned by the so-called 'cognitive revolution' in the philosophy of emotion (see Solomon 1976, 1980, 1984; Rorty 1980; de Sousa 1980a, 1980b; Kristján Kristjánsson 1994). Philosophers have pointed out that essentialism proceeds as if the emotions are feelings, sensations, physiological, hormonal or chemical processes. What those who hold a cognitive view of the emotions have argued, to the contrary, is that the emotions are not sensations at all (see Solomon 1980 and 1976). They point out that our emotions seem to change with our opinions and our beliefs about the state of the world (Solomon 1980:254). I may be angry at John for stealing my car, but only as long as I believe John actually stole my car. When I learn that John didn't in fact steal my car I can no longer be angry at him for that particular offence, even though I might well drag up something else to be angry at him for. If, on the other hand, I felt toothache last night, my teeth ached, even though my dentist may uncover that the problem was in my jaws rather than in my teeth. The dentist's verdict doesn't change the fact that the pain I felt was in my teeth (Solomon 1980:254; Kristján Kristjánsson 1994:287-8). All this implies that emotions are not simply our natural responses to the things around us. Fundamentally, those who hold cognitivist views argue, emotions always have an intentional object (see Solomon 1980:254-6). Our emotions, that is, are always about something: I cannot be angry at John full stop. I can only be angry at him if I believe he has in some ways wronged me, for example stolen my car. My

sense of John's wrong-doing, in turn, is of course predicated upon the fact that stealing cars is generally thought offensive where John and I live. In this way our emotions are like judgements and indeed actions. They are not merely reflective of what goes on in the world, rather they are constitutive of what happens there.

From this there follow two important implications. On the one hand this seems to indicate that our emotions are social in a significant way. Being angry assumes something about the state of the world, the people that populate it and my relationship with them. If our emotions are, furthermore, not natural responses then we have to learn them. These two things - the social and the learnt - are of course the two cornerstones of the classic anthropological definitions of culture (Ingold 1993). From here follows another rather important implication: that like culture our emotions change from place to place and from time to time.

This is where the relativists enter the scene. They, not surprisingly, assert that different people from different cultures have different emotional lives. They proceed to describe these and the local understandings of emotional lives- the 'ethnopsychologies' (Kirkpatrick and White eds. 1985) - that inform them. In this vein, Clifford Geertz (1973, 1983) has described the emotional lives - or the lack of it - of the people of Bali and Java. Jean Briggs (1970) offers a beautifully evocative tale of how her middle class American understanding of the importance of expressing your emotions set her on a collision course with her Utku Inuit foster father whose ideas are that adults must control their emotions. Fredrick Myers (1986) describes the relationship between self and land in Pintupi cosmology, and Michelle Rosaldo (1980; 1984) describes the struggle between 'knowledge' and 'passion' among the Ilongots of the Philippines (see Abu-Lughod and Lutz 1990:2-3).

The relativists tend to ask about what culturally variable ideas about emotions imply for social relations (Abu-Lughod and Lutz 1990:3-4). The work of Michelle Rosaldo (1980, 1984) was influential here. Introducing and explaining her approach to the study of Ilongot emotions, she (1980:27) announced that we

can learn about culturally salient events in Ilongot society by focusing not simply on the organisation of such events themselves, but by concentrating on the 'emotional language' the Ilongots use in explaining these events and the significance they hold for them. Rosaldo added that in concentrating on 'emotional language' her intentions were not to probe the possible uses these have for illuminating individual psychology but to uncover 'the meanings such words acquire through their associations with enduring patterns of social relationships and activity in Ilongot daily life' (Rosaldo 1980:27). She argued that order in Ilongot life is based on, not enduring social structures, but that

emotionally oriented images and themes maintain for Ilongots a sense of consistency in things that people do, thereby permitting them to see over time that people act in more or less familiar ways for more or less well-known reasons. And these reasons, reflected in (as they are patterned by) the organization of the social world, lend an aura of continuity and coherence to the activities that they, in turn, explain (1980:27).

Relativising the emotions is, I believe, a vital move in the anthropology of emotions and one which informs my analysis in what follows in later chapters. There are three important steps here that bear retracing. First, by abandoning the belief in the universality of distinct emotions, their meaning and trajectories, the way is paved for a genuinely (socio-cultural) anthropological investigation into the place of emotions and their meanings in different societies. Second, by seeing the emotions not as intrapersonal processes but as social ones a link is established between the emotions, social life and culture. Third, by focusing on the emotions as part of everyday life and everyday talk, rather than simply the object of organised public rituals, they are elevated into a crucial issue in ethnographic descriptions, rather than a merely accidental one (see Abu-Lughod and Lutz 1990:1; Wikan 1990:xvi, xxiv, 16-17). All three steps inform my accounts of how the bereaved experience the loss of their dead ones, and of how a bereavement counselling organisation thinks about, approaches and deals with grief.

Relativists like Rosaldo work with a conception of culture as a universe of meaning. Its strength is that it facilitates a detailed description of the ethnographic situation under scrutiny. Its weakness is that it may prevent the theorisation of the conditions under which that situation arose. I find it instructive to think of this in terms of Bourdieu's (1977:1-3) criticism of what he calls 'subjectivism' - the phenomenological description of the experience of social actors - and its inability to account for the objective conditions that make those experiences possible. The same applies to relativism in the anthropology of emotion. It cannot explain the conditions that make those experiences possible. What we need to do, Abu-Lughod and Lutz (1990:1) argue, is to 'contextualise' the emotions.

In putting forward their arguments for contextualising the emotions Abu-Lughod and Lutz (1990:9) detail some of the shortcomings of the culture concept, shortcomings exposed by recent criticism within anthropology (for example Clifford and Marcus 1986, 1988; James, Hockey, Dawson 1997). Abu-Lughod and Lutz (1990:9) mention in particular the distinction between ideas and social practices that the culture concept tends to carry. With culture occupying the realm of ideas, they observe, social practices tend to get reduced to the execution of cultural plans. This, in turn, Abu-Lughod and Lutz (1990:9) assert, fuels the anthropological temptation to ascribe to culture a large degree of coherence, uniformity, and stability, characteristics that postmodernism has portrayed as the creation of the anthropologist rather than as inherent in culture itself (see Clifford and Marcus eds. 1986).

The response to this, in anthropology in general, has been a turn to the Marxist concept of 'ideology' and the Gramscian concept of 'hegemony' which have, in some quarters, come to replace the concept of culture. The problem with these two concepts, Abu-Lughod and Lutz argue (1990:9), is that in certain key ways they do not take us very far beyond the concept of culture they are supposed to replace. They tend to preserve the very distinction between ideas and practices, base and superstructure. Instead Abu-Lughod and Lutz argue for the Foucauldian

concept of 'discourse' as a replacement for culture in the anthropological study of emotions (Abu-Lughod and Lutz 1990:9). They claim that emotion cannot be understood without discourse, and that the most productive analytical strategy for the cross-cultural study of emotion is to examine discourses on emotion as social practices (Abu-Lughod and Lutz 1990:1). Discourse, in its Foucauldian sense, refers to social practices that systematically create the objects they speak of (Abu-Lughod and Lutz 1990:9). This allows a focus not just on culturally specific talk about emotions in different cultural settings, but on the constitution of emotion and the domain 'emotion' itself in situated speech practices (Abu-Lughod and Lutz 1990:1).

This project is clearly much more radical than the relativist project: it not only relativises our Western conceptions of the emotions but problematises the constitution of the domain of emotion itself within Western discourses. In line with this, one of the projects of contextualists could be to trace the genealogy of the domain of emotion itself within Western culture, or how the emotions came to be constituted as physiological processes, located within individual human beings that bolster our uniqueness and are seen to give us access to some inner truth about the self (Abu-Lughod and Lutz 1990:6). The contextual project seeks to link emotion talk to questions of power (Abu-Lughod and Lutz 1990:1-2). The political nature of emotion discourse can be explicated by reference to the ways in which women in the West are often depicted as more emotional than men (Lutz 1990). In the West, Lutz argues, the emotional is compared with cognition and found wanting, just like the feminine is contrasted with the masculine and found wanting (Lutz 1990:69). Following Foucault, Lutz continues (1990:87) we can argue - contrary to what many psychotherapists would say - that women's alleged emotionality can be seen as not the repression of emotionality in men, but as the very creation of emotionality in women, and by that the creation of their subordination.

This contextualising strategy is essential to my job. I focus on grief and how it is experienced by bereaved people. I focus on the meaning of grief in everyday life

and everyday talk, especially as that is embedded in the stories the bereaved tell. At the same time I shall attempt to describe how a voluntary bereavement counselling organisation approaches, thinks about and deals with bereavement and grief. I think that it is vital that we ask questions about how and why grief became cast the way it is cast within this organisation. I shall trace how bereavement was early on defined as a largely economic and social disability for widows and their children and how it has later been rendered as an emotional trauma, equal for all the bereaved. I shall point out how this transformation took place at the same time as professionals from the mental health sciences became ever more influential in the working of the organisation in question.

The theoretical work of Abu-Lughod and Lutz (1990), upon which I rely, has recently come under some criticism from Bruce Kapferer (1995; see also Csordas 1994; Turner 1994; Lyon and Barbalet 1994). Kapferer (1995:147) argues that in asserting 'the crucial import of the cultural categories and the social constructions of emotion and emotional meaning' anthropologists 'disembody experience and locate it externally to the body in social and cultural definitions of the emotions. They then in a parody of Descartes make the consciously reflected categories of the nature of experience, here the emotions, the form and content of the experience. In other words, thought determines being and action in the world!'

Kapferer (1995:147) favours experience but he is, I believe, too hasty in putting his preferences forward as though they were at odds with Abu-Lughod and Lutz's position. There is nothing in their approach that prevents in any way detailed attention to the experience of emotion. In fact their approach positively demands it. For, surely, it is only after such detailed description that meaningful questions about why people have the experiences that they have can be asked. There is, in a word, no necessary opposition between phenomenological descriptions and deconstructive theories. It is only by assuming, I believe, that experience can exist without the cultural, social, economic and political conditions that make it possible, or, conversely, that the conditions exist without any reference to experiencing subjects at all, that they may appear so opposed. We need then

some sort of focus that allows us to grasp simultaneously the experiences of people and the social and cultural conditions that make those experiences possible (see Bourdieu 1977:1-3). I believe that stories, narratives, together with discourse and social practices provide such a focus. This is why:

Story

Narratives, or stories, have recently stirred up quite an interest in the academic world (see Packer 1991:64). This 'narrative turn' has found its expressions in history (Cronon 1992; White 1989), anthropology (Rosaldo 1989; Shuman 1986; Young 1987 and 1989; Carrithers 1992 and 1995; Machin 1995; Steedily 1994), psychology (Bruner 1986, 1987 and 1991; Rosenwald and Ochberg 1992; Sarbin 1986), medicine (Kleinman 1988; Good 1994), psychiatry and psychoanalysis (Schafer 1992; Slavney and McHugh 1984; Spence 1982), and counselling (White and Epston 1990; Winsdale 1996). Partly, the reason for this seems to be that stories are, as Riessman (1993:2) argues, a 'ubiquitous part of everyday life'. We all, routinely, take part in conversations when someone relates in great detail the unfolding of particular events, how one thing lead to another, what those involved said and did, and what happened next (Riessman 1993:2). White (1989:1; in Riessman 1993:3) has stated that so 'natural is the impulse to narrate' that, as Riessman (1993:3) herself adds 'the form is almost inevitable for any report of how things happened.' Telling stories, Nelson (1989) maintains in her *Narratives from the Crib*, is one of the first forms of discourse we learn as children. Because of this Susan Chase (1995) has argued that listening to people's narratives, rather than asking them structured questions, allows anthropologists to get closer to how their informants experience things, to understand better the form their experience takes.

In pointing out the importance of stories in the ways in which we think, Jerome Bruner (1986, 1987, 1990; see Carrithers 1992, 1995) talks about 'the narrative mode of thinking.' This he contrasts to the 'paradigmatic mode of thinking' which, he says, characterises such disciplines as mathematics, logic, philosophy and the physical sciences. The paradigmatic mode of thinking peddles in general

principles and natural laws and explains actions and events as examples of exactly such laws (Bruner 1986:14; see Carrithers 1992:76). Narratives, on the other hand, deal not in generalities but particulars. They speak of particular events and particular characters, not general principles of human nature (see Carrithers 1995:263, 266). The appeal of narratives is that generally human beings find themselves in particular situations, dealing with particular other human beings under particular circumstances. Theodor Sarbin (1986:8-9) observes, too, that people think, perceive, imagine, and make moral choices according to narrative structures. He cites psychological experiments to the effect that if you present a person with two or three pictures she will connect them to form a story that will reflect recognisable human sentiments, goals, purposes, valuations and judgements. Alisdair MacIntyre (1981:197; see Sarbin 1986:11) adds that 'in successfully identifying and understanding what someone else is doing we always move towards placing a particular episode in the context of a set of narrative histories.' We do this, MacIntyre continues, 'because action itself has a basically historical character. It is because we all live out narratives in our lives and because we understand our lives in terms of narratives that we live out that the form of narrative is appropriate for understanding the actions of others. Stories are lived before they are told.'

What is it then that makes stories so powerful, what is it about them that makes for all this academic interest? What exactly are narratives? Aristotle said in *Poetics* that a narrative has a beginning, a middle part and an end and there seems to be an agreement amongst scholars that sequence, movement, is the defining characteristic of narratives (Riessman 1993:17). Labov and Waletzky (1967:21) have argued that stories are a perpetual answer to the question 'what happened then?' The sequence that Labov and Waletzky see as necessary for narratives is, then, chronological. Or as the Gergens (Gergen and Gergen 1984:174-5; see Gergen and Gergen 1986:25) have suggested: narratives provide coherence and connection between a set of discrete events by giving a sense of movement or direction through time. Young has argued that the sequence is consequential rather than chronological. An event causes another event in the narrative though

the links need not be strictly chronological (Young 1987; Young 1989; see Riessman 1993:17). Other scholars have suggested that stories are organised around thematic sequencing, whereby a narrative is held together by a theme rather than time or causality as such (Riessman 1993:17).

Gazing more intensely into the building blocks of narratives Labov (1972, 1982, Labov and Waltetzky 1967) has suggested that all narratives have *formal* properties, each of which fulfils a particular function. A perfect narrative, he suggests, has six elements: an abstract; an orientation in terms of time, place, situation and participants; action or simply sequence of events; evaluation or the significance and meaning of the action to the narrator and simultaneously the attitude of the narrator; a resolution or what was the final outcome; and a coda which returns the flow of the discourse to the present, the story having been finished. Labov argues that using these structures narrators construct stories to make sense of their primary experience and interpret and evaluate the significance of passing events (see Riessman 1993:18-19). According to Kenneth Burke's (1945; see Bruner 1986:17) dramatism, in contrast, narratives have to do with the vagaries of human motives, the vicissitudes of intention. Burke suggests that the 'grammatical resources' that people use to 'tell persuasive tales are contained in a pentad of terms: act, scene, agent, agency, purpose' (Riessman 1993:19). A full explication of motives will then 'offer *some kind of* answer to these five questions: What was done (act), when or where it was done (scene), who did it (agent), how [s]he did it (agency), and why (purpose)' (Burke 1945:xv; cf. Riessman 1993:19).

Taking his cue from Burke and his minimalist definition of story as dealing with the vicissitudes of intention Bruner (1986:17-18) observes that there is some convincing psychological evidence for the irreducibility of 'causality' as a 'mental category' in the Kantian sense. He confesses to suspecting the same for 'intention'. Making a similar point Carrithers (1992) refers to Daniel Dennett's (1987) notion of 'the intentional stance' and his speculation that there is an evolutionary advantage for human beings to ascribe to the things and beings around them intentions and deal with them in that way. Narratives do then,

Sarbin (1986:9) points out, organise not only episodes and events but actions and accounts of actions as well. Narratives 'allow for the inclusion of actors' reasons for their acts, as well as the causes of happening.' Here Bruner (1986) makes a distinction between the 'landscape of action' and the 'landscape of consciousness'. In the landscape of action we see the unfolding of events as, to take Bruner up on his example, Oedipus kills a man and marries a woman. In the landscape of consciousness we see Oedipus originally unaware of the identity of these people, only later to find out that they were his father and his mother. So what we have are stories that depict events on the one hand and consciousness on the other.

To understand the intentions and interactions of different people implies an understanding of characters and plots. This, Packer (1991:65) says, is also the most straightforward approach to analysing stories: namely to unravel their organisation on the level of characters and plots. To Carrithers character is 'a notion which embodies the understandings of rights, obligations, expectations, propensities, attitudes and intentions in oneself and many different others'. Plot, furthermore, 'shows the consequences of these characteristics in a multifarious flow of actions' (1995:262). Plot encompasses 'what a character or characters did to, or about, or with, some other character or characters, for what reasons; how people's attitudes, beliefs, and intentions thereby changed, and what followed on from that' (Carrithers 1995:262).

If narratives tell of people with idiosyncratic inclinations, propensities and personalities, then these people are at the same time occupants of particular social positions: they are fathers and mothers, sons and daughters, bosses and servants, friends and enemies, and as such they are surrounded with certain expectations as to their rights and duties, emotions and actions, expectations that exist not simply in individual minds but in the space between individuals. While narrators, then, tell of their personal experiences their narratives are no simple recounting of what happened. For narrators, in order to be listened to, taken heed of, understood, bring to their stories an acute sense of their, often imagined, audience. They bring

expectations as to what the audience will listen to, what the audience will expect, what the audience will understand. These reveal the sort of knowledge the storytellers have as more or less competent members of their society, these tell us about the surroundings in which the narrators find themselves. In line with this, narrativity has been characterised by Carrithers as the 'capacity to cognize not merely immediate relations between oneself and another, but many-sided human interactions carried out over a period of time' (1995:261-2; see Carrithers 1991:310). It could be said, then, that human beings perceive any current action not as an example of some general principle but as an event 'within a large temporal envelope, and within that envelope they perceive any given action, not as a response to the immediate circumstances, or current mental state of interlocutor or oneself, but as part of an unfolding story' (Carrithers 1995:261-2).

Allow me to recapture something here by pointing out the advantages it has - when we are dealing with how people think, experience, relate and interact with each other - of talking in terms of narratives rather than culture. Firstly, narratives, as related above, entail the movement of events, they entail time and this they do in contrast to the rather entrenched view of culture as inherently stable if not unchangeable that has characterised a lot of anthropological thinking until recently (Carrithers 1992; Clifford and Marcus eds. 1986; but see Fox 1991). Secondly, narratives do contain characters, people, again in contrast to culture that lends itself easily to descriptions which are faceless and abstract. Barth (1992) and Hannerz (1993) have pointed out how inherently sociocentric the culture concept is, and Machin and Carrithers (1996) have detailed how anthropologists have been permitted to subsume different statements by different informants given at different times under a single, coherent culture. Narratives, in contrast, more often than not imply a narrator and, at least, a point and a perspective from which the story is told. Narratives, that is, make it easier for anthropologists to preserve the diversity of human lives and experiences.

Methods

Broadly speaking, I can say that in carrying out the research upon which this thesis is built I have employed six different sorts of methods. First of all, I have participated in and observed - 'hung out' my supervisor calls it - local life from the autumn of 1993 till the present day. In particular, I have since early 1994 paid attention to issues to do with death, grief and bereavement counselling whenever these have come up in conversations that I have been privy to or in discussions in both the local and the national media. This has allowed me to form some general ideas about how people in England, and in the North East in particular, talk about death, grief and bereavement counselling. I use this material mostly in the chapter to follow, chapter two, but it also informs to some extent the discussion in the other chapters of the thesis.

Second, I have interviewed people who have a direct professional relationship with death: priests and crematoria staff, funeral directors and hospice workers for example. These interviews were often arranged through a friend or an acquaintance although some I arranged myself. These interviews were rather informal. My aim was similar to that of keeping track of discussions in the media: to get a general idea about the views of some of those people most directly involved with death through their work. In conducting these interviews I did not prepare specific questions to ask but would give my interviewees a brief account of my research and then try to let them take the lead. These interviews were not tape-recorded but I would always note down the most crucial aspect of what I was being told. The results of these interviews are also mostly presented in the chapter to follow although they too have influenced the rest of the thesis.

Thirdly, I have interviewed a number of counsellors and other people involved in bereavement counselling. These interviews were conducted in much the same way as the interviews described above although my aim here was more specifically to learn about the history and working of bereavement counselling and about the views of bereavement counsellors of death and grief.

That learning was augmented, fourthly, with at times vigorous correspondence with Cruse House and with other organisations involved in bereavement counselling and counselling more generally. My aim here, in addition to those above, was to learn about how counselling organisations generally and a particular bereavement counselling organisation specifically think about their work and how they present that work to the world. The result of this part of the research is most evident in chapters two and three.

What I have to say about the teaching of bereavement counselling more specifically is based on more minutely focused participation and observation that took place during two training courses in bereavement counselling that I attended and subsequent training evenings that I now visit regularly. In a very real sense these were like the rituals anthropologists so often write about: relatively clearly marked events that all have something in common although each is unique too. I describe these training courses in detail in chapters four and five.

Both of the courses that I attended were excellent, and they were excellent in the way in which the teaching expressed – almost embodied - what I believe to be the most important aspects of Cruse's work. Those aspects of Cruse's work, as expressed through the teaching, I aim to convey in chapters four and five. That aim has obviously informed my selection of material from my fieldnotes used in those chapters. In addition I hope to convey the general atmosphere that prevailed during the courses I attended, an atmosphere that was remarkably similar in both cases.

For reasons of confidentiality I cannot reveal anything of personal nature about the training courses. The examples I provide are therefore stylised by me and not based directly on individuals I interacted with, but I believe that they reflect accurately what goes on in training.

Lastly, I conducted interviews with bereaved people. These interviews form the bulk of chapters six and seven. The interviews were formal. As I intended to subject the interviews to narrative analysis I asked my interviewees for their permission to use a tape-recorder. That permission was granted by all of them. The interviews were then transcribed, sometimes down to every 'uhm' and 'ah' they contained.

I did not prepare any questions for these interviews. As my aim was to get close to my interviewees' experiences I believed (following Chase 1995) that it was most productive to try to allow the interviewees to tell their stories as much as possible. Some of the interviews were arranged by third parties, some of them I arranged myself with people I had become acquainted with. The selection process was, thus, conducted through the personal channels that anthropologists often use, rather than through the so-called objective methods favoured by those partial to statistical reliability. I freely admit that my 'sample' of interviewees has no statistical reliability: in fact it can not really be called a sample at all. But my aim here has not been to give a general picture of how people tell stories about their dead ones. Rather it has been to relate how a few individuals grapple with what can be called a general problem, a general concern: the death of their loved ones (see Geertz 1973).

In either case I would start by telling my interviewee what I was researching and that I was interested in hearing about their experience. I did not have to say any more: all my interviewees took up that mantle eagerly and talked quite freely about their experiences. Of course I would sometimes ask questions during the interviews but those were questions that arose from the stories themselves and not questions that I had prepared beforehand. Still, my questions, and my 'uhms' and my 'ahs' will have affected the course of the interviews. My interventions were though generally aimed to encourage my interviewees to carry on telling whatever stories they were telling at the time. In chapter seven I reproduce a section of my interview with Hannah, transcribed to the last audible sound, to give some idea about the nature of these encounters.

Generally speaking, then, I tried to let the interviewees steer the flow of the interviews. There is, for example, little mention made of religious beliefs, less than one would expect from a thesis about death. The reason is simply that my interviewees did not make much of their religious beliefs in the interviews. Even those who stated that they were religious did not discuss it at any great length.

Not all the interviews with bereaved people that I conducted are represented here. From the start of this research I have felt that I should aim to communicate the experiences of my interviewees as completely as possible (see Chase 1995). That sets rather strict limits as to the number of interviews that can be reported. I have chosen to discuss two interviews with elderly people, two with women in their forties and one with a woman in her late twenties. I chose to discuss these particular interviews because the stories they contain somehow grabbed me during the interviews themselves and during the subsequent transcribing of them. In form, though, these interviews are not different from other interviews that I conducted.

My presence, my gender, my age, my status as a foreigner and a researcher affected the nature of my encounters. To the elderly interviewees I was a young man from a different country who would be largely unfamiliar with the circumstances that my interviewees had lived and grown up in. To my younger interviewees, it seemed, I would have more understanding of the general circumstances they had lived and grown up in although their own life stories in particular needed explaining.

I suspect, but that is only a suspicion, that what was most important about me was the fact that I was a foreigner. I believe that that was my characteristic which was most important to my interviewees but also to the way in which I have interpreted my findings. It is then, maybe, right to reveal that I grew up in a small village in Northern Iceland. There everybody knew everybody else and when someone in the village died everybody heard the news the same day. Those most

directly bereaved would also be well known to everybody: as friends, family, colleagues or at least acquaintances. By the time I was ten a number of my friends and school-mates had lost not only a grandfather or a grandmother but a parent or a sibling. This gave death a certain familiarity. That familiarity may have been augmented by the compulsory reading, in school, of that most prized example of Icelandic literature: the Icelandic sagas. Not only are the sagas violent literature, replete with often the most brutal killings, many of them are also pervaded with a sense of fatalism according to which death is inescapable and even preordained. In addition, many of the people I grew up with are quite prepared to belief that they can maintain contact with their dead ones, either directly themselves or with the help of mediums. A number of people from my family claim to have received communications from dead friends and relatives.

I shall not say more about these methods here. Rather, I hope that the methods become evident in the context where I discuss the material they were used to obtain, where it is also best, I feel, to judge their merits and demerits.

The Area

The area in which this research is set, the North East of England, stretches from somewhat north of Newcastle-upon-Tyne down towards and a little bit beyond Middlesbrough in the south. From east it extends from the North Sea coast west towards the Pennines. For the people in the North East the area and its people is quite clearly separate and different from the areas around it. For some considerable time after the Norman Conquest and beyond the Reformation it was indeed almost an independent kingdom ruled by the Bishops of Durham, the so-called Prince Bishops.

The observations that follow here on the North East are largely the perceptions of the people with whom I spoke rather than an objective account of the nature of the North East. As I will explain later, it is the way in which people make sense of themselves that I am working with here.

People in the North East do have quite a strong image of themselves as different from other people in England, particularly the people 'down South' as they call it. According to this image the people of the North East are largely ordinary, hard-working, decent people who are down to earth, friendly and caring about other people. It was pointed out to me that when perfect strangers meet here at the bus stop, for example, they will start talking to each other as if they had known each other for a long time. This, it has frequently been pointed out to me, is different from the people down South who are largely, it was claimed, unconcerned about their fellow human beings, at least those outside their immediate circles of friends and family. Indeed, people in the North East see themselves as having, or at least having had, a very strong community spirit although many claim that it has now been eroded by changes in economic and social life.

In explaining the character of the North East, the locals point out that for a long time the economics of the North East were largely based around coal mining and heavy industry, like ship building, that required the cooperation of many men carrying out physically difficult tasks. Indeed, particularly as far as the coal mining is concerned, people often say that down the pits men depended upon each other for their safety and their lives and many of my friends locally link this feature with the sense of community that they see as having pervaded life in their younger days. Other friends link it to the 'macho' culture of the area, residues of which can still be found in my experience, according to which men are strong and assertive, work hard and stand together in the face of a common enemy, ready to take whatever comes their way without flinching.

Another consequence of those economic arrangements was what some remember as a rather strict segregation between men and women whereby men were largely confined to the world outside the home where they worked to provide for the family, and played, largely in the numerous working men's clubs in the area, once a week. Women, on the other hand, were confined to but in control of the home, largely taking care of the family's finances, taking hold of their husband's earnings

immediately after the weekly payout. I have heard stories about how this segregation translated itself sometimes into ideas that married women should indeed not leave the home to go dancing with their husbands at the weekend, and how, in some places, only men would be expected and allowed to attend funerals.

All this, or a lot of it, has changed now, people say. There is hardly any coal-mining that goes on in the North East anymore and a lot of the heavy industries that characterised the area have now gone under. Not surprisingly as a consequence of this, unemployment has been very high in the North East although this has somewhat been mitigated by the investment in light, high-tech industry in the area by companies from Japan, South Korea and Germany. The work they offer is different, not as arduous but requiring more skill. Indeed, it is often women rather than men that have been the recipients of these new jobs, in some cases entailing a fundamental shift in domestic arrangements whereby men now look after the house and the children, while the women work and provide for the family.

I stress again that these observations are largely the perceptions of the people with whom I have spoken rather than an accurate scholarly account. What I am working with, what I am interested in, is the way in which people make sense of themselves. I am not concerned with establishing North Eastern culture for I, as will become clear, do not subscribe to such notions of culture as geographically rounded. In fact many of the people I spoke with, and interviewed, are not from the North East at all. What they do is that they live here, or at least lived here at the time, and this has of course always been the character of the North East. Like any other place people come to work and live here from all over the British Isles and now indeed, the world. This is particularly true of the small city wherein most of my work was carried out. This city has for centuries been an administrative and religious centre and it now sports a university too. Upon this spot in particular have converged people from far and wide. Yet the perceptions of the North East are important here because they are still the image that some

parts of the population have of themselves; for the others it is often the context against which they contrast themselves.

This has particular relevance when it comes to talking about bereavement counselling as I shall discuss in later chapters. Many of the people involved in bereavement counselling are professional, middle class people that hail from outside the North East. Many, but by no means all, of the people who seek counselling are, on the other hand, working class, local people, used to manual work and, more recently maybe, unemployment. The former, of which I can speak more accurately, quite often have some particular ideas about their clients, ideas that seem to inform somewhat their practice and ideas which they base upon the knowledge that the clients are local people. So counsellors expect their clients to be decent hard working people, but they also expect them to be 'hard', to be used to cope without seeking too much help from outsiders. In particular they expect their clients to be somewhat reluctant to talk, to 'open up' and 'express their emotions'.

The organisation of the thesis

This dissertation is divided into three parts. In the chapter to follow, I discuss some of the work that has already been done on death and grief in modern Britain. My main purpose is the straightforward one of providing the research context into which this dissertation falls and to specify my particular ethnographic contribution. I do though have another aim, which is to give some sense of the attitudes towards death in which bereavement counselling sees itself as having been born. The idea here is that research into death and grief in Britain is not an isolated reflection upon social reality. Rather, such researches have been important in the making of interventions into death and grief, bereavement counselling for example.

The second part of this thesis deals, then, with bereavement counselling. I start here by talking about the origin, history and organisation of Cruse - Bereavement

Care. The following two chapters then discuss and describe the training courses in bereavement counselling that I attended. The aim is to show how the techniques and practices of bereavement counselling are geared towards focusing the client's attention upon his emotions in the present.

In the final part of the thesis, the last two chapters, I turn to the stories and the experiences of the bereaved. I want to show first how these stories inform the way in which bereaved people make sense of the lives and the deaths of their dead ones. I want to show how these stories are not simply about emotions in the present but about social relationships and social interactions. More than this I want to try and show how these stories are indeed themselves constitutive of social relationships and social interactions.

Upon this hinges the contrast that I want to make between bereavement counselling on the one hand and the stories of the bereaved on the other. For the former, I shall attempt to show, social relationships end with death, leaving the survivor with memories and emotions that are part of his state of mind. For many bereaved people, on the other hand, relationships last long after death and are indeed kept alive and maintained through the very narratives they recounted to me.⁵

⁵ The title for the first part of the thesis is a part of a line from a Bob Dylan song 'Death is not the End' although that song is known to me in the Nick Cave and the Bad Seeds version, from the album *Murder Ballads*, released by Mute 1996. The title for the second part of the thesis, 'The Kindness of Strangers' is another Nick Cave and the Bad Seeds' song, also from the *Murder Ballads* album. 'Stranger than Kindness', the title of the last part of the thesis, is the title of a song written by Anita Lane and Blixa Bargeld, from the Nick Cave and the Bad Seeds' album *Your Funeral ... My Trial*, released by Mute 1986.

Chapter 2

‘The Final Taboo?’

Death and a (Short) Genealogy of Grief

In the previous chapter I suggested that despite anthropology’s long and intense interest in death anthropologists had largely ignored the subject of grief. I asserted that this was a regrettable omission and suggested that the reason might be found in the theoretical suppositions according to which anthropologists work and which tend to turn their gaze toward the public rituals by which a death is marked and away from the personal experiences that it instigates. This, I intimated, renders the anthropology of death half irrelevant when dealing with the ethnographic context of the North East and, I venture to add, the rest of England where funerals and other collective commemorations do not hold the great significance in people’s experiences of death that anthropologists would have us believe is the case in other places. I argued, too, that to understand death, in each case, we do need to understand the experiences that go with it, experiences that we can collectively call grief. I added that we need to understand grief both as a lived experience but also as a domain of experience that has been demarcated so that it can be described and acted upon.

In pursuing these points I turn now to the question what is the character of death in England today? Death is a huge subject in the Western world (Simpson 1987). It is a subject where many diverse and competing disciplines meet, medicine and law, psychology and counselling, theology and sociology, anthropology and history, philosophy and literature to name but some. Death is a much traversed and contested territory where the claims of one party undermine those of other parties. Still the story of death that has emerged through this academic

competitive co-operation is surprisingly uniform, death has, over the last 80 years or so, become a taboo in English society. This story, almost invariably related with a sense of moral outrage, has now become entrenched in the public consciousness. Any programme in the media professing to address death, or its relatives, is invariably prefaced and introduced by words to the effect that it seeks to tackle the 'last taboo'. At the same time, though, scholars have started writing another chapter to this story, a chapter that suggests that death has lately experienced something of a 'revival' (see Walter 1991, 1994; Winter 1997).

In reviewing the literature on death in England my aim is of course to establish what has been written and what is known about death in England and where my own particular research fits in. Yet, I attempt not only that. What I seek to do is to treat the findings of scholars not simply as resources but as a 'topic' (Prior 1997:71). Academics do not live in isolation and their work impinges upon the public from whom they in turn draw sustenance (see James, Hockey and Dawson 1997). This is very clear here where the 'academic stories' of death fuel the attempts of some people, often the very same academics themselves, to rectify what they see as a mistreatment of the dying or the bereaved. On this foundation I then seek to write a short genealogy of grief as it appears in the grief studies literature. The aim is to illuminate how grief is constructed as a domain of description and intervention and how that construction is linked to the stories of death. In particular I shall attempt to show how the construction of grief is linked to the death as taboo thesis, for by depicting death as taboo the path is cleared for the bringing in of experts who can deal with the emotions that society does not want to deal with. The value of the experts' work, furthermore, is appreciated by the state that provides bereavement counselling with quite substantial financial support.

First, though, what is the 'taboo thesis'?

‘The pornography of death’

In 1899 a certain Joseph Jacobs wrote an article, entitled enticingly ‘The dying of death’, in the *Fortnightly Review* where he lamented ‘the practical disappearance of the thought of death as an influence directly bearing upon practical life’ (1899:264; quoted in Walter 1994:1). In 1955 that splendid maverick of many things Geoffrey Gorer published an article in the *Encounter* entitled graphically ‘The pornography of death’ where he belligerently declared that death had become a taboo in modern British society.

In this article, and a later book (Gorer 1965) Gorer observed that at the death of his father, in 1915, his mother had to her support established rules about how a woman in her situation should conduct herself. There were ‘widow’s weeds’, the mourning dress a widow was supposed to wear, specified to the delicate detail of the colour of the handkerchief. Magazines for ladies and books on etiquette spelt out how long a person should mourn depending on the relationship with the deceased. There were recommendations about what sort of places one could frequent in one’s mourning, what sort of social events one could participate in, and what sort of people one could entertain. Correspondingly there were rules for those acquainted with the bereaved. How and when to express your sympathy, when it was suitable to pay a visit, how long one could stay, what kind of clothes one should wear on such an occasion. All this was spelt out in manuals on proper behaviour that were widely read and these rules, Gorer observed, were generally known and shared (Gorer 1965).

When Gorer’s brother died in the early 1950s all this had changed. The old rules no longer applied and that, Gorer observed, left his sister-in-law in a situation where she did not know how to conduct herself. Without the old rules she didn’t know what she could and what she couldn’t do. She didn’t know what she should and shouldn’t do. She didn’t know what was expected of her. Simultaneously, Gorer says, the people around her did not know what was expected of them or how they should behave. Most tragically they didn’t know

how to treat the grieving widow and so to save everyone from embarrassment she was left alone with her grief.

Gorer asserted that things had gotten progressively worse and that in the 1960s the majority of the British people was 'without adequate guidance as to how to treat death and bereavement and without the social help in living through and coming to terms with the grief and mourning which are inevitable responses in human beings to the death of someone they have loved' (1965:110; see Hockey 1990:27). Gorer connected this to the, apparently contradictory, proliferation of images of horrible and fantastic death in the media, popular art and entertainment. He argued that death had become, and in fact replaced sex as, the ultimate taboo. While the Victorians had ignored and repressed sex, they were obsessed by death. We, Gorer observed, are obsessed by sex but we hide death and hide ourselves from it. The only way we seem to be able to face death, Gorer added, is through the fantastic and grotesque images of the media, that is with the same sort of perverse half-hearted, voyeuristic fascination that is the essence of pornography.

Gorer's thesis has, at least until relatively recently, been generally accepted and refined by a number of scholars. Gorer's most prominent successor is without doubt the French social historian Phillipe Aries (1974a, 1974b, 1981) whose magisterial studies map the changing attitudes toward death in the West from the Middle Ages to the present. The most important aspect of Aries's work here is the contrast he described between attitudes towards death at the beginning of the Middle Ages and the attitudes he contends are prevalent today. Aries argues that in the Middle Ages death was accepted as part of nature and of life. He terms the attitude to death present at the start of the said period 'tame'. The basic feature of 'tame death', Aries says, is that the dying person received a forewarning, an omen, announcing their impending death. This allowed them, says Aries, to prepare for their death by straightening out things with God and men, say their farewells and make sure that their business in this world, and as much as possible in the next, was taken care of. The most important thing about 'tame death', Aries says, is that the dying person was in *control* over their death and deaths

when the dying person had managed to 'put their house in order' were considered good, whereas sudden, unannounced, deaths that did not allow for this preparation were considered bad.

The contrast with the modern attitude to death which is 'wild', 'hidden' or 'forbidden' is, says Aries, stark. Death, Aries says, is no longer accepted as part of life. On the contrary it provokes 'wild' horror and has to be 'hidden' from view or even 'forbidden'. Dying patients are kept in the dark about their impending fate, mourning relatives are forced to hide their sorrow and their grief from the rest of society and funerals are a hurried, uncomfortable and an embarrassing affair that has to be carried through and completed as quickly and as quietly as possible.

Jenny Hockey (1990), writing on *Experiences of Death*, agrees with the general tabooist point that people in England today have a difficulty in talking about death. Hockey is an anthropologist and her book is based on fieldwork carried out in a hospice for the terminally ill, a residential home for the elderly, and of her experience as a bereavement counsellor. What Hockey reveals through her fieldwork is that the situation is more complex, more nuanced, than the idea of 'taboo' successfully captures.

Hockey's (1990:35) aim is to demonstrate 'that within this society ... the boundary between the categories 'life' and 'death' is critical ... for members of Western societies it may raise disturbing questions about the very existence of meaning itself.' She (1990:36) argues that the 'maintenance of a boundary ... between life and death' is the 'prevailing strategy for the management of death within Western society.' Hockey details some of the strategies employed in this task and shows how they work in institutions, such as a residential home and a hospice, where death is routine.

At the same time Hockey shows how the boundaries between 'life' and 'death' are constantly negotiated and risked in action. So, for example, she (1990:96-

106) argues that the residential home, tellingly called Highfield House, strives to create the impression that it offers its residents a comfortable life of care. Carefully masking, when possible, the residents' slow, and sometimes not so slow, progression through deterioration and towards death the home contrives to hide its true purpose, the management of the final exit of people who have no place in society any longer. This true purpose can be discovered in the fact that before entering the home prospective residents have to give up for good their own homes, they have to relinquish control over their possessions and their medicines and they have to accept the routinised daily regime of the home. All this is, of course, for good. The residents enter the home on the understanding that this is where they will spend the rest of their lives, that they will not leave the home alive except maybe to go the hospital to die.

Against this the fiction of stability and permanence is achieved by various means and its works can be gauged from the keeping of record books. Here, care staff record the events of their shift, informing those who take over the next shift of what has happened in their absence. The names, or nicknames, of those individual residents whose condition has changed so much that it is deemed worthy of a mention are listed in the book explaining what has happened. For other residents the phrase "Remaining residents no change at the time of report" is used, written beneath the list of individual names. This phrase 'encompasses all those whose slow ageing still remains submerged within the institutional category, 'resident', says Hockey (1990:101), and by this a 'fictive sense of stability or permanence is thus imposed upon a gradually fading population.'

Still, the residents appear to see through and constantly subvert the fiction of stability (Hockey 1990:124-8). This is revealed in the resident's sometimes bleak, sometimes humorous remarks. "What can you expect ... I won't live much longer", "You can be struck down in a moment", "You can't turn the clock back" (Hockey 1990:124) all communicate the residents' understanding of their impending fate. 'Seeing staff empty rubbish into plastic bags or sweep remnants of food from the floor onto a shovel, residents joke, saying: "You can put me in

there too” or ‘Sweep me up too. You might as well.’” (Hockey 1990:125). What these reveal, Hockey (1990:124) says is ‘residents’ awareness that life within Highfield House is transitory, that the timeless, repetitive routine of institutional care imposed upon them can create only an illusory sense of permanence.’

Together the ‘tabooists’, Gorer and Aries in particular, paint a picture of a society that hides death and hides itself away from death; a society that does not welcome bereaved people into its fold but condemns them to live alone with their grief. This contrasts darkly, the tabooists continue, with the ‘pre-modern’ period when Western societies were quite preoccupied with death and dying and when grief and bereavement were portrayed as part of life and dealt with by extensive public rituals (see Cannadine 1989:187). Up until this century – Gorer (1965) provides the First World War as a turning point – the tabooists say, people in the Western world were familiar with death; since then they have grown increasingly unfamiliar with it.

But how accurate is this picture that has been painted by the ‘tabooists’? While Hockey (1990) has demonstrated that although people in Britain may have difficulties in dealing with death the picture is a lot more complicated than talking simply of taboo would imply, the social historian David Cannadine (1989:187) suggests that this picture of the 19th century is excessively romanticised and that it rests upon unproved assumptions about the functional efficacy of elaborate funeral and mourning rituals. Cannadine (1989:190-1) suggests that it can be argued that the Victorian celebration of death was not a golden age of effective psychological support but a ‘bonanza of commercial exploitation.’ Death was usually horrific, prolonged and painful, and mourning rituals, rather than giving structure to people’s grief, prevented them from getting on with their lives (Cannadine 1989:190-1).

What about the present then? It is well documented that all through the Middle Ages and into the Victorian period people were constantly being given reminders of their inevitable and eventual death (see Daniell 1997; Litten 1991). The

thought of death seems to have been ‘an influence bearing upon practical life’ (Jacobs 1899:264; quoted in Walter 1994:1). A skeleton, personifying Death, tugging at the coat tail of a man or a woman as they went about their daily business was a common symbol (Walter 1994:9). What it signified was the understanding, based on only too frequent and bitter experience, that mortal illness could strike anyone without much warning, that ‘death was capricious, determined only by the inscrutable will of the Lord’ (Walter 1994:9). Death was seen as being part of the human condition, as we would now have it, the result of those fateful events in Eden, the outcome of the original sin.

All this seems to have changed now. The inevitability of death, as people still take it, is not a prospect held up for contemplation in modern society, or so it would seem. Images of skeletons now warn people of the dangers of high voltage electricity rather than their inherent mortality. Indeed there does not appear to be an institution in modern society that sustains the kind of continued contemplation of death in the way that the church may have done before (see Daniell 1997). If this is so part of the reason would seem to lie with the scaling down of mortuary rituals that seems to have taken place since Victorian times. Compared to earlier times and compared to other places, even the one where I come from, death rituals in Britain today appear, on balance, a strikingly Spartan affair (see Barley 1989 and 1995; Hockey 1990; Walter 1990 and 1994; Litten 1991). Attendance appears to be low and usually restricted to very close friends and family. I have watched many a funeral procession, if it bears such a grand title, from the three churches in my immediate neighbourhood, and almost invariably those attending seem to fit into the two or three cars provided by the funeral director. Increasingly the service itself is held at the crematorium and on a number of occasions I have seen them arrive there, two, three, maybe four cars, twenty people at most come to see off the deceased.

After the service, I am told, it is more likely than not that the immediately bereaved will retire alone to their home unaccompanied by any other attendants from the funeral. Elizabeth Roberts (1989:205-6) reminds us that during the 19th

and early 20th century the bereaved were preoccupied with various rituals following the funeral. Funeral tea time, for example, was a time for family solidarity. Now, she contends, death has been taken over by the professionals. Death has become more private like family life, neighbours are not so much involved any more as they used to be and neither are children. There is, apparently, little now to publicly mark people's grief or measure the time since the death that aggrieved them occurred. Dress at funerals is customarily black or dark but after the funeral there is no telling from people's clothes that they have been bereft. Pat Jalland (1989:180) believes that 19th century funeral customs met the psychological needs of the grieving. By providing definite, known, and easily identifiable milestones they reduced the terror of death, she says, and structured the grieving process. This, again, is a frequently repeated opinion of those involved in the death business and with whom I have spoken. Almost verbatim they will recite Gorer's observations about how people no longer know how to treat the bereaved and how this results in mutual embarrassment and avoidance. They are countless the stories told me, by bereaved people but even more frequently by people involved in the care of the dying and the bereaved, of how friends, or people earlier deemed friends, would cross the street and pretend not to see them so as not to have to face the mourning person and embark them both upon a mutually embarrassing encounter. In the days of his mother, Gorer noted, mourning was expected to last months, sometimes years and even your whole life time. Now, there are no such provisions. 'People are expected to pull themselves together and carry on with life' quite a few of my informants told me when I asked them about how private companies and public institutions treat their staff when they are bereft. A lady I know was granted a week's 'compassionate leave' by her employer upon the death of her son, during which she could arrange and carry out the funeral. Later when her brother died she was allowed one day's absence to attend the funeral. Being responsible for arranging the funeral she had to use up some of her regular annual leave.

In arguing that in Britain 'death' and 'life' are kept entirely separate Hockey (1990:36) argues that the home, 'the space where living takes place is seen to be

inappropriate as a space for dying.’ Of about the roughly 600.000 people that die in Britain every year about two thirds die in institutions, hospitals of various sorts, residential homes for the elderly and, now, hospices (Hockey 1990). I have heard a number of stories of women, it always seems to be women, who, upon learning that their husbands were dying, demanded they be transported to the nearest hospital because they didn’t want them to die in the house. The funeral directors in my area advertise themselves in the local papers as operating a 24hrs service. Some pride themselves on being able to answer your call within 30 minutes, immediately whisking away the mortal remains of your loved ones.

It has been pointed out that hospitals where most deaths do occur are special institutions, built for a very specific purpose. Kubler-Ross (1970), Glasser and Strauss (1965, 1968), Sudnow (1967), Gerbner (1980) and Mauksch (1975) have all asserted that there is an interdependence between the ideology of the modern hospital, the reactions of the medical staff to death and the behaviour of the patient and his or her relatives (see Palgi and Abramovitch 1984:401-3). Mauksch (1975; see also Hockey 1990:68-9) pointed out specifically that hospitals are institutions whose very purpose it is to make people better and that, as such, in hospitals death must be the ultimate failure - hence the modern image of the dying man, tubes and wires extending out of his every orifice, connecting him with some sort of medical equipment or another, with doctors all around making frantic efforts of resuscitation whenever there are any signs that life is extinguishing (see Aries 1974a:87-90; Elias 1985). An institution that is systematically organised to make people better is left without means by which to make sense of death. When death happens, or is foreseen, this makes the job of the doctor and other medical staff in communicating with the dying and their families well nigh impossible. Kubler-Ross (1970), most famously, asserted how this ideology could foster a conspiracy of silence whereby the dying patient was left alone with his - for it was predominantly men she talked to and spoke of - fears, his anger and his grief, the doctor, the nurse, the patient and his family all unable to break the wall and face openly the impending fate.

Methods of disposal seem to suggest further that death is hidden. In Britain about 70% of all dead bodies are cremated. That proportion is even higher in urban areas and especially amongst those who are of a Protestant background as the Catholic church's oppositions to cremations, only recently relaxed, still carries some weight with Catholics. Cremations were introduced and advocated around the turn of the century on economic and sanitary grounds. The so called 'cremationists' argued that cremation removed the risk to public health posed by the proximity to dead bodies that burials foster. They added that continued reliance on burials would, in due course, mean that all land, especially in crowded urban areas, would be used up for grave plots (see Larny 1989). 'Save the land for the living' remains to this day the very utilitarian motto of the Cremation Society, as a crematorium superintendant told me. Since the mid-twentieth century cremations have enjoyed a spectacular expansion. This coincided broadly with a move during which responsibility for the disposal of dead bodies was shifted from parish churches to municipal local authorities and Peter Jupp (1993; see Walter 1994:11) has argued that the expansion of cremations was to a large extent driven by local authorities in an effort to ease their financial and administrative problems as cremations are cheaper than burials. Aries says that the reason why cremations are so popular in Britain is that attempts have to be made to reduce to a minimum the inevitable operations necessary to dispose of the body. It is deemed essential in England, Aries continues, that nobody really notices that a death has occurred. Cremation is the most radical way of getting rid of the body and of forgetting the whole thing (Aries 1974a:90-1). Nigel Barley (1989:113-20) seems to agree. He points out that after cremation what remains of the body is carefully grinded in order to reduce whatever solid matter that may have survived to a fine powder. Jennifer Larny (1989:129) argues that underlying the sanitary and economic arguments of the cremationists was an 'intense loathing for the physical remains of the dead' (1989:136). When I ask my friends why they want to be cremated rather than buried there is surely an element of this in their answer. They say that they don't like the idea of lying in the ground, being 'eaten by worms' as they would put it. Experts in the know about these things assure me that 'no worms live at the depth at which bodies are

buried. It's micro-organisms within our own bodies that eat us away. We rot from the inside as it were,' one of them told me. I'm not sure my friends would have found this picture more appealing. For other people I have spoken with, burial means a headstone and a grave, things that have to be cared for by their surviving relatives. These people claim to be reluctant to place such a burden upon their relatives and tie them down to a place, particularly now that people move about so much. They feel that there need be no such physical reminders of their life, that all that is needed is for their loved ones to keep their memory alive (see Barley 1989:113-20). Some would mention that they did not want to provide their survivors with an obligation to remember and care for them, that if they were to be remembered and loved the desire to do so would have to arise within the survivors themselves.

In multi-cultural, multi-religious Britain crematoria carry no obvious religious symbols and the decoration is deliberately non-specific to make sure that all denominations can feel at home there. Yet in the two crematoria I have seen there are definite symbols that seemed to me, if not explicitly religious, very British in character. These were mainly pictures, photographs and paintings, of flowers and trees, lakes and rivers, hills and mountains, all seemingly depicting parts of the British landscape. Sometimes the mood of the pictures would be turbulent with storms brewing and waters flowing, more often though it was calm, still, reassuringly embodying the enduring essence of the British countryside. In this way they would resemble so many other pictures found in so many other institutions in Britain, schools and town halls, hospitals and hotels, libraries and restaurants.

The layout of crematoria in Britain is to some extent determined by the creeds of efficient operation, the guidelines of the Department of the Environment and, now, the European Union's decrees on the release of air pollutants. That is fitting, for inside, in the cellar where the actual operation takes place, crematoria are like factories. That is at least what they reminded me of in those two cases I have seen them. This is what they have reminded quite a few people who work in

the death study business and confessed to me that having earlier intended to have themselves cremated they had now, having seen how factory-like crematoria are, changed their minds (see Barley 1989). While most crematoria are owned and run by local authorities they are run like businesses in that they, like most things these days, have a fixed yearly budget. This, obviously, means that in order to deal with the number of cremations likely to fall their way every year without having to extend operation time into labour expensive evenings and weekends, each service can only be allocated a certain amount of time and that funerals have to be fitted in with a time slot available at the crematorium (Walter 1994:11). 'Twenty minutes just about, is what we allow,' a superintendent at a crematorium told me. In most cases, he continued, it was not a problem at all, 'not with the English, they are reserved and often want the whole thing over with as quickly as possible.' There were people from some ethnic minorities that could cause a bit of a stir, the superintendent continued, in that their customs required more emotions to be shown more openly. They want to take their time and this can threaten to force the whole schedule out of joint. 'What we do now,' he announced to me, 'is that we tend to place these services at the end of the day, you see, that way they don't upset the whole pattern, causing delays for all the other services, and it doesn't matter if they run over a little bit.'¹

If crematoria are largely run on the grounds of efficiency so too are cemeteries. Beginning in the middle of last century cemeteries have gradually been moved away from the centres of urban areas and towards their outskirts and the surrounding countryside. The original recommendations in this direction came from Chadwick's report and Loudon's treatise on cemetery management. Both advised that 'the chaos of burial in the rapidly expanding industrial towns be solved by constructing out-of-town cemeteries with rational layouts, clear number of graves, no re-use of graves, and (in Chadwick's report) only one grave per person' (Walter 1994:12). The ownership of cemeteries, simultaneously, passed

¹ The same superintendent told me that he saw it as the major function of his institution to help people with their bereavement, to provide for them 'a beginning of the grieving process,' as he said. He acknowledged that there was potentially a conflict between the time schedule of the crematorium and needs of the bereaved who might need more than the twenty minutes allowed them to get started on 'the grieving process'.

from the church to that of local authorities and, in few cases, private companies whose worry was the efficient, safe and descent disposal of a body that had to be disposed of, rather than the safeguarding of the soul's travels from this world to the next (see Prior 1989:chapter 5; compare Daniell 1997 for Middle Ages). The principle according to which the cemeteries are landscaped now are decency and efficiency, that no one be offended by the graves of other people and that it be quick and easy to look after them. So authorities, be they municipal or private companies, provide rules, regulations and recommendations as to the type of headstones relatives can erect upon the graves of their dead ones and what sort of memorabilia of other kinds they can dispose of there. Anything that will increase significantly the workload involved in looking after the cemetery is likely to be banned as well as anything that might upset other relatives whose dead ones are buried in the same cemetery.

'A strange taboo' and 'the revival of death'

The picture so far painted is of death as hidden away, as locked inside the private realm of the family and away from the domains of public display and public debate. Society, it would seem, deals with death with efficiency and decency but has also divested it of all meaning. Yet the taboo thesis, if in many ways convincing, is somewhat strange. As Walter (1991) has pointed out talk of death, dying, bereavement, hospices, is not so much prolific as endemic in British society today. Hardly a day passes without the subject being discussed on the television or the radio. Almost daily one of the newspapers, broadsheet or tabloid, will touch upon the matter in some form or another. The message in most of these is precisely this, that death is now hidden. The programmes are almost invariably introduced as 'facing the final taboo'.²

² That as well is the title of Nicci Gerrard's (1997) essay for the Waterstone's magazine *W* on the proliferation of writings about death, as if writers have not always written about death; 'what else is there to write about,' one of them said.

This is curious as Walter (1991) has pointed out. When Simpson amassed his bibliography of publications in English about death he commented that death 'is a very badly kept secret; such an unmentionable topic that there are over 650 books now in print asserting that we are ignoring the subject' (Simpson 1979:vii). Or as Walter (1991:293) observes 'it is a strange taboo that is proclaimed by every pundit in the land, and when virtually no Sunday is without at least one newspaper discussing death, bereavement, hospices, or funerals.'

Asking what is going on here, Walter recommends six amendments, or revisions, to the death as taboo thesis. The first amendment Walter (1991:297-9) refers to as 'taboo plus coda'. It involves refining the taboo thesis along class and gender lines, allowing for the assertion that death became a taboo amongst, especially the male section of, the middle class after the First World War but adding that as the hippie generation assumes central stage in society the middle class are now breaking out of the taboo though death may becoming a taboo amongst the working classes instead as their earlier established communities are being eroded. Secondly, Walter (1991:299-302) points out that death may be hidden rather than forbidden in modern society simply, as discussed above, as a result of how infrequently your average individual will have any experience of death. Thirdly, Walter (1991:302-3) points out that death may be a limited taboo in that it is not a taboo in modern society as such as much as it is a taboo amongst some key occupations within it as the medical professions and the mass media personnel. These two occupations, Walter suggests, have been invested with a lot of trust in interpreting for us the meaning of death, yet both have profound difficulties in dealing with it.

Fourthly, Walter (1991:303-4) says that death may not be so much a taboo as caught between disparate frames of reference. He points out that there is little continuity between the public health frame that governs much of the funeral procedures, the theological frame of the service itself and the psychological frame according to which grief is largely understood these days. In this, Walter (1991:303) adds 'experience of death is typically postmodern, in that meaning has

become fragmented.’ Death is not hidden or forbidden, we, in our postmodern condition, simply do not possess a coherent language to talk about it. Walter (1992:304-5) then points out that death may not only be a taboo in modern society but everywhere and always. Death denial may be, as Becker (1972) argued, universal. Finally, Walter (1991:305-6) points out that it may be necessary to operate here a distinction between individual and society. According to this perspective many ‘traditional’ societies struggle with death as their claims to authority are based upon intimations of eternity. These societies can be seen to deny death in that they will negate the individual death by subsuming it under the eternal cycle of society or nature (see also Bloch and Parry 1982). Modern society, on the other hand, can be said to be dealing very nicely with death, by elevating youth and by progress that delays death ever further. At the same time though, individuals in ‘traditional’ societies may receive the best support seeing that in those societies death calls for elaborate public rituals. The modern individual, dying or bereaved, may, on the other hand, be uniquely isolated seeing that he and intercourse with him is troublesome as he reminds us of our own mortality.

Walter (1994) takes a step further and argues that whatever the merits of the taboo thesis death has now undergone something of a revival. He (1994:2) states that in this revival death is more and more not shaped by the ‘dogmas of religion nor the institutionalised routines of medicine, but by dying, dead or bereaved individuals themselves.’ Walter contends that we now live in ‘a culture of individualism that values a unique life uniquely lived’ and that in such a culture ‘the good death is now the death that we choose. The good funeral is the funeral that uniquely marks the passing of a unique individual, and psychological manuals that prescribed stages of grief for mourners to pass through are now being discarded for an awareness of the infinite individual variations in the way people grieve’ (Walter 1994:2).

Walter asserts that the roots of revival lie in a conflict between the modern, rational and bureaucratic medicine and the ever increasing individualism of our

times. He concedes that modern medicine has allowed ever greater control over death but that these achievements stem from medicine's bureaucratic and rational manner of operating and thus serve to deny what is most precious to us, our individuality (1994:22). Walter points out that 'modernity' - the period referred to in the death as taboo thesis - involves a fundamental split between the private and the public realms, 'between the world of work and reason and the world of family and emotion' and that this split is 'reflected in the modern way of death. Death has been stripped of its public spectacle and has become a private, family experience' (1994:23). Yet, at the same time, Walter continues, there exist numerous public discourses about death, in medicine, public health, life insurance, the management of crematoria and cemeteries and so on. These are though 'impersonal and unrelated to the private experiences of individuals who are dying or bereaved...private experience and public discourse do not tally.' There are then available public languages about death, death is not completely hidden, the problem is that they do not make sense of the private experiences of those individuals death touches (1994:23).

It is from this contradiction between private experience and public discourses that the revival of death emanates; its aim is to bridge the gap. Revival, then, is an attempt to make private experiences of death part of the public discourses about death (Walter 1994:24). Walter contends that there are two strands to the revival of death, a late modern strand and a postmodern one (1994:39-44). The late modern strand is largely driven by experts and it seeks to replace medical control over death with a more psychological approach. Experts now understand the stages and the processes that dying and bereaved people go through, the needs they have at each stage and can thus help them on their journey toward an adequate resolution. So, the late modern revival links the private and the public but largely by controlling the private. For example in bereavement counselling, the trained expert, a representative of the public, acknowledges and legitimises the feelings of the bereaved while at the same time protecting the public from these feelings (Walter 1994:39-40). The postmodern revival, on the other hand, rejects the late modern exposures of neat stages and precise processes of dying or of

grieving. It acknowledges, encourages and celebrates what it takes to be the enormous variety in individual experiences of death and bereavement and demands that people be allowed to die and grieve in their own ways. So, the postmodern strand forces private feelings onto the public sphere not to be reined in by expert control but to be taken seriously in their own right. The fact that they are so diverse furthermore means that they cannot but fragment the public discourses and challenge the authority of the experts (Walter 1994:40-4).

I shall later argue that while Walter may be right in asserting that there has been a postmodern revival of death that demands that people are allowed to die and grieve as they like, that this revival is itself not free from expert influence. Cruse, as I will discuss in following chapters, practises client-centred counselling, stipulates that the client is the expert and believes that each grief is a unique experience. Yet, Cruse operates on grief as an already established domain of experience, a domain that despite its variety can be known and intervened into. It also, an important point in chapter 5, fosters in its counsellors a sense of themselves as experts.

So what is going on here? Is death a taboo or has it, or is it now, undergoing a revival? Allow me to begin considering these questions by going back to the taboo thesis and in particular to how its advocates have accounted for the historical movements that have turned death from an obsession into a taboo.

Gorer observed that what had happened from the time his mother was widowed and to the time his sister-in-law was, were the two world wars, and it was during and due to them, he argued, that the more visible forms of mourning had vanished. The First World War in particular, Gorer wrote (1965:6),

had created such an army of widows; it was no longer socially realistic for them all to act as though their emotional and sexual life were over for good, which was the underlying message of the ritual mourning. And with the underlying message, the ritual too went into discard. There was too, almost

certainly, a question of public morale; one should not show the face of grief to the boys home on leave from the trenches.

In the years that followed, Gorer went on to argue, 'bereavement received increasingly little public expression, becoming an ever more carefully hidden and private experience' (Hockey 1990:44). Cannadine (1989:218-19) agrees with Gorer that the First World War was somewhat of a turning point. He argues that before it, though, the ostentation of mourning characteristic of the Victorian age was declining but that it declined even further as grief became more intense and widespread because of the mass bereavements of the war. Death became so ubiquitous and tragic, grief so common, that the Victorian rituals were recognised, not as unrealistic as Gorer would have it but as inadequate. Instead of taking this as evidence for a denial of death, Cannadine continues, we should pay attention to two different responses that the mass grief of the World War was met with. One is the construction of war memorials and the huge popular support that has remained for such memorials, the other the phenomenal rise in interest in spiritualism with people's attempts to contact their sons, husbands, lovers, brothers and fathers whose bodies were lost in the mass graves on the killing fields of the continent (also Winter 1997).

Ivan Illich blames a more general process, the medicalisation of society, for having made death a taboo in modern times. In 1975 he observed, with his customary candour, that today 'the man best protected against setting the stage for his own dying is the sick person in critical condition. Society, acting through the medical system, decides when and after what indignities and mutilations he shall die. The *medicalisation* of society has brought the epoch of *natural death* to an end' (1975:149; see Hockey 1990:27; emphasis -aa.). Illich was here somewhat following Aries who had argued that with the privatisation of family life and the intensification of personal relationships, evident throughout last century, attitudes to death changed. People started to fear the death of their loved ones; 'thy death', as Aries calls it, became too horrible to contemplate and the impulse became to protect the dying. The control that the dying had wielded over their

own last moments was wrestled away from them by their loving families and handed over to the medical professions (Aries 1974a:65, 68). Aries went on to record how this trend has since intensified. During this century, he says, 'a new sentiment characteristic of modernity' takes root. One 'must avoid - no longer for the sake of the dying person, but for society's sake, for the sake of those close to the dying person - the unbearable emotion caused by the ugliness of dying and by the very presence of death in the midst of happy life' and the dying are to be transported as quickly as possible to hospitals and other such places to die away from the now too sensitive eyes of their relatives (Aries 1974a:87). Beier (1989:56) adds that the proximity with death offered in earlier times when people routinely died in their homes, prevented the mystification of illness and death and the alienation of the sufferers and the dying that she claims we find today. So people die in hospitals because we are too sensitive to have them die in our homes, yet by thus removing death from our lives we only increase our sensitivity to it (see Aries 1974a, 1974b, 1981).

Roy Porter (1989) has documented how the medicalisation of death involved the death bed itself. Throughout the Middle Ages the most important person at the death scene, after the dying themselves that is, was the priest (Walter 1994:12; Daniell 1997). His job it was to administer to the dying the last rites, the final sacrament, to give him or her the strength to meet death and to hopefully shorten their stay in purgatory. This all changed with the Reformation as Martin Luther refused to accept the reality of any sacrament other than those instigated by Christ himself, the baptism and the Lord's supper that is. It soon became a sign of Popism, an offence likely to lead to arrest, to involve priests in acts of sacrament giving or praying over the bodies of the dying. The minister, Luther himself advised, should limit his work to getting the dying to talk about the gospel and to offer the prospective mourners *pastoral care* (Jorg Mosig 1997, personal communication).

'The space' left vacated by the priest was, in the 18th century, filled by the medical doctor (Walter 1994:14; see Porter 1989). We may be so used to

modern medicine's ways of working that it bears reminding us that before this the role of the doctor had been very much subservient to that of the priest and the dying person. His job was principally to predict the hour of death so that the dying person could then take control and get his or her house in order before they went on to meet their Maker (Porter 1989:80-2; Walter 1994:12). What happened during the 18th century was that doctors started to linger around the death bed till beyond the moment of death. They would administer opium to ease the pain of the dying and, often they would conceal knowledge of the impending fate away from the dying man (Porter 1989:80-2; Walter 1994:14). Some of those involved in these events did not like the developing trend. A certain Thomas Sheridan lamented in the 1760s that doctors 'take care to conceal people's danger from them. So they are carried off, properly speaking, ... without being sensible of it' (Porter 1989:89). Porter (1989:89) agrees with Aries and believes that this 'medicalisation' of the death bed happened with full, if not explicit, agreement of the family of the dying.

In arguing that underlying the sanitary and economic arguments of the cremationists was an 'intense loathing for the physical remains of the dead' (1989:136) Jennifer Larny (1989:129) credits the reformers with instigating, around the mid-19th century the 'antecedents of the modern attitude of death denial.' Ruth Richardson (1989, and 1987) observes that, to understand the extraordinary energy directed towards the celebration of death by the Victorians we must understand and contemplate the alternative. That alternative was the paupers funeral whose cost was carried by the authorities and whose elaboration was none existent. Richardson points out that with the Anatomy act of 1832 it was legislated that the bodies of paupers, who could not afford their own funerals, could be sent for dissection by the so called *anatomists* at the newly established medical schools. Richardson recounts the terror and stigma associated with such a fate and the intense fear of its very possibility among the poor whose very lives were marred by the possibility that they might soon fall into the flock of the paupers. She argues that the elaborate Victorian celebrations of death must be seen in this context as carrying symbolic messages about status and worth and

cannot, simply, be explained as providing an admirable psychological support for the bereaved.

Finally, in tracing the historical trajectory from 'my death' to 'thy death' to 'hidden' or 'forbidden death' Aries (1974a and 1981) cited the developing sensibilities toward individual differences often attributed to the Renaissance (Burckhardt 1960) as instrumental. Claire Gittings (1984:7-9) has developed this thesis and argued that the rise of modern individualism is the principal reason for what she does not hesitate to call the modern denial of death. She says that the belief that each individual is unique and cannot be replaced lead people to hide away from death, because the prospect of both their own death and that of their loved ones became too painful to contemplate. Robert Blauner (1977 [1966]) has offered a kind of a sociological-cum-demographical explanation for this effect of individualism on attitudes toward death. He argues, citing the authority of Hertz (1960 [1907]), Durkheim (1965 [1912]), Radcliffe-Brown 1922) and Jack Goody (1960), that there will be a correlation between the social status and the social uses of the deceased on the one hand and the ceremonial pomp that they will be accorded after their death on the other. Blauner points out that the majority of those who die in the West today are old people who have already retired from their jobs, raised their children and in general made their contributions to society. Their current use to society, says Blauner, is negligible. Having already retired they leave no roles unfilled, no positions empty and, consequently, no need for any ceremony whereby they can be succeeded. This, Blauner concludes, is why death figures so little in the modern Western imagination.

It is certainly true that in the North East the death of children and teenagers creates a lot more public commotion than does the death of older people. This is particularly so when the death was violent or accidental and thus doubly 'unnatural' as some of my informants would call it. On those occasions the scene of the death or the home of the deceased will be flooded with flowers much like the steps of Kensington Palace were after the death of Princess Diana or the grass of Anfield Road was after the Hillsborough tragedy.

Bloch and Parry (1982) suggest, in an observation similar to Blauner's, that the reason why fertility symbols are, comparatively speaking, conspicuous in English funerals by their almost total absence is that here we do not have the intense emphasis upon the reproduction of society that is so prominent in societies based on traditional authority. On the contrary, here value is placed upon the unique individual and the most important part of the funeral, they say, is the recounting of that unique biography. One of the changes in funeral practices in England recently has indeed been the growing popularity of 'do-it-yourself' funerals, particularly amongst the middle classes (see Walter 1994). Even if people do not go as far as 'do-it-yourself' I am told that mourners have recently assumed greater freedom in expressing their grief during funeral services than they once had. That freedom will often be used to establish precisely the biography and character of the deceased. But that freedom is also understood to be helpful to the bereaved. It is not only the individuality of the deceased but no less so the individuality of the bereaved that is important and it is here, I argue, that we have to look in order to uncover the political implications of death in England in line with Bloch and Parry's general theory. The political questions that Bloch and Parry raise are, I argue, best addressed in this ethnographic context by looking at practices like bereavement counselling and I shall in the remainder of this and the next three chapters attempt to illuminate the political implications of this practice. It bears mentioning here that many of the people involved in the death business that I spoke with, or sometimes heard of – crematoria staff, priests, funeral directors, nurses, doctors – stated that they saw the care of the dying and the bereaved as one of the most, if not the most, important aspects of their work. In explaining why this was so and how they would go about this part of their work, these people were clearly influenced by the death as taboo thesis and by the ideas of bereavement counselling and would sometimes even cite particular books from those fields to support their assertions.

I am not going to take sides directly on the death as taboo debate. I seek a slightly different angle and what I want to assert is that the whole debate seems to

be predicated upon a 'naturalisation' of the notion of death (see Zeleski 1995) and carries with it the idea that while attitudes to death can change very dramatically death itself is a constant, fixed thing. This channels the debate into measurements of how close or far away from death different attitudes at different times are. In the past people were close to death, in the modern era they were not, now they may be becoming so again. Death, itself, is natural. In this way, the death debate echoes anthropological discussions of kinship (Schneider 1968) and gender (Yanagisako and Collier 1987). Yanagisako and Collier (1987) point out that anthropological studies of both kinship and gender have tended to naturalise those things they supposedly sought to explain and have taken cultural differences to be no more than variations upon a common theme. The same, I argue, applies to death and instead of assuming that death is constant we have to talk of death itself as changing. And these changes in death are, I shall argue too, linked to changes in grief as an experience, as a cultural conception and as an expectation as to how people should behave.

Gorer, people may remember, stated that the Victorians were obsessed with death but repressed sex and that we, moderns, are obsessed by sex but deny death. In the first volume of his *History of sexuality* Foucault (1978:8-9) poses the question: was sex so repressed prior to the sixties revolution as we have been led to believe? He (1978:10) points out that our erstwhile liberators operate a conception of power as repressive. They argue, that is, that power works to hold back our natural instincts, sexuality for instance. Foucault himself argues for a view of power as creative rather than simply repressive and he argues that sex and sexuality are not natural facts repressed or acknowledged in distinct historical epochs as the case may be. Sexuality, he says, 'must not be thought of as a kind of a natural given which power tries to hold in check, or an obscure domain which knowledge tries gradually to uncover. It is the name that can be given to a historical construct' (Foucault 1978:105). Our liberators, who would free a repressed natural instinct, are themselves simply writing a new chapter in the history of sexuality.

If we follow Foucault's line of argument death cannot be elevated as part of the human condition openly acknowledged to different degrees by different societies. We have to take the approach, the attitude, towards death evident in each case and examine it without any reference to death's, alleged, universality. Insisting upon the inextricable link between power and knowledge Foucault points out some of the professionals, the institutions and expert practices through which sexuality has been problematised, and he traces how sexuality has, roughly, left the domains of theology and religion to take up residence in those of psychology and psychoanalysis. Ironically, the same can be said about death and grief, they have likewise been transported from a realm of religion towards that of psychology, but that is not the main point. The main point is this, that we can now, I believe, understand more fully how and why it is that the death as taboo thesis is still so powerful and persuasive, its strength has not much to do with death, it has a momentum all of its own, fuelled by the energies of those experts who position themselves at particular vantage points where the view onto death is unhindered. The most important aspect of this story is that grief has now been established as a distinct domain of psychological and emotional life to which experts can turn their attention.

Let me start tracing this history by mentioning two fundamental changes in the history of death that I have so far left untouched. I made the point earlier that all through the Middle Ages and even into the Victorian Age death seems to have been an 'influence directly bearing upon practical life' (Joseph Jacobs 1899:264; quoted in Walter 1994:1) and mortality was thought of as an inherent part of the human condition. This started to change as the Modern Age set in with the shift in what Foucault termed 'governmentality' when the *population* appeared as the terrain supreme upon which government exercised its will, replacing earlier preoccupations with sovereignty. 'Governmentality' conceives the tasks of rulers in terms of a calculated supervision and maximisation of the forces of society, or the population (Rose 1989b:4-6). It became, understandably, vital to this task to have some way of measuring and knowing what it is the population is up to and so statistics, the science of the state, were born (Hacking 1975; Prior 1989; Rose

1989b). Now, one of the things the people generally are up to is reproducing and dying. Evidently it was essential for the state to have some idea about the rate at which people were dying, their distribution within the population, and even the causes for their death. From 1837 every death in England had to be registered and the purpose of the registration was a systematic compilation of mortality statistics (Walter 1994:9).

There are two consequences of this shift in interest worthy of emphasis here. Firstly the statistician was not interested in the death of the individual as an individual, as a soul whose passage to Heaven had to be guided. He, for these were all men, was interested in death in populations, in the distribution of death rate according to class and occupation, sex and social situation, age and origin. He was interested in the rise, or occasionally the fall, of the death rate within the population, in means by which that rate could be brought down even further and more permanently. Secondly the statistician was interested not in our inherent, if such it is, mortality, the fact, as people take it, that each of us will eventually die. His interest was more compressed, his time scale shorter. The statistician was interested in the death rate on such measurable basis as a year. From these, put together, he might then deduce that 5% of the male population between 40-50 years old would, in any one year, die. He might further predict that 75% of these would come from the lowest strata of society, that most of these would be city dwellers and so on. From being a certainty death increasingly came to be dealt with as a *probability* (see Walter 1994:9-10; Bauman 1992).

Further to this was an intensification in the search for the causes of death. When registration started old age was an accepted and commonly registered cause of death. With time, mortality as such ceased to be an adequate cause and these became attached to specific diseases or malfunctions of the vital organs of the body (see Prior 1989; 1997). Today all deaths have to be registered and medical evidence of the cause of death must be provided when a death is registered. The

certificate is given by either the coroner³ or the doctor of the deceased. The doctor specifies as best he can what he believes to be the cause of death (Consumers' Association 1986:13). This must be a *medical, physiological* cause. That is, even if it was established that the deceased had been murdered by a stab wound, the cause recorded on the death certificate relates to a physiological event like heart failure. If the deceased is 'reasonably old' as one of my informants told me, and has a history of suffering from a potentially fatal disease, his or her doctor can, without further investigation, put that illness down on the death certificate as the cause of death. In certain other cases a post mortem may be ordered by the coroner to establish the cause of death. This he, or she, can do without the consent of the family of the deceased although the latter have the opportunity to contest the matter before the High Court if they feel inclined (Consumers' Association 1986:35). In any case a cause of death has to be provided when a death is registered. Only then will a death certificate be provided and a death certificate is needed for the funeral to go ahead and before the deceased's properties can be sorted out.

Together these two things, death as a probability and the search for the causes of death, may have made it more difficult, more archaic, to contemplate humanity's mortality as such (Prior 1989:40; see Bauman 1992). But, as Lindsay Prior (1989) reminds us, this does not mean that our ideas of death and mortality are not social or cultural in essence. Prior suggests that the most important characteristic about death in the United Kingdom now, is a distinction that is made between natural and unnatural death. He (1989:47-50) argues that evidence for this distinction can be gauged from the coroner's brief. Deaths that must be reported to the coroner are when death was sudden and unexplained, occurred in suspicious circumstances, were caused by an accident, might have been caused by neglect, poisoning, drug abuse or abortion, when it was a suicide, if it occurred in

³ The coroner is 'a qualified doctor or lawyer, sometimes both. He is paid by the local authority but is independent of both local and central government and is responsible only to the Crown. His duties include instituting inquiries regarding the finding of any gold or silver whose ownership is unknown in order to discover whether it is treasure trove and therefore belongs to the Crown. His main function, however, is to investigate any death which has been reported to him' (Consumers' Association 1986:32).

prison or in police custody, took place during a surgical operation or before recovery from the effects of anaesthesia. Deaths that are attributed to industrial diseases or injuries suffered during military service must also be reported as these may entitle the survivors to compensations (Consumers' Association 1986:32-3). The coroner is obliged to hold an inquest⁴ 'into every violent and unnatural death that is reported to him' (Consumers' Association 1986:36). The conclusion, or verdict, of an inquest can range from natural causes to suicide, industrial disease to unlawful killing, accidental death to open verdict (Consumers' Association 1986:39).

All this, says Prior (1989:47-50) is highly revealing about attitudes to death in the United Kingdom today. There is a clear tendency, he argues, to classify as natural those deaths that are attributable to diseases and as unnatural those where human agency, particularly if it can be described as 'violent', is more evident. This is significant, argues Prior, for it shows how in the United Kingdom death is either regarded as the consequence of natural events, diseases, or individual human actions resulting in accidents or unlawful killing. No space is given up to inherent mortality and no space is given to social structural influences on death. So, for example, no mention is made of the fact that diseases may be disproportionately present in certain social groups, that certain people have the means to access better medical care, that certain people have the means to feed, clothe and house themselves better than some other people, facts only too well documented since the 1980 publication of the 'Black report on health' which was itself 'semi-suppressed' (Hockey 1990:73; Peter Phillimore 1996, personal communication).

In relation to this Prior (1989:26) argues that while hospitals may foster the medicalisation of death, deaths happen in hospitals precisely because they are conceptualised as physiological, biological events. Current nosology, Prior points out, takes as its central frame of reference the human body and builds on, or in, it an anatomical geography of diseases whereby death can be located in anatomical

⁴ 'An inquest is an inquiry to determine who the deceased person was, and how, when and where that person died, and to establish the particulars that are required for the registration of the death' (Consumers' Association 1986:36).

sites. Scientific medicine constructs death as understandable to science precisely by locating the causes of death in the narrow field of the human body that, in the medical construction, has descended ever deeper into the human body (Prior 1989:32-5). Death has now penetrated beyond the malfunctioning vital organ to reside in our, sometimes, faulty genetic make-up.

The second point to make in connection with changes of death concerns religion. While John Bowker (1991) has recently reminded everyone that death did not constitute such a central concern for the origin and development of the world religions as scholars have long been prone to argue, death was a, if not the, cornerstone of Christianity in the Middle Ages. Christopher Daniell (1997) argues that Christianity pervaded all aspects of life in Britain in the Middle Ages till the advent of the Reformation and that an obsession with death constituted its most important aspect. In particular people were concerned with the fate of one's soul after death. Daniell (1997: chapter 1 particularly) provides a compendious list and a telling tale of all the things people would do to try and secure the safe passage of their soul toward Heaven.

All this changed, surprisingly rapidly it seems, with the Reformation. What mattered in determining the fate of the soul, according to Protestantism, was the faith of the individual and his or her relationship with God. The priest and all the death bed rituals over which he had presided in the heydays of Catholicism were dramatically deemed irrelevant if not, more seriously, an evidence of idolatry. Walter (1994:14; quoting from Rowell 1974:82) cites John Knox's Genevan Service Book, of 1556, to the effect that 'the corps is reuerently brought to the graue ... with owte any further ceremonies, which beyng buriede the minister goethe to the church...and maketh some comfortable exhortation to the people, touching deathe and resurrection.' The Scottish Book of Common Order, of 1564, saying much the same thing added, though, with regard to the priest 'if he be present and required' (Walter 1994:14). This is, as Nigel Barley (1989:115) remarks of his *Native Land*, an indication of the distrust of ritual that exists in Britain today. Indeed, many of the people I have spoken to during my fieldwork

have, while in one sentence bemoaning the lack of ‘proper funeral ritual,’ as some would put it, in the next asserted their belief that what ‘matters is how you feel,’ not that ‘you go through the rituals correctly’. There does seem to be in England a deep-seated distrust - a distrust that may to some extent be traced to the Reformation - of ritual and of the public display of powerful emotions. I could relate a number of stories from my fieldwork in support of this claim but let me only say that once I was sitting in a small room with ten young people. We could see across the road and into the house opposite where a young woman was crying, seemingly in some distress. I asked my companions - and I wonder now what that reaction says about me - if they thought that her distress, her emotion, was genuine. Yes they replied all and one. I asked them then what they would have said if the same woman had been stood in the street crying her eyes out like that. ‘Genuine?’ they asked, ‘no’. Crying like that in the street they said she would have been ‘putting it on’ at least some of it.

The historical trajectory has certainly not been uniform, there has not been a steady decline in ritual from the Reformation to the present day. The Victorian celebrations of death are now, of course, as legendary as they were elaborate (see Morley 1971; Cannadine 1981; Gorer 1965; Litten 1991). It is beyond the scope of this thesis to trace that history but it is relevant to state that now the funeral service itself is usually short, twenty minutes if you are Anglo-Saxon the crematoria superintendent told me. Barley (1989:111-15) suggests that the service is not coherent in its message, while Jon Davies (1994:33) argues that the current Church of England funeral liturgies seem to have lost their way as celebrations of death. The Order, he continues, has moments of considerable callousness, it provides for no follow up at specific times and it contains no formal post-funeral system of mourning. Davies (1994:30) adds that its central concern is to communicate and insist upon the ‘deadness of the dead’ (see Barley 1989:116).

At the same time religious ideas about the fate of our souls seem to have suffered an erosion of authority. In his sermon on the care of dying Luther advised

strongly against the peddling in the fear of death and the fate of the soul that had been the hallmark of earlier practice (Daniell 1997). He advocated instead pastoral care for the survivors and that the minister take this last opportunity to speak of the Gospels with the dying man (Jorg Mosig, personal communication; see Daniell 1997). More fundamental though, in the British context, may have been the death of purgatory in the decades following the Reformation. Ralph Houlbrooke (1989:36) has commented that the 'emotional consequences of the abolition of purgatory and curtailment of prayers for the dead constituted one of the great unchartable revolutions of English history.' He adds that the disappearance of purgatory could have made the prospect of suffering in the next world more remote and improbable, the idea of punishment in the hereafter less widely credible. People may have been ready to entertain the possibility that they and their loved ones would suffer for some limited time before entering Paradise, but few people would have believed themselves, or theirs, so bad as to deserve eternal damnation in hell (Houlbrooke 1989:36, 41; see Davies 1994).

The death of purgatory and the demise of hell spell certain, quite fundamental, changes in the nature of death. No longer signalling the moment when our lives are added up to be judged and our fate for all eternity determined, death certainly loses a lot of its earlier gravity. Walter (1994:15) observes that 'without hell, death lost any spiritual risk, and became a medical and psychological affair.' Writing of the un-Reformed continent where purgatory and hell were still very much alive Aries (1981) contends that the shift from 'my death' to 'thy death' constituted a similar slip in concern from one for the fate of their own souls to worries about how they would manage when their loved ones died. 'Thy death came to be feared as much as my death, bereavement as much as my own demise' (Walter 1994:15). The question became increasingly, especially during the Victorian age: how will I cope with the death of my loved ones. 'One person is absent, and the whole world is empty' (Aries 1981:472; quoted in Walter 1994:15).

The point here is, firstly, to emphasise, as did Aries and Prior, that changes in death are not a naturally happening historical trajectory but fuelled by all sorts of political concerns and struggles. Secondly I want to emphasise too how grief was separated from the relationships with the deceased and concerns for the fate of his or her soul. In this way grief was to emerge as an emotional or psychological state attributable to the individual human being. Here then, it awaits for me to attempt to establish how grief was to appear as a legitimate field of study and intervention.

A genealogy of grief

The systematic psychological study of grief is usually said to begin with Sigmund Freud's (1917) paper 'Mourning and melancholia'⁵. Observing first that both mourning and melancholia are caused by the loss of a loved object (Parkes and Weiss 1983:10) Freud was concerned with establishing the similarities and the differences between grief and clinical depression. He pointed out that mourning was characterised by painful dejection, a loss of interest and inhibitions to activities. Melancholia, on the other hand, is characterised by feelings of guilt, self-reproach and a lack of self-esteem (Stroebe and Stroebe 1987:23). In asking how these two are brought about Freud uses mourning to refer to the process by which libido, or sexual energy, is withdrawn from an object of love after, for example, the death of the loved one. Yet as nobody would, according to Freud, willingly relinquish a 'libido position' and abandon and let go of the loved object this may lead the mourning person to cling onto the object of love in an 'hallucinatory wish psychosis'. That state will last, Freud continues, until the memories that bound the libido to the loved object have been 'brought up' and 'hypercathected'. Then and only then is the 'ego once again free and uninhibited' (Parkes and Weiss 1983:2).

This will usually happen successfully but when it doesn't melancholia will set in. Freud attributes melancholia to ego's ambivalence towards the lost person

⁵ The German word Freud uses for mourning is *Trauer* which refers to both the experience and expression of grief. Melancholia seems to him to be synonymous with depression (Stroebe and Stroebe 1987:8).

(Stroebe and Stroebe 1987:23), an ambivalence that it may be possible to manage while both parties to the relationship are alive but which the ego will turn on himself when the loved (or hated) object is lost (Vitebsky 1993). He points out that the words melancholic patients will use against themselves are words that always fit the love object more than the patient himself. Melancholia results from the 'withdrawal of libido from the object onto the ego, and the identification of the ego with the object'. Identifying with the loved object the ego can retain its connections with it despite, or even because of, all the ambivalence in the relationship. 'The patient can punish the love object through the illness without openly expressing hostility' (Parkes and Weiss 1983:10).

Freud himself was quick to point out that his speculations were based on scant empirical material (Parkes and Weiss 1983:10). The first systematic, empirical study of grief was carried out by Erich Lindemann and published in his article of 1944 'Symptomatology and Management of Acute Grief'. It has often (for example Stroebe and Stroebe 1987:8) been pointed out that grief can manifest itself in many, varied and often opposite ways. Lindemann's aim was to show that there exists a uniformity in the experiences that bereaved people undergo, an aim that lead Lindemann to describe grief as a 'definite syndrome with psychological and somatic symptomatology' (Lindemann 1944; quoted in Stroebe and Stroebe 1987:8). Lindemann's principal aim was, then, to describe the grief syndrome, to outline its normal course, and to try to make health professionals aware of the things they could do to help the bereaved to cope with their loss and resolve their grief. Lindemann is credited with identifying most of the characteristics of grief usually observed with those who have been recently bereaved (Stroebe and Stroebe 1987:9). The most striking of these are:

somatic distress, (experienced as waves of discomfort including sighing respiration, lack of strength, and digestive symptoms), preoccupation with the image of the deceased, guilt feelings (self-accusations of negligence, exaggeration of small omissions), hostile reactions to others, and loss of patterns of activity (e.g., overtalkativeness, restlessness, lack of zest, problems in social interaction)' (Stroebe and Stroebe 1987:9).

Later researchers (for example Bowlby 1981; Click, Weiss and Parkes 1974; Gorer 1965; Parkes 1965; Worden 1991 [1982]) have largely 'confirmed' Lindemann's extrapolation of these factors as distinctive of grief' and added a host of other symptoms (Stroebe and Stroebe 1987:9). Writers on grief now commonly offer lists and tables of those symptoms bereaved people may expect to experience and their carers may expect to have to deal with. Examples of these are given below.

Lindemann was followed by a number of scholars like John Bowlby (1981), who linked experience of loss with the severing of attachment bonds, and, maybe most importantly Colin Murray Parkes (1965; 1986 [1972]). Parkes, building upon Bowlby's (1981) 'attachment theory' and focusing largely upon the loss of a partner, viewed grief as a transition from one state of being and one identity to another (1986[1972]:12). Parkes (1986[1972]:202), focusing on relating particular symptoms of grief with the overall, general course of grief, identifies seven features as the 'major aspects of many bereavement reactions'. These are:

1. A process of realization, i.e., the way in which the bereaved moves from denial or avoidance of recognition of the loss towards acceptance.
2. An alarm reaction - anxiety, restlessness, and the physiological accompaniments of fear.
3. An urge to search for and to find the lost person in some form.
4. Anger and guilt, including outbursts directed against those who press the bereaved person towards premature acceptance of the loss.
5. Feelings of internal loss of self or mutilation.
6. Identification phenomena - the adoption of traits, mannerisms, or symptoms of the lost person, with or without a sense of that person's presence within the self.
7. Pathological variants of grief, i.e., the reaction may be excessive and prolonged or inhibited and inclined to emerge in distorted form.

Implicit in Parkes account is a definite plot, a picture of grief as going through particular phases. Realising the loss the bereaved person becomes alarmed, searches for the lost person and upon not finding her develops emotions of anger and guilt and so on.

Researchers (for example Parkes 1965; Bowlby 1981) have pointed out that shock and disbelief are most typically found with the recently bereaved while depression may extend over a much longer period and abate only slowly over a period of months and sometimes years (Stroebe and Stroebe 1987:9). While acknowledging that there are wide individual variations in grief many researchers talk about phases or stages of grief for, as Stroebe and Stroebe (1987:9, 12-13) point out it is extremely helpful for the purpose of diagnosing pathological grief to view grief as running a phasic course, for it is otherwise difficult to determine whether a bereaved person is suffering from delayed, or absent, grief.' The number and nature of phases or stages of grief vary from researcher to researcher but Stroebe and Stroebe (1987:13-16) identify the following which are fairly typical for the literature (see also Parkes 1965 and 1986[1972]; Worden 1991[1982]):

1. *Numbness*. The initial response to death is likely to one of *shock*, *numbness* and *disbelief*. This will, often gradually, give way to
2. *Yearning* and *protest*, a period of strong emotions and psychological distress as the awareness of the loss increases. Intense yearning for the lost person is accompanied with deep pining and an irresistible urge to search for her or him. Emotions of anger - directed inwards, to the deceased or anyone who might in some way be held responsible for the death - self-reproach and guilt are common too. Yearning then gives way to
3. *Despair* as 'searching for the lost person is abandoned and the permanence and irrevocability of loss is recognized' (Stroebe and Stroebe 1987:14). Depression and apathy are common at this stage with doubts over the meaning and purpose of everything. Despair will, finally, in most cases be followed by
4. *Recovery* and *restitution* when depression and hopelessness begin to give way to more positive feelings. 'The bereaved person starts to accept the changes in

him- or herself [and come] to terms with the new identity, as widow(er). It implies the relinquishing of all hope that the lost spouse can be recovered [and] independence and initiative return ... attempts on the part of the bereaved to stand on their own feet and reject support should be regarded as part of the recovery process' (Stroebe and Stroebe 1987:15).

It is important to point out that the desire to describe the course of grief is not simply born of a scholarly interest. The aim is to understand through the description of 'normal' grief the characteristics of 'abnormal' grief (ibid.; Bowlby 1986[1972]:7). Stroebe and Stroebe (1987:17) remark that 'morbid' or 'pathological' grief are used 'to refer to grief reactions which show a marked deviation from the normal pattern and are associated with maladjustment and psychiatric problems.' There is a number of different terms in operation here used to designate the different kinds of 'abnormal', 'pathological', 'morbid' or 'unusual' grief. 'Delayed grief' refers, according to Stroebe and Stroebe (1987:19), to cases when normal or chronic grief occurs after a long delay 'during which the expression of grief is inhibited.' Parkes and Weiss (1983:14) refer to 'chronic grief', the indefinite prolongation of grief, as a 'morbid illness in which anxiety, tension, restlessness, and insomnia predominate, and self-reproachful ideas and angry outbursts are common.' 'Inhibited grief' is characterised by the absence of those symptoms commonly associated with grief (Stroebe and Stroebe 1987:19-20).

Following Freud's early lead researchers have attempted to identify the factors that may contribute to the development of any form of 'abnormal' grief. Parkes and Weiss (1983) have distinguished between three different patterns or syndromes that may be involved here. *Unexpected-grief syndrome* (1983:92-6) describes losses that are both unexpected and untimely. Its characteristics are 'a reaction that includes difficulty in believing in the full reality of the loss, avoidance of confrontation with the loss, and feelings of self-reproach and despair' (1983:93). *Ambivalent-grief syndrome* follows from an ambivalent relationship that is often characterised by disagreements. The initial reaction to such a loss, according to Parkes and Weiss, is often relief without any need to grieve. That

state gives way though to experiences of pining and despair often with feelings of self-reproach (see Stroebe and Stroebe 1987:21). *Chronic-grief syndrome* follows, according to Parkes and Weiss, the end of a highly dependent relationship. Grief starts as soon as the relationship is over and lasts for an abnormally long time. Helplessness is the main characteristic of this syndrome.

Lyn Franchino (1989:42) lists the following factors as leading to unresolved grief:

1. Past history: depressive illness; previous prolonged grief; childhood loss, lack of attachment.
2. Nature of loss: multiple loss; socially unacceptable or unrecognised; lack of a body; horrifying or mismanaged death; either the deceased or the bereaved had a hand in the death.
3. Personality of the bereaved: fear of appearing weak or out of control; reluctance to face negative feelings about the deceased; unwilling to relinquish the bond with the deceased; a need to take care of others; inability to face the loss.
4. Relationship with the deceased: highly dependent; ambivalent; unfinished business.
5. Social and family attitudes: towards the loss and grief; religious beliefs; family myths or secrets; unrecognised loss.
6. Social circumstances: financial difficulties; lack of attachments or support; drug or alcohol abuse; responsibility for children; position in the family.
7. Secondary gains: grief is used to control, punish or gain attention.

Franchino (1989:42) adds the following signs of an unresolved grief: continuing denial that death has occurred; overactivity with no apparent sense of loss; inability to part with possessions of the deceased; a need to have surroundings remain unchanged.

If one of the aims of describing 'normal' grief is to help understand 'abnormal' grief, another one is to provide a foundation upon which therapeutic intervention can be built (see Bowlby 1983[1972]:7-8; Parkes 1983[1972]). It is important to

point out that most of the important contributors to the understanding of grief are themselves involved in therapeutic grief work with extensive links to institutions involved in the care of the dying and the bereaved. Parkes had links with the Bethlem Royal and Maudsley Hospitals, the Tavistock Institute and Clinic, the Laboratory of Community Psychiatry of Harvard Medical School, and St Christopher's Hospice (Parkes 1983[1972]:9). He was later to work for Cruse - Bereavement Care and is indeed Cruse's current president. Parkes had, in addition, grants from the Mental Health Research Fund, the Department of Health and Social Security, the US National Institute of Mental Health and the Tavistock Institute of Human Relations.

So what should this intervention look like? William Worden (1991[1982]:35) defines grief counselling as 'helping people facilitate uncomplicated, or normal, grief to a healthy completion of the tasks of grieving within a reasonable time frame' and grief therapy as 'those specialized techniques ... which are used to help people with abnormal or complicated grief reactions.' But what would those tasks and those techniques be? Freud asserted that until the memories that bound the libido to the loved object have been 'brought up' and 'hypercathected'. Then and only then is the 'ego once again free and uninhibited' (Parkes and Weiss 1983:2). Lindemann (1979:234) described the 'grief work' as having to do with:

the effort of reliving and working through in small quantities events which involved the now-deceased person and the survivor: the things one did together, the roles one had vis-à-vis each other ... Each item of this shared role has to be thought through, *pained* through, if you want, and gradually the question is raised, How can I do that with somebody else? And gradually the collection of activities which were put together in this unit with the person who has died can be torn asunder to be put to other people.

Worden (1991[1982]) himself talks about the four tasks of grieving. The first of these is to accept the reality of the loss, the second to experience the pain of grief, the third to adjust to an environment without the deceased, and the fourth to

withdraw emotional energy from the dead person and investing it in another relationship.

In writing a genealogy of grief one could, and maybe should, start by pointing out how and when certain characteristics enter, historically, the definition of grief, how the definition changes and what aspects are left out (see Prior 1997). That resides just outside my reach here. What I want to emphasise first is the insistence upon the uniformity of grief as ‘a definite syndrome with psychological and somatic symptomatology’ in the words of Lindemann (1944). Parkes (1986[1972]:27) in identifying the stages of grief as numbness, pining and disorganisation, admits that each stage has its own characteristics and that there are considerable differences from one person to the next ‘as regards both the duration and the form of each stage.’ Still, he insists, ‘there is a common pattern whose features can be observed without difficulty in nearly every case, and this justifies our regarding grief as a *distinct psychological process*.’ (emphasis -aa.).

This emphasis upon grief as a unified category justifies of course too the description of it and the intervention into it (see Prior 1997). Hence we have the description of grief in terms of symptoms that then allow for the identification of the condition that the symptoms stem from and for the intervention on the basis of those symptoms. Herein lies my second point, the energy expended in defining and refining the symptoms and causes of grief. The definitions and refinement do always operate upon the domain as already established and the task of describing grief in its individual variety becomes inexhaustible (see Foucault 1973[1963]). For grief here is described primarily as being a mental state attributable to the individual within whom the experiences of grief reside. Hence the goal of intervention from Freud to Worden is to free the ego of its ties with the deceased and allowing it to reinvest its emotions in another relationship. The supposition is that ego can, in actual fact, be free, and in particular free from the deceased. That relationship, the relationship with the dead, is over upon death and any claims by the bereaved to the contrary are treated as memories and, even, hallucinations on part of the bereaved.

In the next chapters I shall go on to illustrate how these goals are constructed and achieved in bereavement counselling practice. Later I shall go on and argue that these goals do not necessarily square with how the bereaved experience grief, for some of whom the relationship with the deceased continues after death if in an altered form. Allow me here to emphasise how the construction of grief, and the intervention into it, feeds on the death as taboo thesis. For by depicting death as a taboo, and a taboo to boot that causes a lot of grief, the road is paved for the bringing in of experts who can deal with the emotions that society allegedly does not want to deal with and places outside its reach. In the following chapter I discuss specifically how Cruse uses the taboo thesis to legitimate its work. I shall go on to show in the next three chapters that while Cruse is client-centred in its work and open to the possibility that grief may take various different forms, that variety is mapped upon grief as an already established domain of experience and intervention. In contrast to Walter (1994), I argue then that what he terms the post-modern revival of death is not free from the influence of experts. That even if Cruse is client-centred in its work it fosters a sense of its practitioners as having a knowledge and expertise beyond that of ordinary members of society.

I can close the circle now by pointing out the state and the statisticians that developed such interest in mortality statistics have now acquired similar tastes for grief. Grief and its successful resolution is now 'recognised' as a part of the 'health of the nation'. The web site of the Department of Health provides extensive information and links with bereavement counselling organisations of various descriptions throughout the country, including Cruse. Furthermore, the government and its agencies and national businesses grant Cruse a figure of roughly £1,000,000 in a yearly grant.

Part II

The Kindness of Strangers

Chapter 3

The Creation of Cruse, the Making of the Bereaved, the Making of the Counsellor

Cruse Bereavement Care - X branch:

- aims to give a service of the highest standard of counselling, information and social support to anyone who has been bereaved by death.
- aims to offer training, support, information, and publications to those working to care for bereaved people.
- aims to increase public awareness of the needs of bereaved people through education and information services.
- is an organisation using trained volunteers supported by specialists in the fields of social work, welfare, and mental health.

(Mission statement of a North Eastern local branch of Cruse Bereavement Care 1995)

Cruse is a national, voluntary, bereavement care organisation that offers, as Cruse Headquarters put it in a publicity brochure, 'a comprehensive service of counselling by trained and selected people, advice on practical matters and opportunities for social support'. The headquarters, Cruse House, are an umbrella under which roughly 190 local Cruse branches all over Britain work. Local branches have autonomy in the running of their affairs but the policies and standards of work are issued by Cruse House in accordance with the decisions of the Annual General Meeting and of the Council of Cruse. These policies local branches have to follow or risk being closed down by the headquarters. In order to maintain their membership of Cruse local branches have to pay revenue to the headquarters. Bereavement counselling is arguably the most important aspect of Cruse's work, it is at least the most valued aspect of Cruse's work within those

two local branches I am acquainted with. In the last few years Cruse has been 'standardising' its counselling practices and bringing them up to the levels that the British Association of Counselling demands if an activity is to be called counselling. Members of Cruse refer to this process as 'professionalisation'.

In this chapter I seek to trace the trajectory by which the work of local Cruse branches has taken on the flavour and texture it now has. I relate briefly the origin and story of Cruse, its organisation on both national and local levels, how its aims and objectives are defined and communicated to people outside the organisation, and how it reaches out to new members. I describe briefly the conception of grief that informs the work of Cruse. I describe the outline and basic organisation of the two training courses with Cruse that I have attended and the people that took part in them with me. I describe how we, the newcomers, were introduced to the work of Cruse, our 'initiation' into the organisation. From these descriptions I move on to the way in which Cruse legitimises and justifies its work. Glancing back towards last chapter I describe how during introductory evenings the 'death as taboo' thesis is used for this purpose and how that thesis is tied in with an account of the history of Cruse that seeks to portray Cruse as answering the needs of the bereaved that the alleged taboo on death produces. Looking forward to the following two chapters, I relate how the 'death as taboo' thesis is resisted by certain members of Cruse, who seek to portray their work as more productive and universal than as meeting needs created by a particular taboo.

First though I must say something about counselling.

Counselling: the 'talking cure'

Counselling, according to a publicity brochure from the British Association for Counselling, aims 'to provide an opportunity for a client to work towards living in a more satisfying and resourceful way' (see McLeod 1993:1 for a similar formulation). It is 'voluntarily and deliberately undertaken by counsellor and

client', the brochure continues, and 'is different from other forms of helping.' Counselling is usually based upon a contract between the counsellor and the client and before it starts 'the counsellor clarifies with the client the basis on which counselling is to be given, including method, duration, fees and confidentiality; changes can subsequently be made only with the agreement of the client.' In counselling, too, 'the right of the client to make his or her own decisions is respected.'

In a similar leaflet from a counselling service prospective clients are informed that:

counselling provides you with an opportunity to explore how you can live in a more satisfying way. More specifically, you may feel the need to work out what to do about difficulties you are currently facing, or sort through distressing feelings - such as grief, anger, anxiety or embarrassment - which may have been bottled up and are causing a lot of pain, or to deal with a general sense of dissatisfaction with life, perhaps characterised by feelings of purposelessness, frustration or despair. Counselling is about exploring any of these various aspects of your life and your thoughts and feelings concerned with them. Reflecting upon your experience in a secure environment - quite apart from friends and family - allows you the opportunity to understand more deeply what is concerning you and to work towards resolving your difficulties so you find relief from troublesome or distressing feelings.

Ray Woolfe, Windy Dryden and David Charles-Edwards (1989:8) distinguish between counselling and psychotherapy on the following grounds: therapy aims at personality changes but counselling is an attempt to help the client to utilise his own resources; therapy is for people who are fundamentally disturbed but counselling is for people who are healthy but facing temporary life problems; therapists are occupied by the internal world of the client, the counsellor with helping the client resolving external issues which are producing problems.

Nicholas Tyndall (1993:10-12) observes that we can think of counselling either as a relationship or as an activity. If we think of counselling as a relationship what

we see is something resembling the formal version of neighbours' chat. On this view counselling is a normal caring human response and the counsellor's main resources are her qualities of warmth, perception and intuition, and her ability to be deeply involved with a client and yet somewhat detached from him. What the client, in this view, needs is 'a positive attachment to someone else, a secure base from where to explore other possibilities of being' (Tyndall 1993:12). If we think of counselling as an activity, and focus upon what counsellors do, it tends to appear more specialised. Counselling can then be described in terms of the personal skills and relational tools that counsellors master in their training and habitually employ as part of their job. John McLeod (1993:2) observes, in a similar fashion, that we can understand counselling as involving either action, or exploration and understanding. On this basis we can describe the aims of counselling as: taking control over feelings and actions, problem-solving, psychological education, acquisition of social skills, cognitive change, behaviour change, systemic change, empowerment, restitution, insight, self-awareness, becoming aware of thoughts and feelings, self-acceptance, individuation, enlightenment (McLeod 1993:6). Most of these are aims that, as I will later show, Cruse aspires to in its work.

While you can find a bewilderingly wide variety of different approaches to counselling, a variety to some extent, no doubt, fuelled by the need to market a distinctive product (see McLeod 1993:4), it is generally recognised that we can talk of three core counselling theories: psychodynamic, cognitive-behavioural, and humanistic (McLeod 1993:4; Woolfe, Dryden and Charles-Edwards 1989:7). Psychodynamic approaches arise from the work of Sigmund Freud and his followers (Woolfe, Dryden and Charles-Edwards 1989:7-9). The main characteristics of psychodynamic approaches are: the assumption that the client's problems will stem from experiences and unresolved tensions rooted in childhood; that the client will not be consciously aware of the true nature of his problems and the motivations behind his actions; and the use in therapeutic sessions of such techniques as dream analysis, interpretation and transference. The aim of these techniques is to help the client to achieve insight into the true nature of his

problems and his actions. This insight is not simply an intellectual exercise though for understanding is thought to bring about the release of emotional tension associated with repressed memories in a movement that Freud referred to as 'catharsis' (McLeod 1993:23, 26).

The cognitive-behavioural approaches in counselling have their origin in the more applied branches of mainstream academic psychology (Woolfe, Dryden and Charles-Edwards 1989:7). The main features of the cognitive-behavioural approaches are: an emphasis upon viewing the client's distress as stemming from solvable problems; an emphasis on changing the behaviour of clients; a close attention to the cognitive processes through which people control their behaviour; and a respect for scientific methods and values (McLeod 1993:45).

Humanistic approaches in counselling have been developed by the fusion of the 1950's and 1960's humanistic movement in psychology and of the Californian personal growth movement. A key figure here is the American psychologist Carl Rogers who can largely be credited with enshrining the meaning of the word 'counselling' as we now know it (Tyndall 1993:6). Rogers's 'non-directive', that later became 'client-centred' and now 'person-centred', approach to counselling is arguably the most encompassing of all humanistic therapies. Indeed it can be argued that Rogers's construction of the therapeutic relationship and of the ethics of counselling are the basis of all counselling today (see Bond 1998).

Cruse follows a largely Rogerian approach to counselling. Person-centred counselling emphasises the centrality of, what it takes to be, the human capacity for creativity, growth and choice and it sees the person as striving to fulfil two basic needs: the need for self-actualisation and the need to be loved by others (McLeod 1993:62, 67; Mearns and Thorne 1988:6-7). In order to understand this process, person-centred counselling works with a number of core concepts. By 'self-concept', first then, person-centred counselling refers to those areas of our experience of which we could say 'I am'. It contends that there will normally be 'congruence' between our words, actions and feelings. Where there is a

disjunction between feelings and the capacity for awareness of them, a state of 'incongruence' is said to exist (McLeod 1993:67). 'The organismic self' are those essential resources that we have as human beings. Person-centred counselling maintains that the individual can rely upon these resources to provide him with trustworthy messages about how to think, feel and act, and that if left to itself the organismic self knows what it needs (Mearns and Thorne 1988:6-7). Unfortunately, because we need the love of others they set some of the 'conditions of worth' by which we are accepted (McLeod 1993:68; Mearns and Thorne 1988:8). Here a conflict can arise about what should be the 'locus of evaluation'. Individuals can be guided by external sets of attitudes, by other people's values or they can listen to their own 'internal feelings', the 'organismic valuing process' (McLeod 1993:68). Disturbance occurs when the self-concept of the individual is in conflict with his organismic self, when he is, in effect, striving to be someone he is not (Mearns and Thorne 1988:11; McLeod 1993:68).

The person-centred counsellor believes that 'each individual has the potential to become a unique and beautiful creation' (Mearns and Thorne 1988:13), a 'fully functioning individual', as Rogers called it, who is able to experience all his feelings, is not afraid of any of those feelings, is the sifter of his own 'evidence' but open to 'evidence' from others, completely engaged in the process of being and becoming himself and lives completely in this moment. The fully functioning individual is congruent, able to use feelings to guide actions and is autonomous rather than dependent (McLeod 1993:69). When the individual is not fully functioning and seeks counselling it is the responsibility of the counsellor to create 'conditions for growth' (Mearns and Thorne 1988:14). There are three primary conditions for growth in person-centred counselling. The first of these is 'congruence'. The person-centred counsellor should strive to be congruent, to be herself, in sessions for this conveys the message to the client that it is desirable to be oneself (Mearns and Thorne 1988:14). The counsellor should, secondly, treat the client with 'unconditional positive regard', value him for who he is and can become. This will allow the client to feel more safe to change. Thirdly the counsellor aims to achieve 'empathy' with the client that allows him to track and

sense accurately the feelings and personal meanings of the client. The counsellor, that is, aims to see 'the world like the client sees it' (Mearns and Thorne 1988:15), to enter the client's 'internal frame of reference' (McLeod 1993:70) and to communicate this understanding to the client. The therapeutic relationship is at the heart of person-centred counselling (McLeod 1993:70). A healthy therapeutic relationship is seen to involve a counsellor that is open about her purposes and responsible to the client but not for him. The counsellor will not manipulate the client but is willing to be manipulated by him. She does not profess to know what is good for the client and is not concerned about success. The counsellor is clear about what she is willing to offer the client at every stage. She is committed to the client and willing to fight for and invest in the relationship without becoming attached to the client or make the client attached to her. The counsellor desires the client's freedom to be himself (Mearns and Thorne 1988:34; see McLeod 1993:70).

Person-centred counsellors describe therapeutic change as a greater openness to experience. McLeod (1993:73-4) talks of seven stages here which he describes like this: In the beginning the client will be rigid in thinking and feeling, he will be impersonal and detached and be reluctant to use first person pronouns. He will talk about 'external events', 'feelings and personal meanings are not "owned"' (McLeod 1993:73). Gradually, the client will start to express himself more freely about non-self topics. Feelings will be described but not owned. The client will intellectualise his feelings and describe his behaviour rather than his feelings. Approaching the third stage the client will start describing personal reactions to external events. He will describe himself to some extent, talk about past feelings and begin to recognise the contradictions in his past experience. Then the client will start describing feelings and personal experiences and begin to experience current feelings. Inner life will be described but not purposefully explored. Arriving at the fifth stage the client will start expressing present feelings. He will 'own' his feelings and show more accuracy in differentiating between different feelings and meanings. He is ready to explore intentionally his problems in a personal way, based upon the processing of feelings rather than reasoning. After

that the client will develop a sense of an 'inner referent' with a life of its own. The open expression of feelings is accompanied with a physiological loosening. The client speaks in the present tense or offers a vivid description of the past. Finally the client will be able to experience his feelings with immediacy and richness. He will be able to speak fluently about his feelings in the present tense. To achieve these aims person-centred counsellors will employ techniques intended to focus the client's experience. McLeod (1993:75-6) breaks these techniques down into the following components. First the counsellor and the client take an inventory of what is going on inside the client. They locate the client's felt sense of the problem and find a word or an image that fits that sense. That should instigate a felt shift in the problem, a subtle movement or a 'flood of physical relief'. The client then has to accept what has emerged and finally stop and go through the process again.

In 1993 the Department of Employment estimated that there were about 2.5 million people in the UK who use counselling, in the widest sense of the word, as a major part of their jobs (Bond 1998:23). In 1992 it was estimated that some 290,000 people dispense services as voluntary counsellors and that over 8,000 people gain a living from counselling (Julie Janes Associates 1992; reference from Bond 1998:23). 'The numbers of people involved and volume of economic activity suggests', Bond (1998:23-4) observes, that counselling is 'sometimes quite appropriately referred to as an industry.' The British Association for Counselling has over 13,500 individual members and over 800 organisational members. The Association is dedicated to the advancement of counselling and it has, increasingly so in recent years, been responsible for setting up codes of ethics and practice in counselling. BAC has established a complaints procedure to protect the rights of clients. BAC has been instrumental in government initiatives to define competencies in counselling. A range of accreditation and recognition schemes have been developed and codes and guidelines on counselling, supervision, training and the use of counselling skills written down. A national register of counsellors has been launched (Bond 1998:24).

Membership of BAC is voluntary and its codes and guidelines only apply to members. During the 1990s measures have gradually been implemented to make the title 'counselling' statutory so that anyone or any organisation who wants call himself or his work 'counselling' now has to abide by BAC codes. This represents a step in the movement towards greater 'professionalisation' in counselling. When counselling came to Britain it was largely through voluntary organisations like Relate and Cruse (Tyndall 1993:6). The difference between voluntary and professional work is important in counselling and it is in Cruse too as the history of the organisation, to which I now turn, reveals.

A history of Cruse

Cruse began in an unusual way. Like most people, I knew little of widows and their children [...] In 1958 I was recovering from serious illness. I had also taken up meditation - today a fashionable technique of enlightenment, but in those days somewhat original. I worked first under the Maharishi and later with John Bennett, author of *The Dramatic Universe* and many other books, and who brought to Britain a meditation technique started in Indonesia. One day I joined our group disturbed by the words of Kurt Hahn, the well-known educationalist, who had left Nazi Germany to re-start his work in France. Later he founded Gordonstoun, the now-famous Scottish school. He was lecturing on the radio when I heard him. 'Compassion in Europe is dead.' His words deeply shocked me. As a Quaker, a pacifist and erstwhile social worker I was involved in so much. I knew we were emotionally dried-up by war, battered by every kind of shock, not least the horror of the holocaust and Hiroshima. War has its price. What then had I to do about it? If compassion was dead how could it live again? Suddenly I heard the words - 'Do something for widows'. I was astonished.

Margaret Torrie *My Years with Cruse* (1987:1-2).

So, Margaret Torrie, the founder of Cruse, describes the origin of her organisation. After receiving her 'call' (Torrie 1987:10; see above) Torrie advertised in her local papers and invited widows to come and meet her in the

Citizens' Advice Bureau, Richmond, Surrey, where Torrie was working as a volunteer. To this first meeting the widows brought with them stories of inconsolable and uncontrollable children, pensions, jobs, exploitation, poverty, housing, landlords, repairs, loneliness and lack of support. The meetings became regular and Torrie arranged for friends of hers to come along and provide the widows with help in the matters they had raised at the first meeting. Torrie herself offered her own house as temporary offices, she used her own training as a secretary to keep that office running and her experience as a social worker to organise group work with the widows. A 'Panel of Experts' was established consisting of Torrie's friends to ensure that the advice given would be as sound as possible in all those areas that the widows had mentioned. The 'experts' would attend the weekly meetings and counsel the widows on 'pension matters, housing and house maintenance, insurance, mortgaging, child management, budgeting, work difficulties, discipline' (Torrie 1987:4).

The press caught wind of Torrie's work and a result of the publicity was that letters 'from all over the country flooded in to our home' (Torrie 1987:5). Margaret Torrie launched a newsletter with practical support for widows and steps were taken to form a national organisation. At a meeting in 1959 it was decided that Cruse should establish itself as a registered company and a charity. Amongst the aims and objectives set at this point were:

1. The relief of poverty, suffering and distress among widows and their dependants.
2. To undertake research into the special problems of widowhood and into methods of alleviating the suffering therefrom and to publish the results of such research.
3. Providing facilities for recreation and leisure time occupations for widows.
4. To collect and publish information about the social services and other matters that are of benefit and assistance to widows.
5. To establish a panel of counsellors to visit widows and advising and assisting them.
6. To compile a register of work available for widows.

7. To alleviate the isolation and loneliness of widows by assisting in forming Cruse clubs and local groups of widows around the country.
8. To assist in providing holidays for widows who could not afford them.

(Torrie 1987: 11-12).

Following these developments the first annual meeting of Cruse's directors was held. Central concerns at the meeting were measures to guarantee the financial well-being of the fledgling organisation - a problem that has proved perennial - steps toward establishing more permanent headquarters for Cruse, and the hiring of office help to deal with the growing volume of correspondence. An emphasis was placed upon establishing an All-Party Parliamentary group to lobby on behalf of the organisation and its charges, the widows of Britain. (Torrie 1987:12-13). In the following years questionnaires were sent out to widows, reports were assembled and sent to members of Parliament in an effort to have laws that were unfavourable to widows changed. Local Cruse branches were set up and strengthened. Slowly the financial situation of Cruse improved. In 1974 the Government allocated Cruse a three year grant of £23.000 a year, intended to cover the administrative costs of the organisation over that period and to cover the salaries and expenses of a national organiser. Cruse selected Derek Nuttall for the job of national organiser. He had been a pastor of the Church of God in Aberfan, the Welsh mining village that became the focus of national attention when, in 1972, a slag heap fell from the mountain overlooking the village, buried the village school and killed over 100 children and teachers.¹ The job of the national organiser involved travelling around the country, advising local branches on practice and organisation and helping setting up branches in areas where none were as yet established. At that time, too, Cruse bought a house in Richmond, since known as Cruse House, that till this day serves as headquarters for the organisation.

¹ Some of my informants from bereavement counselling did actually mention the Aberfan tragedy as the one event that convinced the British nation that bereaved people might need counselling. Ironically, the people of Aberfan did refuse most offers of help of that nature, preferring as they did to deal with the tragedy themselves.

In the late 1980s Cruse underwent a fundamental change when its remit was redefined. At first widowers, and then all those bereaved by death, were taken on as potential clients. The transition was not easy and was not achieved without argument. Margaret Torrie herself (1987:120) while choosing her words carefully seems to think that something was lost when Cruse was extended to reach to more groups than widows alone. In the 'Foreword' to Torrie's book, Baroness Lena Jeger, former MP and in her time Cruse's staunchest supporter in Parliament, states explicitly that 'Cruse needs to keep its special identity as a haven for the widowed and their children' (Jeger 1987:xiii).

The years following the transition saw a rapid expansion that, again, stretched Cruse's financial capacity to the limit. By 1990 Cruse was in dire straits, practically bankrupt, and major changes were made in the personnel at the top of the organisation. Professional people from the management and marketing sectors were brought in and the financial situation sorted out. By now Cruse's financial situation is said to be sound and Cruse is established as a truly national institution. It is one of the national charities that receive a yearly grant from the Government. Her Majesty the Queen is Cruse's Royal Patron, contributing to its running by, for example, holding flower shows in the gardens of Windsor Castle, the profits of which go to Cruse. Other prominent patrons include the Archbishop of Canterbury, Dr George Carey, the Chief Rabbi, Dr Jonathan Sacks, and Cicely Saunders, the founder of St Christopher's Hospice and the Hospice movement. Cruse's president is Colin Murray Parkes who for 25 years or since the publication of his book *Bereavement* has been Britain's leading authority on bereavement.²

The organisation and work of Cruse

There are now over 190 Cruse branches all over Britain. The organisation of Cruse can be described as follows. At the top is the national council of Cruse

² This information was gathered in 1996 and some of the details may and will have changed. The point is that Cruse's standing appears now firm and it has the support of the people in the top echelons of British society.

Bereavement Care. This is responsible for Cruse policy in such matters as the standards of counselling, supervision and training. The national council is elected at the annual general meeting. Each branch of Cruse has the right to send a representative to the annual meeting. Below the national council are regional committees, for example the Northern Regional Committee. The regional committee is served by a regional officer. She is a paid worker whose job it is to implement the policies of the regional committee. Below the regional councils are the local branches. At the top of each of them is the management committee. It is manned by the branch's chairman, vice-chairman, secretary and treasurer. Its function is, roughly, to develop a strategic plan to meet the needs of the branch and to implement national and regional policy; to develop and review the policy with regard to its particular local context and conditions; to co-ordinate the work of its subcommittees and oversee the implementation of their efforts; and to set and balance the budget. The local branch will hold an annual general meeting to which all members are invited and at which they are entitled to vote.

Each local branch may have a certain number of subcommittees. Most branches would have at least three: the counselling and training subcommittee, the fund raising subcommittee, and the social subcommittee. The counselling and training subcommittee will have responsibilities to support and provide training for counsellors in the form of occasional courses and on-going monthly training meetings; it will recruit and train new counsellors and group workers; it will offer training for supervisors; and it will ensure that its counsellors and supervisors work according to the standards and the policy of the national organisation and the local branch. The fund raising subcommittee will be responsible for coming up with a fund raising strategy that meets the needs of the budget. The social subcommittee will have the role of organising entertainment, outings and social events for the social group organised for the bereaved and to ensure the provision of friendship and support for bereaved people.

In many ways the most important person within each Cruse branch is the referral secretary. The referral secretary, as the title indicates, receives all the referrals

that come to the branch. They will include information about the name of the bereaved person, gender and age, relationship with the deceased, how long ago bereavement occurred and the circumstances of the death. At her disposal the referral secretary has a list of all the counsellors with her local branch. This indicates their current counselling load and how much they have declared themselves able to take on, their counselling preferences, if any, and whether they consider themselves unable to deal with certain types of clients or bereavements. From this the secretary can decide which counsellors could possibly take on which clients and contact the said counsellor.

All those who counsel for Cruse do so as volunteers. About every other year, or as need in each case dictates, Cruse branches will hold courses on 'aspects of bereavement'. The aim of these courses is to educate the public about grief, to raise some money and to start training those who are interested in becoming Cruse counsellors. The courses are usually run on one evening a week basis and last nine weeks during which various aspects of bereavement are covered and participants introduced to some basic counselling skills. At the end of this course those who are interested in joining their local branch as counsellors have to undergo a selection process and an interview through which those in charge of counselling within the branch in question determine the suitability of the candidate as a counsellor. Those who are selected have to undergo another course, usually focusing on counselling skills more than bereavement as such. This course usually takes place over a weekend from Friday night to Sunday afternoon. After the course finishes prospective counsellors are taken on as probation counsellors.

All those who counsel for Cruse have to attend a monthly training meeting and a monthly supervision session. At the training session are, or should be, present all those currently counselling for the branch. The training involves work on issues related to bereavement and exercises in counselling skills. Supervision is sometimes on a one-to-one supervisor-counsellor basis and sometimes on a group basis. In supervision counsellors bring in any concerns or problems they may be having, in general or with some particular clients, share them with their supervisor



and others, discuss them and, possibly, receive some advice. Supervisors are experienced counsellors who should have received further training in supervision. In some cases they are professional counsellors though their work for Cruse is usually voluntary.

As I will explain later Cruse has recently decided to bring its standards of counselling up to the levels approved by the British Association for Counselling. To become an accredited Cruse counsellor you have to have done sixty hours of face to face counselling and have received twenty hours of supervision. Supervision is calculated on the amount of time the supervisor spends with each individual counsellor. So, in those cases where supervision takes place in groups, the time allocated is divided up by the number of participating counsellors to find out the amount of time that can be registered as allocated to each. To become an accredited counsellor can take more than two years.

It is now a policy in some branches that a contract is drawn up between the counsellor and the Cruse branch. According to that contract the branch will undertake to do something like the following:

1. consult with the counsellor before referring a client to her
2. provide the counsellor with access to material on bereavement
3. provide the counsellor with regular supervision
4. provide regular on-going training sessions
5. reimburse the counsellor for expenses incurred on Cruse business
6. provide means through which the counsellor can resolve any difficulties that may arise and which cannot be resolved through supervision.

The branch, on the other hand, will expect counsellors to do something like the following:

1. contact clients referred to them within three working days to make the first appointment and carry an ID card to be produced on request

2. respect clients' rights to confidentiality in accordance with the branch's policy in the matter
3. keep notes of all counselling sessions and the expenses incurred
4. notify the referral secretary of completion of counselling
5. attend regular supervision sessions
6. attend at least two thirds of on-going training sessions
7. work within Cruse UK and branch policies and standards of counselling
8. to hand in all records and case notes when she resigns.

It is recommended that new counsellors do not take on more than one client during the initial phase of their probationary period. After that it is considered appropriate if the caseload does not exceed three clients at any time. Counselling appointments may be held in the client's home if that is convenient for both client and counsellor. It is stressed, though, that the effectiveness of counselling sessions may be compromised by the presence of family members or friends and some clients do not want their friends and family to know that they are receiving counselling. In either case the counsellor will be expected to stress that it is important for her to have a private consultation with the client and make arrangements suitable for all. Local branches will normally have access to counselling rooms in cases when the client's home is not, for whatever reason, a suitable meeting ground.

It is recommended that appointments last one hour with the possible exception of the very first one which may last longer. Counsellors are encouraged to keep the session quite strictly to the hour as this reinforces the sense that the encounter is a counselling session and not a social occasion of another sort and maintains the focus on the matters for which the client sought counselling in the first place. The frequency of appointments should be determined according to the extent of support needed by the client. One appointment a week is customarily deemed appropriate in most cases although sessions will often become less frequent as counselling goes on. Counsellors are encouraged to 'contract' a number of sessions with the client at the start of the counselling relationship - six sessions

seems a common suggestion. The idea is that this will keep the focus on the counselling that needs to be done and the relationship within the boundaries of counselling and prevent it from spilling into friendship, and for 'dependency' to develop between the counsellor and the client.

Counsellors are forbidden to accept money from clients for their counselling. Instead, they should advise clients to make a donation to Cruse if clients express wishes to make contributions towards the cost of the services they are receiving. Counsellors should keep a record of the expenses they have had to meet in their work for Cruse. This the counsellor can either claim from or donate to the branch. In either case it allows the branch to keep an accurate assessment of the cost of its counselling operation. Counsellors have a duty to keep a record of their meetings with clients. These are kind of 'case notes' kept by the counsellor about the state and progress of his client. The counsellor must take these notes along to his supervision sessions where he must discuss his clients with his supervisor. Some branches require counsellors to fill out a so-called 'counselling statistic' form. This allows for the easy registration of complex and detailed personal information about the client, her age, gender, ethnic background and religion, her relationship with the deceased and the circumstances of the death. Interestingly there is no mention of class, employment or occupation on this form.

Counsellors are advised to hand write or type their notes and not to word process them. The reason for this is that word processed documents and information are subject to the Information Act and counsellors may be instructed to submit these in a court of law. In particular, it seems, Cruse counsellors may be asked to appear at inquests into the suicides of their clients and if notes were covered by the information law they would be forced to submit those to the court. The importance of this is that counsellors are expected to maintain strict confidentiality about their clients. The purpose of the confidentiality policy is to provide clients with safety and privacy. All of their interaction with the organisation should be kept in confidence and not divulged to anyone without the informed and freely given consent of the client. There are exceptions to this rule.

In certain circumstances it can be unlawful not to reveal information about clients. Counsellors may be summoned to appear as witnesses before a court of law and therein instructed to answer questions concerning their client. If a Cruse counsellor believes, after careful consideration and consultation with a supervisor when that is possible, that a client may be in imminent risk of committing suicide, or may pose a serious danger to others, then the counsellor is allowed and even required to break confidentiality. Cases have been brought against Cruse workers for failing to do this and current policy is that counsellors inform the police or the client's doctor if the client is deemed to be a threat to himself or others. The counsellor may also consider breaking confidentiality if he suspects that the client carries a serious mental illness, illness that may in fact prevent the client from seeking the help he needs. Similarly, disclosure of information is permitted if the client reveals evidence of serious criminal offence, particularly child abuse. Breaking confidentiality should, though, only be made when senior personnel in the branch have been consulted, provided that was possible.

Clients are channelled to counsellors through the referral system. According to Cruse policy clients will normally refer themselves. If referral is from a third party this must be with the full and frank consent of the prospective client. It is quite common that doctors, priests, social services and even probation or coroner's officers refer their patients, parishioners and clients to Cruse. People involved with Cruse say that instances of government agencies referring their clients to Cruse are on the increase. The reason seems to be the government policy of care in the community, the closure of mental hospitals, and the, by now perennial, fiscal crisis of the welfare state. Government agencies find Cruse an acceptable and responsible way of meeting their own very strict budgets while offering - or having Cruse offer - their clients the services they require and may be entitled to. The problem with this, from Cruse's point of view, is that while these clients will be bereaved some of them may have additional problems for which Cruse and its counsellors are not equipped to deal with. Counsellors have told me how they got referred clients from social services who had, admittedly, suffered recent

bereavement but who were also suffering from fairly acute psychosis that, the counsellors felt, required professional psychiatric help.

Every Cruse branch will have a telephone number through which potential clients can contact the branch. This number is guarded by the referral secretary and it is a matter of policy that all referrals go through the secretary. So if a counsellor or a member of Cruse receives inquiries about counselling from a friend or a relative, these must be passed on to the secretary and the interested party referred to her. This allows for the rationalised and organised referral of clients to counsellors. As discussed earlier the referral secretary possesses a list of all the counsellors affiliated with her local branch which specifies their current counselling load and how much they have declared themselves able to take on. From this the secretary can decide which counsellors are able to take on which clients. Normally the secretary would not allocate a counsellor a new client without consulting the counsellor's supervisor first. The supervisor should know about the counsellor's abilities to deal with different sort of clients and different kinds of bereavements. The supervisor should know how the counsellor is handling her caseload and if she is having particular difficulties. The referral system is like the counselling service directed by branch and national guidelines and the secretary is now in some branches expected to strike up a contract with the branch.

All counsellors and the referral secretary should have a supervisor. According to Cruse policy, supervision sessions should take place at least once every month. Apart from that supervisors are expected to meet regularly amongst themselves, as least three times a year, to monitor the supervision process. It is considered reasonable that each supervisor has about four counsellors under her supervision. It is recommended that supervisors work with different counsellors every two to three years so that counsellors will acquire a wide range of supervision experience. Supervision is directed by branch and national guidelines and

supervisors are expected to have a contract with their branch and with their counsellors.³

Apart from counselling, local Cruse branches are likely to provide one, and sometimes more, of the following services: drop-in centres, bereavement support groups and friendship groups. It is not compulsory for local branches to provide a drop-in centre but it is a means by which members of the public can find out about Cruse and its services: counselling, social support groups, leaflets, literature, training courses and so on and how to access any of those. It is expected that those using the drop-in centre will be mainly bereaved people or friends and relatives of bereaved people who want to make contact with Cruse. A bereavement support group is considered an integral part of the work of a Cruse branch. In cases where resources are scarce Cruse headquarters advise that a bereavement support group be set up rather than a drop-in centre or a friendship group. Along with one to one counselling, providing a bereavement support group is stipulated by Cruse headquarters as the basic service which all Cruse branches should strive to offer. The purpose of a bereavement support group is to create a safe environment in which someone, who has become isolated because of a bereavement, can find supportive surroundings in which to regain his social confidence and competence, make new friends, and begin to take the first steps back to a life in the wider society. A bereavement support group is not intended to be a long-term solution, that is, it is not expected and not encouraged that members will continue to attend for many years after their bereavement. The support group may also be an opportunity for those who have been bereaved to offer support and encouragement to those more recently bereaved. Those less recently bereaved can thus have a chance to give back something of what they have themselves received. Still, the group should always be appropriate for 'fragile' grieving people, an environment in which they can take these first tentative steps back toward 'normal' life. The emphasis within the group must always be on the needs of new participants, those most recently bereaved.

³ Examples of these and the standards that they are expected to meet are reproduced in appendix 1.

A Cruse friendship group, finally, offers opportunities for people to support the work of their local branch and at the same time maintain social contact with those they have met in bereavement support groups. Other participants may actually have received counselling and may wish to join a group that alleviates the more long term effects of bereavement on their lives, isolation and loneliness for instance. The friendship group might in addition assist in fund raising activities and provide help, support and promotion for Cruse work in general. Those attending a friendship group will in this way benefit from social contact but can also contribute to the activities and future of their local branch and those it serves in the community.⁴

Bereavement counselling and professionalisation

It is noticeable from Margaret Torrie's account, related above, just how practical the concerns of those involved in Cruse were in the beginning. The eight aims and objectives identified in 1959 have to do mostly with the relief of poverty and the organisation of holidays for widows. From early on there was, though, another stream to Cruse's work. Torrie (1987:2-3) remarks of her first meeting with the widows, that only after the practical work, 'did we enter the more private area of grief and loss. One thing was clear. They needed to talk and I needed to listen.' Torrie seems to have conceived of Cruse's work as falling into these two, distinct, areas, practical help on the one hand and emotional support on the other. Reflecting upon the situation in the early 1960s Torrie (in 1987:39) observes that the 'map of need already seemed clear and its extent limitless. To combine a sensitive understanding of loss with imaginative and practical help was the challenge ahead of us.'

⁴ Cruse points out that there is considerable variation and confusion over the use of these terms drop-in centre, bereavement support group and friendship group. What in one branch is called a drop-in centre may be referred to as bereavement support group in another one. In fact, in the case that I am most familiar with what amounted to a bereavement support group as Cruse specifies it was referred to as a drop-in by those working there and those frequenting the place.

Torrie's husband, Dr Alfred Torrie, was a consultant psychiatrist who had worked at the Tavistock Institute that also housed John Bowlby, the author of attachment theory, and Colin Murray Parkes the now leading authority on bereavement and the current President of Cruse. Dr Torrie, as his wife invariably refers to him in her book, offered his expertise and with his guidance Cruse looked beyond the practical matters and went 'deeper, discussing grief, loss and loneliness' (Torrie 1987:4). By the late 1960s Dr Torrie began advocating that a training scheme for counsellors with the local Cruse branches would be set up and that this be recognised as a national plan. Dr Torrie went on to train the first five counsellors who soon began counselling the bereaved in their homes (Torrie 1987:73, 75).

It seems clear from Margaret Torrie's account that while the early emphasis on practical matters arose from her meetings with widows the idea and impetus for counselling came from Dr Torrie. The work of the Tavistock Institute in those years was largely psychodynamic in nature. Cruse itself has no particular theoretical perspective in this regard, leaving that to the individual local branch and even the individual counsellor, but an information leaflet sent to me by Cruse House refers to Murray Parkes on phases of grief and Worden on the tasks of grief as illuminating about the grief process which I related in last chapter. Cruse advocates a person-centred in approach in counselling, emphasising that the client should be in charge of the counselling session and the counselling relationship. According to Cruse the counsellor is there to support and help the client and not to determine the course of the bereavement. Each individual grief is unique, and the client is the 'expert' as far as Cruse is concerned.⁵

As Cruse extended its remit, according to a decision of the Annual General Meeting in 1986, to cover not just widows but all those bereaved by death the importance of counselling in Cruse's work increased. During the 1990s there was a general movement in counselling to increase standards in counselling and in January 1996 Cruse headquarters implemented a policy for minimum standards of counselling to which all local Cruse branches must now adhere, as related above.

⁵ These are points that I shall return to at length later in the thesis.

The standards that come into full effect in 1998, specify the training and supervision anyone must receive before becoming a Cruse counsellor. It spells out the number of hours a probationary counsellor must have worked and the amount of supervision she must have received before she can be accredited as a Cruse counsellor. It lists how supervision should be carried out and how new clients should be met. It describes how to run a drop-in centre for the bereaved and specifies that local branches monitor the extent to which they manage to adhere to these standards by giving out evaluation questionnaires to training counsellors, counsellors on supervision, and clients, wherein they can give their verdict on the quality of the training and the service they receive (examples of these forms are given in the appendix).

The standards that Cruse counsellors are now expected to achieve are those specified by the British Association of Counselling as the minimum standards that anyone must reach before they can call themselves counsellors. The policy has met with certain resistance in some local quarters. Many counsellors expressed to me their opposition, pointing out that they are volunteers who are now being asked to perform as if they were professional counsellors. If they are to be brought up to counselling standards this requires of them investing much more time in their work with Cruse, more time than some of them are, or so they told me, ready to sacrifice. At the same time their work gets transported, in the minds of some of those I have spoken to, from the realm of voluntary charity work to that of professional work. The difference is that, in the latter realm people are rewarded by being paid and voluntary counsellors who are being asked to brush up their skills to the level of professional counsellors feel that they are being asked to step over into a different realm, without being compensated or rewarded for it in the way that is inherent to that realm.

Some other Cruse counsellors seem to feel that their skills and qualities are being denigrated, called into question, by standardisation. They talk about what is happening in terms of what might be termed, though they did not term it so, as 'appropriation' or 'dispossession of their skills' (see Simpson 1997a on these

terms). They feel that the work they have done so far is being judged inadequate; that all their sacrifices in terms of time and effort are being rejected. Some of them will turn this into an argument concerning the nature of bereavement counselling and what it is that the bereaved need more than anything else. Voluntary counsellors finding themselves and their abilities threatened and questioned by plans of 'professionalisation' often argue that the bereaved do not need professional help in the form of counselling, but human and humane support in the form of an attentive and sympathetic ear. They present professional counselling as something for people who are essentially unwell, unhealthy, but argue that bereavement is a 'natural human response to death' and as such does not warrant professional intervention, though it may require genuinely and generally human care: the kind of care that normally exudes from normal, caring human beings. This was indeed the position of some delegates at Cruse's Annual General Meeting in 1997 where the standardisation came under some criticism (*Cruse Bulletin*, September 1997:1).

Certain local branches have not been too keen either on this drive towards standardisation. In some cases the opposition was more against the way in which Cruse House implemented the policy, without adequate consultation many people felt, rather than against the policy as such (*Cruse Bulletin*, September 1997:1). Still, people involved in one branch told me that they had been so opposed to the move that they considered seriously not adopting the new policy even though that would mean that the branch would have to leave Cruse. Of course, their objections were many and varied, but some of them mentioned in particular, the quality of atmosphere in local branches that the changes bring. Before the changes, they say, Cruse was a homely club with 'the relaxed ambience that exists between friends, because that is what those involved were,' as one man put it to me. Now, in answering demands from headquarters, Cruse must be run like a business organisation, with 'standards and procedures,' as the same man continued, that cannot foster the friendly atmosphere of before. Today people have to evaluate and monitor the performances of each other, adding to the relationship between fellow Cruse members an element that is in essence alien to

friendship. The branch did not leave Cruse, not yet at least and what tipped the balance, as far as I could make out, was the name Cruse itself that seems so established that to let go of it would probably have spelt the end of this particular local group. That was at least, or so I was told, the reason why they finally decided to adopt the policy of Cruse despite what appeared to be widespread opposition to it.

Opposition to the new policy is not universal though. Some counsellors I have spoken to welcome the changes with enthusiasm. They point out the reason behind these changes is to guarantee the quality of the service that Cruse provides but what they see in them is also an opportunity for themselves to excel and even forge a new career in counselling. This seems to have been influential in Cruse's decision to adopt the standards set by BAC. Cruse could have carried out its work as normal without adopting BAC standards with the only exception that it would have had to drop 'counselling' as a term to describe that part of its work. Yet 'counselling' has achieved such prominence and there are so many people involved in Cruse now that have vested interests in being able to describe their work as 'counselling' that Cruse's hands were as good as tied in the matter. That is the view of most of the people from the field that I have spoken with about the matter.

The recruitment of new counsellors

Every two years or so local branches of Cruse will hold courses on 'aspects of grief and bereavement counselling'. The explicit aim of these courses may be to enlighten the public about death and grief but an implicit aim, and one that is freely and jovially acknowledged, is to find people to recruit as volunteers for Cruse. Having decided to stage a course on bereavement counselling these do need to be advertised. This is done through various channels that reflect the sort of circles that local Cruse branches move in. The course will sometimes be advertised in a local newspaper, in the newsletter of the diocese and in the newsletters of the various parishes in the district, where these exist. In some

places there exists a network of those in the locality involved in what can be called 'charitable community work'. These networks will sometimes, again, have their own newsletters and a bereavement course will be announced in that medium.

In my experience, though, not many people seem to learn of the course through those means, or those who do have already heard of the coming course through other channels. More important seem to be the announcements put up in such places as parish halls, city halls, community centres, public libraries, hospitals, hospices, and local centres of adult and further education, all places where I did encounter or heard of advertisements of this sort. The announcements I saw were, to put it bluntly, amateurish in appearance; plain pieces of paper on which had been hand-written, or typed, the relevant details. They would pale in comparison to the more ambitious and professional posters, advertising the summer visits of migrating circuses, magicians or exhibitions to the area, that are also to be found in these particular locales. Still Cruse announcements are in a way curiously well targeted. They appear in the very places most frequented by those who would be most interested in doing a course like this, and by the very people Cruse would be interested in recruiting. These are the people who take an active interest in the affairs of their community and are already engaged in the mostly charitable activities that take place in the community establishments where the course is likely to be announced. Here, word of mouth assumes great importance as well. 'We who do voluntary work in the area, we all know each other,' one woman who works for Cruse told me. There is in fact quite a limited number of people that is involved in voluntary community service and even when these numbers are not so small there are well established and conducive links between them that allow for easy communication.

The people who enrol on a Cruse course are not all looking for the same thing. Many of them are looking for some charitable work simply to occupy their time, others are looking to put something back into the community from which they sprang. Some come out of interest in bereavement as such, others because it is very directly relevant for their work. Some, and maybe most, come for a mixture

of all these reasons. To this I might add that many of these people join the course simply because they have reached that stage in their lives, or because they have suffered serious loss fairly recently, or they may know someone who has suffered. They may think that the grief these losses instigated might have been dealt with in some ways more satisfactorily than the case actually was. This may have planted within them a wish to learn more about loss and grief, something they, then, think Cruse can teach them about.

Apart from these there is another, and somewhat different group of people who go on a Cruse course. Announcements about forthcoming Cruse courses are spread through some workplaces like hospitals, old people's homes, and departments of social services. The result of this is that a considerable number of nurses, matrons of old people's homes and even the odd doctor, enrols on a Cruse course each time round. Local social services do have considerable interest in being informed about grief and how to deal with it. Social services have themselves to deal with bereaved people on many occasions and it is not uncommon that someone from the local office will take part in a bereavement course. Now this group of people has a slightly different reason for going on a course like this than the people mentioned before. What they seem to want, more specifically, are the knowledge and the skills that will help them in their present profession; a profession that often brings them face to face with the dying and the bereaved. Apart from nurses and doctors, clergymen sometimes do take part in these courses. There were no funeral directors on my courses but two women who work for funeral directors were there and offered their job as a reason for coming along.

Let me mention here one more group of people who come and take part in Cruse courses. Local centres of adult and continuing education in many cases offer courses on counselling. These will find amongst their students people who, for one reason or another, are trying to forge for themselves a career in counselling. These students hear of Cruse courses at college and they enrol because this offers them a chance to get more training in counselling. What is of particular

importance here is the fact that if you are taken on as a counsellor with Cruse you do your counselling under supervision and you require a certain number of supervised sessions to qualify for registration as a counsellor with the British Association for Counselling, as I mentioned above.

The training courses

About thirty people attended each of the two courses on bereavement counselling that I participated in. Most of them were over thirty, working, professional people, and by far most of them were women. This predominance of women may reflect the prevalent association made in British, and perhaps Western, culture, between women and the caring professions.⁶ In the North East, I was frequently told, it is usually the women who look after the well-being and health of the family. They stay with the children when they are ill, they take the children to the doctor when that is needed and they even deal with the doctor on behalf of their husbands.⁷ This imbalance between the sexes causes some concern in local Cruse branches. Those in charge of local branches have ambitions to be able to meet the needs and requests of their clients and offer counsellors with as much variety of background and experience as possible. This is because clients will often ask for a counsellor with whom they share some important characteristics - having suffered a similar sort of bereavement for example - and while it appears that women are generally more acceptable as counsellors than men, some men - especially those who people locally would refer to as 'elderly gentlemen' - seem more comfortable to receive counselling from another man. A friend of mine from the field was for a while the only male counsellor with his local branch and he found himself beset with requests for appointments.

⁶ When counsellors are represented in dramas on the telly, for example *Dangerfield* on BBC1 or *this life* on BBC2, they are much more often women than men. Some of the people I spoke to about counselling, both people involved in counselling in one way or another but more members of the general public, said that they would prefer to be counselled by women. They explained that they believed women to be more caring, sympathetic and understanding than men, especially regarding 'emotional issues' as one of my friends put it.

⁷ This is somewhat changing, I was also told, with the demise of the heavy industries that once dominated the North East more men have found themselves out of work while their wives have often found it easier to find work in the light and services industries that have come to replace them. More men now stay at home and look after the family.

On either of the two courses I did only four of the participants were male, myself included. These came from quite diverse backgrounds. One was an ambulance driver in his fifties, another a newly retired teacher in his fifties, one retired teacher in his seventies, a former personnel manager, and a quality consultant. Of the women one was a middle aged matron of a local old people's home whose extensive dealings with death and grief had prompted her to do the course in the hope that she might afterwards be better equipped to help both her charges and their relatives. Another three were presently engaged in a counselling course at their local colleges and wanted to add bereavement counselling to their experience and growing expertise. Another one was a young teacher who had had enough of the strains of her profession and wanted to use the bereavement counselling course as an opportunity to possibly change careers. There was one social worker there, a doctor and a few nurses. There was a young woman who had just finished her university degree and was considering counselling as a future career. One woman participant was married to a funeral director. Yet another one was a student of psychology who was already involved in the work of Cruse as a member of the governing committee. One participant was a veterinary nurse who sought the course to acquire better understanding of bereavement and skills in helping the bereaved.

Courses on bereavement counselling are 'facilitated', 'organised', or 'taught' by trained, educated and experienced counsellors who are members of Cruse and are, or have been, involved in the workings of a local branch.⁸ Though 'teachers' may thus be responsible for most of the teaching on their courses they will call on 'experts' in particular fields to lecture on their particular subjects. A religious education teacher or a minister may thus be called upon to lecture on 'religious and cultural aspects of death and bereavement'; a psychiatrist may be called upon

⁸ I use the terms 'teachers' to refer to the people who were in charge of the two courses I attended. This is my imposition, during the courses they would simply be referred to by their first names by everyone involved though, when necessary, their job would be termed 'facilitating'. The reason I call them 'teachers' is to distinguish them clearly from the other people involved in facilitating different aspects of the courses, the people who made us coffee, for example.

to talk about 'special considerations in grief' or even 'abnormal grief'; social workers who specialise in working with children may be called upon to talk about 'grief in children'; and midwives with counselling training may be enrolled to talk about 'loss through miscarriage'.

Apart from all the above there is a number of other people involved in each night of the course. Three or four counsellors who have already undergone a similar course, are present while the teaching takes place and they mix in with the participants of the course. In this way they can take part in the exercises and support the trainees. A further two or three are waiting outside the teaching room ready to offer 'counselling' to anyone who feels the need for it, in case any of the issues discussed during the course 'open up some areas for any of the participants' as it would be put by the organisers of the course. There is usually a woman, or two, responsible for preparing the coffee and tea offered to all present half way through the night. These women do not necessarily take part in the course as such and they may not be counsellors with Cruse but they are often involved in the care giving capacity of handing out coffee at drop-in centres and the like.

Both of the courses I attended took place in the evening of weekdays, once a week, running from about 7 o'clock till about 9 o'clock. The courses ran for nine weeks. Each night was usually organised around a particular theme on the subject of death and grief. These included the following: introduction to Cruse; grief through suicide; grief in children; religious and cultural aspects in bereavement; grief, loss and attachment; abnormal grief; how to manage endings - all of which were on offer on both the courses I attended - and: grief and family systems; sexual issues in bereavement; how counsellors can look after themselves and avoid 'burn out'; terminal illness; loss of a child; loss of a partner - issues addressed on either of the two courses I attended.

On the very first night of the courses one of the organisers or a leading member of the local branch would welcome everyone to the course. Then the outline of the

coming course was given, who would be coming to give which talks, what subjects were to be covered and so on. Then the team that carried the course was introduced; the teachers, the counsellors who were present, the leaders of the local branch, the coffee ladies, and their role within the organisation and on the course explained. Then we, the participants on the course, were made to get to know each other. This is thought important, as the teachers explained because on a course like this people will learn a lot about themselves and the course may 'bring up issues relating to the losses' they themselves have suffered and 'open up old wounds'. In order to be able to do the course profitably participants have to feel able to discuss these difficult issues 'openly' and that is only possible in 'the safe environment' provided by the company of people you know and trust, we were told.

The importance of this was captured in the 'ground rules' and 'rules of confidentiality' that were established at the very beginning of the courses, written down on a big piece of paper and would from then on always hang on the wall when we met. For the environment to be safe anything 'personal' said during the course must remain confidential we were told. Furthermore, whatever any one participant said had to be treated sensitively and with respect. At the same time, what any one participant said had to be open to discussion by the other participants who must be allowed to meet a story by a story, an argument by an argument.⁹ The rules themselves were remarkably similar in the two courses I attended and were roughly these:

1. confidentiality: we cannot talk about the things members of the group may disclose outside the group. These are private.
2. no interrupting: when someone is talking we do not interrupt them even if we do not agree with what they are saying.
3. thus, we are to respect each others' views even if they are not in accordance with the views we hold.
4. we shall avoid criticising others for what they say even if we disagree.

⁹ I deal extensively with these exercises in the next two chapters.

5. we are to challenge each other constructively and to value each member of the group.

These rules would become the basis upon which our interactions during training were based.

Cruse, counselling and grief

In the last chapter I spent some time discussing the ‘death as taboo’ thesis. I pointed out how the taboo thesis strategically supports intervention in grief in the form of listening to the bereaved, in the form of counselling that is. I pointed out too how scholars writing on grief and bereavement counselling frequently subscribe to and publish the taboo thesis. Similarly in her book on her years with Cruse Margaret Torrie (1987) makes much of the difficulties and even opposition she and her organisation faced early on in their work. She repeatedly cites the taboo that, reportedly, surrounds death as the reason for this. As a consequence, she says of herself and her colleagues in ‘every department of the work, we were pioneering’ (Torrie 1987:39).

On the opening nights of the two courses that I attended we were introduced to the work of Cruse. On one of the courses we were treated to two narratives. The first one concerned attitudes towards death, dying and bereavement in British society and this was in fact a rather faithful rendition of the ‘death as taboo’ thesis. The second narrative related the story of Cruse in a form similar to that presented by Torrie herself and which I quoted earlier in this chapter. Allow me now to look at each story in turn. I quote from my fieldnotes:

Mr Hatfield asked rhetorically ‘is help needed with death?’ He said that prior to World War II people had lived in stable communities and that families had not been scattered all over the country as they are today. People had support from their kith and kin. Death was part of the daily life of people and not hidden as it is today. Most people, she continued, were Christians and religion

was strong. Now, on the other hand, people think that all problems can be solved, and should be solved. Children survive to become adults and live full and robust lives. Silence surrounds the dying and the bereaved as people are not used to them. People cross the street when they meet the bereaved ... (Fieldnotes).

This story is what Kenneth and Mary Gergen (1986) call 'regressive'. It has the basic structure of a tragedy: once things were fine and now they are not. It speaks of how close to death people were once upon a time and how they knew how to cope with it. It speaks of how close people were to each other when families lived in the same community for generations, offering each other readily available support and understanding. It speaks of the authority Christianity used to hold, of the ways in which it helped people understand the world in which they lived and offered hope in the face of even the deepest despair. This is contrasted to how distant death is from every ordinary person today; to the way in which families are now scattered all over the country so that people spend their lives in the company of relative strangers from whom the same support and understanding cannot be expected; and to the now almost total collapse of the authority of Christianity and thus the collapse of the hope it once offered.

It is relatively easy, I suppose, to speculate how the purpose of this 'story of the fall' is to pinpoint an unfulfilled need and so provide a legitimisation for the activities of Cruse. The interesting thing about it is that it does so in a particular way. This story, it seems to me, speaks to the sensibilities and the sensitivities of the volunteers - the very people whose services are being sought. These are the people who are already involved in charity work and for whom, or so it seemed to me from my interactions with them, the idea of a 'community' is important; the suggestion of a lack of community speaking immediately of dysfunctional, asocial individuals, on the path to crime, destitution and destruction.

It is important here how this 'regressive story' is followed by another 'progressive' one, the story of Cruse. Allow me to quote again from the same fieldnotes:

Mr Hatfield introduced us to the history and aim of Cruse. He said that the first thing about Cruse is the name. Some think it is an acronym, he said, though no one knows what it stands for. Then again it is not spelt like Cruise, Mr Hatfield added humorously, and the idea is not that going on a cruise is going to solve all our problems, lovely though that thought might be... (Fieldnotes).

Mr Hatfield explained that the name Cruse derives from the Bible, 1 Kings 17:6-16, and the story of the widow and her son. They had fallen upon hard times, Mr Hatfield continued, and the widow resolved that they would eat their last meal together and then die. Along came a traveller and the widow invited him to dine with them despite their lack of everything. The meal finished the traveller went on his way and the widow and her son prepared themselves for their last moments together. But their generosity was rewarded and an angel came to the widow and promised her that they would never want for anything, that there would always be enough meal for bread and enough oil in her cruse.

Having explained the story Mr Hatfield related how the name came to Margaret Torrie as she was listening to the radio one day and heard the story related there.¹⁰ To me, in a flight of wild anthropological imagination, this felt like a myth. It felt as though I was being introduced into a secret society. We were being let in on how the name Cruse came about and what it actually means. Most, if not all, of us had previously no idea of either and neither do most members of the general public according to what people in Cruse say. Making us privy to this story, to the true meaning of the name Cruse, seemed to me like an initiation into a society to which most did not have access.¹¹

¹⁰ This is how Torrie (1986:5) explains how the name Cruse was chosen. 'Our organisation now needed a name. 'Nothing to do with widows - we hate the name,' said the members. Then came another well-timed event. I switched on the radio to hear a reading of the Widow's Cruse story. 'How about Cruse?' I wondered and mentioned it to the group somewhat tentatively. After all we were not a religious organisation. 'Why yes! That's marvellous,' they said - 'A widowed mother and her child and a miracle of help.' We all liked it. So we became Cruse ...'

¹¹ On both the courses I did those who introduced us to Cruse expressed the opinion that Cruse was a rather unfortunate name and one they wished to change. One of them, a man involved in the running of Cruse nationally as well as locally, explained that the name was obscure, 'people

Mr Hatfield went on to relate the story of the origin of Cruse told by Margaret Torrie as I quoted earlier in this chapter. There are a few extremely interesting facets to this story that I want to dwell on here for a while. Notice first that Torrie construes her reason for starting work with widows as 'a call' (1987:10). By this she gives her work a semi-divine origin, an origin that cannot be questioned and is not tied in with Torrie's own personal ambitions. The nature of 'the call' is further strengthened by drawing upon religious literary forms deeply entrenched within Western culture. Note how Torrie carefully crafts out her own individuality, her separateness from the general public, relating details that do not necessarily have anything to do with the origin of Cruse but which give her the status of a prophet (see Leach 1987). 'In 1958,' Torrie says, 'I was recovering from serious illness. I had also taken up meditation - today a fashionable technique of enlightenment, but in those days somewhat original' (1986:1). The illness is a kind of a Richmond rendition of the forty days in the wilderness, the meditation like a Surrey substitute for the baptism in Jordan. Together they made Torrie receptive to 'the call'.

Having thus related the origin of Cruse Mr Hatfield explained how Cruse has prospered and come to meet the needs of progressively more people. In the beginning it was a social club for widows, later it added men to its fold and now Cruse will offer bereavement counselling to anyone who seeks it. There are three things about these stories that I want to emphasise here. First, placing the progressive story of Cruse after the regressive story of how death has become taboo reinforces the sought after understanding that Cruse arose to meet a real need and that it has done so successfully as evidenced by its steady growth. Secondly, Cruse is presented as one organisation with one history, the story is so related that people will understand that the Cruse today is the Cruse Margaret

don't know the meaning of the word and they do not associate it with bereavement counselling,' he said. 'It makes it difficult to advertise the work of Cruse and to get its message across to the public at large.'

The other one was a volunteer, an official at her member of a local Cruse branch and she said the reason she wanted to change Cruse's name was its Christian connotations that gave the impression that Cruse was in fact a religious organisation.

Torrie formed almost forty years ago. While all the difficulties Cruse has faced are acknowledged, and even emphasised, the story is presented as smoothly progressive. No questions about Cruse's identity and challenges to it by its changing clientele are aired. Finally, again, Cruse's story is related as progressive. It is not only that Cruse's extending remit is emphasised but similarly its move towards increasing professionalism. So Cruse is portrayed as starting as an amateurish social club for widows, where each provided support and friendship for others. This is sharply contrasted with the counselling that is currently provided by Cruse and what is asserted is that this attention to the psychological needs of the bereaved is somehow more refined, more enlightened, than the previous emphasis on support and friendship. It is implied that Cruse has recognised that apart from the rather mundane need for support and human contact bereaved people will experience emotional and psychological turbulence that they will have to work through: a work that may require specific counselling help rather than friendship and support.¹²

I want to end this chapter by going back to the stories of death and the stories of Cruse. They are important in order to understand how Cruse thinks of its work and presents it to newcomers. It is interesting that on both occasions that I witnessed the stories of death and Cruse these were told by lay persons that had risen to prominence in their local branches. From my discussions and interviews with professional counsellors who work for Cruse, I believe that they hold slightly different views. From what I was told it seems to me that they would rather not tell a story like this. They are, to begin with, not willing to idealise the past like this, pointing out that the close-knit families of the past were often tightly and tyrannically controlled families and that close-knit families may often have greater problems in dealing with grief than scattered ones. They point out that 'clients' may not have the opportunity to say everything they want to say in the presence of their family. More than one counsellor has told me that people may be held

¹² This goes for the introductory night. During one of the training meetings we had later, it was almost accidentally mentioned that things were maybe not quite alright at Cruse headquarters. This caused some commotion amongst the now new counsellors and they asked about the details of the story. Those proved difficult to come by as we were told that this was 'a long story'.

together and not be allowed to 'fall apart' by their family. They added that they thought that many bereaved people need precisely this: to fall apart so that they could put themselves together again.¹³

Professional counsellors are, moreover, not ready to present counselling as purely 'negative' as it were, as if its role was simply to make up for what is lacking in the community. The 'story of the fall' suggests that the need for counselling is in fact a failure, a failure of society and a failure of the individuals and the families who are in need. Professional counsellors like to present their work as more 'productive', as helping people and allowing them not only to cope with the loss they have suffered, but to take the opportunity and change their lives, 'to grow', as they sometimes put it. There is another issue here. The regressive story suggests that the need for bereavement counselling is a historical, cultural and a contingent phenomenon, a need specific to this era and this society. This, of course, places rather strict limits on the remit of bereavement counselling, restricting its operations to these particular times when the community itself has lost its ability to cope on its own. This version, again, professional counsellors try and resist, suggesting to the contrary that it is only now that people have realised their need to 'deal with grief', that only recently have people in fact been allowed to grieve. This story indicates, then, that bereavement counselling answers a universal human need.

How Cruse thinks about counselling and how it thinks about and intervenes into grief are subject matters of the next two chapters. I shall relate those issues through describing how we, the would-be counsellors, were trained and taught during the courses that I attended.

¹³ I shall have opportunity to explain this metaphor, 'falling apart', and others like it in the next two chapters.

Chapter 4

The Games We Play.

Counselling Skills and the Creation of Subjectivity

I arrived for the bereavement counselling training course just before seven last night. The hospice is an old country house and the front room is full of people, thirty or so, and buzzing with the noise of incessant chattering. It smells of flowers and perfumes, some sweet, some spicy. On the walls hang pictures of more flowers, trees, birds, gardens and English country churches. In the corner is a kind of a sitting room space with a few chairs neatly placed around three or four small coffee tables. On the tables are some glossy magazines, *Gardener's World*, *Angling News*, *Country Living*, or something like that, and some local newspapers. Soon we are, almost mysteriously, directed to the room on the left, 'the upper lounge' I hear someone call it. There, the chairs, an odd assortment of armchairs and stools, have been arranged in about five concentric half circles around a flip chart pad standing just by the bay window that looks over the extensive grounds, very beautiful now in the spring. By the flip chart two women are standing, the teachers of our course, as it turns out.

As people seemed to be inside the room, sat down and quiet, one of the teachers, stood up and welcomed everyone to the course. She then gave a brief outline of the course. She said that part of the course was getting to know our own reactions to loss and grief. The teacher said that we would need 'a safe environment' in order to do this and that for this we'd have to get to know each other well. The teacher continued that what we are doing can always 'stir up things for us' and that, therefore, there are always people around if we wanted to talk. She said that we can cry if we want to, 'but you

don't need to,' she added laughing. After this the teacher asked us to do an exercise 'to get to know each other'. The teacher asked us to turn to the person sitting next to us and ask them about themselves and their reason for doing this course and then vice-versa. Sitting next to me was Bob, who I had met briefly as we gathered for the course, and I turned to him with a quizzical look on my face 'shall we?' Bob, similarly looking puzzled, agreed to partner me. We turned in our chairs to face each other turning our backs to the people at our sides as if to exclude them from our conversations. Sitting like that I asked him to tell me about himself. Bob told me, in his thick Glaswegian accent, the obvious, that he was from Scotland but had been 'down here' for thirty odd years. He added that he was married with two children and that he was now, having been made redundant twice, a self-employed quality consultant. He said he was doing an evening course in counselling at college and that he hoped to use that in his job and that that was the reason he'd come on the course. I told Bob about myself.

Next, the teacher, raising her voice over the hubbub of conversations, asked us to meet up with another group of two and introduce our partner to them. People look around hesitantly for someone to pair up with. Me and Bob linked up with Delia and Georgina who were sitting on our left hand side. 'Do we know what we are doing?' Bob asks. Delia and Georgina do and Delia starts by telling us 'this is Georgina...' As it turns out they have both trained as bereavement counsellors and have done this course before. They are here to help out. Their introductions take a remarkably similar form to that which Bob had given me and I had given Bob: marital status, number of children, place of origin, occupation, hobbies even, reason for doing the course. After Georgina has then introduced Delia I introduce Bob and he, in turn, me. (Fieldnotes).

Having in the last chapter discussed the history and organisation of Cruse and described the two training courses that I attended my aim in this and the next chapter is to examine more carefully how Cruse thinks about and intervenes into grief. I examine, too, how that thinking and intervention is expressed in Cruse

training and how people are taught and trained to become Cruse counsellors. Cruse does incorporate a wide variety of ideas about the nature and course of grief. Still, Cruse stresses that grief is a *natural* reaction to death, that each individual experience of grief is *unique*, and that the bereaved should be given the opportunity, by Cruse counsellors if need be, to talk and express their emotions. The success of that intervention, in turn, is seen to rest upon the ‘counselling relationship’ and upon the skills that the counsellor has mastered.

Throughout my rendition of the two training courses I did, which fills this chapter and the next – the two have to be read very much together - my account is informed by ideas from the anthropology of emotion and the anthropology of the person, from Foucault’s notion of subjectivity and its links to power, about the situated nature of learning and about narratives. In the following chapter I shall bring these points together to show how according to Cruse, the most important part of grief is the bereaved person’s emotions in the present. I shall argue that this conception has a particular relationship with the establishment of Cruse counsellors as ‘experts’ and that as such they are part of the current governmentality in Britain by which the government seeks to govern its citizens through their own subjectivities, their own wishes and demands, their own freedom.

Here, though, I want to talk about the counselling relationship, counselling skills, and the creation of subjectivity.

‘Knowing you, knowing me’.¹ Power and subjectivity

Social scientists, historians and other academics from related disciplines have had a long standing interest in psychology, psychotherapy and counselling.² Not surprisingly a lot of this literature has been critical of the counselling enterprise. It has sought to analyse and criticise the moral entrepreneurship of professional

¹ The song is Abba’s, of course.

² I will generally use counselling as a shorthand in what follows here.

groups; the medical- and psychologicalisation of social problems; the extension of social control into the privacy of the family and personal life; the ideological nature of the knowledge claims of psychology; the social interests of psychologists themselves; and so in general pointed out how the psychological sciences serve to legitimate the current system of social domination (see Rose 1989b:3-4). So, the argument continues, counselling is implicated in the maintenance of the very social system that produces the problems for which its clients have sought counselling. Counselling works with the social system to repress the needs and wishes of its clients and to impose its own ideas and understandings upon their experience (see Rose 1989b:215-16).

In line with this Jeffrey Masson (1989:24) has argued, with his trademark moral outrage, that the 'structure of psychotherapy is such that no matter how kindly a person is, when that person becomes a therapist, he or she is engaged in acts that are bound to diminish the dignity, autonomy, and freedom of the person who comes for help.' He (1989:25) points out how, by turning 'sexually absurd' traumas into fantasies Freud established the maxim that the therapist knows better than the client. The therapist, Masson (1989:44) continues, will acknowledge that he can't change society, or the client's past but that what he can offer is understanding, 'implying that this understanding is *internal*.' Christopher Lasch (1979) saw the rise of therapeutic culture as a turning away from the intense political engagement of the sixties and criticised it as 'narcissistic' (see Rose 1989b:215). Lasch argued that the preoccupation with the self - that he takes to be characteristic of psychotherapy - originated from the devastation of our private lives instigated by the advance of bureaucracy (see Rose 1989b:216). 'Bureaucracy', he argued (1979:13-14), 'transforms collective grievances into personal problems amenable to therapeutic intervention'. And Philip Rieff (1966), in lamenting *The Triumph of the Therapeutic*, claims that:

The therapy of all therapies is not to attach oneself exclusively to any particular therapy, so that no illusion may survive of some end beyond an intensely private sense of well-being to be generated in the living of life itself.

That a sense of well-being has become the end, rather than a by-product of striving after superior communal end, announces a fundamental change of focus in the entire cast of our culture - toward a human condition about which there will be nothing further to say in terms of the old style of despair and hope.

These are dangers that experienced counsellors are well aware of (see McLeod 1993:5) and strive ceaselessly to avert. In fact the picture presented by the social critics does not accurately reflect what goes on in bereavement counselling, not at least as it is practised within Cruse. Cruse has adopted the person-centred approach of Carl Rogers - which professes a stringent anti-expertise ethos - and emphasises that each experience of grief is unique and that it is the client's experience that is the most important part of counselling. Cruse, and much of the counselling profession, does indeed actively downplay its own power. Now it is not necessary, or helpful for analysis, to accept counselling's representation of itself but I want to point out three places where I believe the critics of counselling have gone wrong.

First, while the social critics have rightly pointed to power of counselling they have failed to describe how that power is wielded in actual practice. Secondly, they assume that the subjectivity of counselling's clients exists before they enter counselling (see Rose 1989b:3-4) during which it gets overwritten by the rules and regulations of society. In this the critics employ the same dichotomy between society and individual that has plagued the anthropology of death, and the social sciences in general, a dichotomy that, ironically, is popular in counselling itself too (see for example Moore 1993:31). Unavoidably, then, the critics of counselling operate a notion of power as essentially 'oppressive' and create a picture of counselling as a social mechanism that suppresses the subjectivity and freedom of its individual clients. This picture is at odds with the one drawn up by the few truly anthropological studies of counselling and therapy that exist - essentially the work of Jenny Hockey (1986; 1990) and Iain Edgar (1997) - which stress the very creative nature of counselling. In Cruse, in fact, the subjectivity of the counsellor is 'suppressed' to engage more fully the subjectivity of the client. In this, I

believe, bereavement counselling conforms to Nikolas Rose's (1989b:217) assertion that power in counselling is not negative but positive and productive as Foucault (1979) suggested of the modern form of power and government in general. But what it produces, I shall argue, is the very subjectivity of its clients. Allow me to explain by going back to my fieldnotes:

We had our first meeting on the training course for bereavement counsellors-to-be last night³. We meet in the doctor's surgery where I had the meeting with the Cruse people last month. The clinical smell of sterilised instruments has now been overtaken by the sweet odour of pine from the almost solid liquid that the cleaning lady evidently uses to wash the floor. On a table in the corner are the customary magazines that inhabit such waiting rooms, *Hello* and *Cosmopolitan*, *Practical Parenting* and *Good Housekeeping* ... There are about thirty of us sitting together in the clinic. We sit in a big circle so that we can all see each other. It's already dark outside. Well, it has been dark since six ... The teacher of the course, Judy, standing by the flip chart pad in the far end of the room, asks us to turn to the person sitting next to us and ask them about themselves and what their day was like. She says to take about five minutes and then to do it the other way 'round. After that, she adds, would we introduce our partner to the group and try and say what they are feeling. I turn to Margaret who is sitting next to me. I know Margaret already and know that she has been a bereavement counsellor for some time now. I ask her how her day was. She replies that she is just back to college now in the autumn and that she feels there is too much to do right now, she feels 'overwhelmed' with the work at college and everything else she has to do. I listen. Margaret then asks me what sort of day I had. I reply that it had been a very long day, with the teaching I had to do and then the long journey to the course. After ten minutes the teacher beckons us back into the big circle and asks us to introduce our partner, how their day was and what they are feeling. When my turn comes I look down and say to the group: This is Margaret. Margaret is already a bereavement counsellor. She is just back to college after the summer break and feels quite 'overwhelmed' with all the work she has to do. Afterwards I thought I had been quite good in managing

³ This is from the first training course that I attended.

to distil Margaret's worries into the feeling of being overwhelmed.
(Fieldnotes).

Games like this, and the one discussed at the very beginning of this chapter, were a prominent feature of the training courses that I attended. The declared purpose of playing the games was, as the course leaders would explain, to help us to get to know each other, and ourselves. Courses like these, we were told, could 'open up areas of experience for us to do with grief and loss' and that we could only 'explore' those in 'a safe environment' where we 'know and trust each other'. The importance placed upon participants knowing each other can be seen from the fact that on both the courses that I attended we were, upon entering for the very first night, led to a table in the corner and asked to write our name on a sticker and stick it on our chest for everyone to see. We were supposed to wear these stickers during subsequent training evenings but as the courses went on people would forget their stickers more frequently as their names became common knowledge. This did not cause much concern, but still became the target of the odd comment. I, for one, was sometimes applauded for remembering my sticker, even after everyone else had forgotten theirs.

Still, introductions can take many forms and the form they took in these games is important. What stands out is how we were asked to introduce ourselves to each other on a one-to-one basis, to be begin with, and then taking up in turns the positions of a speaker and a listener. As speakers we were being asked to take up the position of a client and were asked to relate not simply factual information about our circumstances but to disclose our feelings and our reasons for coming on a course like this. We were encouraged to imbue our introductions with our emotions. As a listener we were enjoined to take up the position of the counsellor to give our 'client' the opportunity to talk and to try and understand, and be able to reproduce, the emotions of our 'clients'.

The relationship between the counsellor and the client here is very much in keeping with the client-centred tradition. Later on in the courses we would

engage in some pretend counselling where we would counsel each other in about 5 to 10 minutes sessions. During those exercises we would be encouraged to be client-centred, to listen to the 'client' and try not to impose our own ideas upon the 'client's' experience. What the counsellor seeks, moreover, is the client's subjectivity, his emotions and desires, needs and wishes. But if the classic social scientific account of counselling as repressing the client's subjectivity is misleading neither can we assume, I contend, that the subjectivities of its clients' exist before counselling as bereavement counselling would seem to claim. Rather the subjectivities of the client are produced through counselling.

Let me try to explain this by going back, somewhat, to the image of the recently bereaved with which bereavement counselling operates. In a publicity leaflet that Cruse sent me on one of my many requests for information Parkes's (1986 [1975]) phases of grief are reproduced and the first three rendered as:

'Shock: Numbness, disbelief, feeling 'cocooned'...'

'Separation and pain: Grief breaks over in waves of distress, intense yearning, pining, feelings of emptiness. Feels as if 'torn apart' or as if the dead person has been 'torn away' ...

Despair: Depression (moods), difficulties with concentration, anger, guilt, irritability, anxiety, restlessness, extreme sadness.'

In a leaflet from Cruse Bereavement Line, a telephone helpline, it says: 'The death of someone we love is a shattering experience.' Margaret Torrie (1987:17), the founder of Cruse, says of the widows she worked with 'I was shocked at the singular helplessness of the widows. They appeared to be trapped in a situation they were powerless to relieve.' Lyn Franchino (1989) whose handbook for trainees, *Bereavement and Counselling*, was used on one the courses I attended says (1989:9) that bereavement 'by death usually results in practical, material and emotional losses which affect an individual's perception of the past, present and future. Hopes and plans will most certainly be altered. All of these changes leave a grieving person feeling vulnerable and perhaps, inadequate ... Initially most

people experience a period of shock and disbelief during which they may feel weak, numb, cold, or 'in a fog'. This may be accompanied by confusion and/or emotional outbursts along with swallowing, the sensation of having a lump in the chest or throat, fatigue, breathlessness and a dry mouth.' Franchino (1989:17-18) reproduces the story of Caroline whose son, Andrew, died: 'The first days, even the first few weeks, I was cocooned, protected. Everyone was with me ... I did as I was told, 'Eat your dinner now Caroline. Have a bath now Caroline. Go to bed and sleep now Caroline'. I did it all because I was utterly devoid and incapable of doing anything for myself.' In Cruse's *Annual Review* for 1996/97 the Director, Rosemary Pearce quotes from a letter by man whose wife had died of cancer: 'When she died ... I was completely drained. The sense of loss and despair was so strong then and over the next few weeks that I did not know where I would survive, or even wanted to. There just didn't seem any point in continuing with my life any more.'

So the emphasis in all these accounts is on the bereaved as lacking power, as being overwhelmed by potent and negative feelings, unable to 'hold' or 'pull themselves together'. During training we the trainees were told, warned almost, that our clients would be 'fragile', 'vulnerable', 'in pieces', 'falling apart'. They were, that is, established as lacking, as it were, in subjectivity. At the same time though their state is in these same accounts established as being 'natural', their state of being *before* they enter counselling or come into contact with Cruse. I described in the introduction how the anthropology of the emotions stresses precisely the opposite: how the emotions are not part of our internal landscape but are created and maintained through social practices and discourses. In accordance with this we have to see the 'naturalisation' of the emotions in Cruse here as a discursive effect in itself. The effect it has is to legitimate Cruse's interventions and downplay the possibility that Cruse might itself create the problems for which its clients seek counselling. To downplay the political import of its work is important to Cruse as will become evident in the remainder of this chapter and the next.

Given all this, how then, can the bereaved be helped and what should they be helped to achieve? On the back of Cruse's *Annual Review* for 1996/97 there is the following quote:

‘About three months after the funeral, the
pain and loneliness really hit me. I desperately
needed to talk and Cruse was a lifeline.

They listened, they understood, they
helped me to find my way through.’

In the same review, Rosemary Pearce quotes from another letter, this time by a widow who says ‘Cruse was a stepping stone and for me it proved to be just that. I gained confidence and remain very grateful.’ Pearce herself says in her ‘Message from the director’ that ‘Cruse is about supporting people during the turmoil of their bereavement, but also about helping them to rebuild their lives and find a way forward again.’ Murray Parkes, on the same leaflet from Cruse mentioned earlier, posits as the two latter phases of grief: ‘Acceptance: Intellectual acceptance long before emotional acceptance. Mood swings, depression. Resolution and Reorganisation: New patterns of life are established. Eventually able to recall memories of the deceased without being overwhelmed by sadness or other emotions. Ready to reinvest in the world.’ Worden's (1991) tasks of mourning are here as well, the last two being: ‘To adjust to an environment in which the deceased is missing. To withdraw emotional energy from the dead person and invest it in life.’ Franchino (1989:10) describes the final stage of grief, reintegration, by saying that at ‘first it is barely perceptible, with brief moments of humour, achievement or satisfaction. Slowly the good times begin to outweigh the bad. There is a growing interest in outside activities and other people. Life gradually becomes enjoyable sometimes exciting, again. The bereaved person assumes increasing responsibility for him/herself and is able to accept living without the loved one.’ Some of the people that I met in the course of my fieldwork talk about bereavement as an opportunity to ‘grow personally’.

The leaders of the two training courses that I attended were not so optimistic. We might, they said, hope for our clients to 'learn to live with the loss.'

So, how can the bereaved 'learn to live with the loss' and how might we, the counsellors-to-be, hope to help them? Cruse 'continues to exist', the organisation explains in another information leaflet, because there is 'a need for someone to listen when the grieving person needs to talk; a need for a safe place where feelings can be expressed; a need for assurance that what is going on is all part of grieving.' During one of the training evenings on one of the courses I attended, the teacher asked us to think about what the bereaved might need and relate those to her. We were, as usual, sat in a circle and the leader was standing by the flip chart at the far end of the room. As people started calling out the leader would write their suggestions on the chart. 'Support,' one of us offered, 'comfort' said another and both were written upon the chart.⁴ After a number of contributions the leader added a few more and told us that we might expect that the bereaved will need, in addition to support and comfort, someone who can give them information about practical things that they have to do. Someone who is ready to listen to them and share their memories, their frustrations, anger, guilt, resentment, and their joys and their triumphs. In particular, our teacher said, the bereaved may need someone who is ready to listen to them tell the same story again and again, in a way a friend or a relative may not be. An outsider may also be better, she added, someone who does not know the story already but can approach it with an open mind. The bereaved need someone who is ready to accept their difficult feelings and 'hold' them, someone who is able to not tell the bereaved that everything is 'OK because it isn't.' The bereaved need someone who will not expect them to follow a particular pattern and can accept that different people will grieve in different ways. The bereaved need someone who respects their dignity and self respect (see Franchino 1989:11 for a very similar formulation). Most of all, we were frequently told, the bereaved need to talk, to express their feelings, they need someone who is ready to listen to them.

⁴ This was a frequently used teaching technique on both of the courses that I attended and I describe and analyse it in detail in the following chapter.

‘The skills we need’

For us the counsellors to be able to help the bereaved in this way we would need, we were told that evening and often later, to master and possess certain skills. It is another drawback on the existing social scientific account of counselling and psychotherapy that it deals with the two in terms of the ideas, about the ‘self’ for example, that inform them, rather than the practices that they carry out (see Rose 1989b, 1989a, 1996). But as Rose (1989a), following Foucault, has pointed out forcefully, the history of psychology, and its close kin, is not so much characterised and driven by idle reflections upon the nature of the psyche, but by the localised interventions into the workings of that ‘psyche’. The skills and the practices that people employ in counselling are important, at least as important as their ideas about ‘psychology’.

It was explained to us that Cruse practises person-centred counselling and that Rogers’ three core conditions of ‘congruence’, ‘unconditional positive regard’, and ‘empathic understanding’ were at the heart of Cruse counselling (see Mearns and Thorne 1988). Congruence was explained to us as the counsellor’s ability, and duty, to be honest, ‘to be herself,’ as one of our teachers put it, ‘in the counselling relationship and in the counselling session.’ We were given two reasons for why congruence is important. First, clients have to be able to trust their counsellor and they can only do so if they find the counsellor to be honest. Clients would soon find out if the counsellor was not being honest and dishonesty could ruin the counselling relationship. Second, if counsellors are congruent it has the additional advantage to convey the message to the client that it is ‘OK to be yourself’. From the perspective of person-centred counselling that is clearly extremely important as the locus of evaluation should be the self rather than others, as I mentioned in the preceding chapter.

Unconditional positive regard was explained to us as meaning that we should accept the client for who they are. It was stressed to us that we must not be

‘fazed’ by any of the stories the clients might tell, no matter how terrible they might be. ‘You have to keep face,’ one of the teachers once put it to us, ‘you have to show the client that you can take on their stories and bear them.’ By this the client is, hopefully, made to understand that his experiences and his emotions are bearable, no matter how devastating they seem, so that the client can ‘pull through in the end.’ In addition, unconditional positive regard carries here the same messages as congruence that it is all right to be whoever the client is, that it is all right to be yourself. There can be a conflict between congruence and unconditional positive regard. Counsellors will find, we were told, that they do not like all their clients, sometimes for what would appear to be trivial reasons. Should the counsellor then be congruent and communicate this dislike to the client or would not that threaten to undermine the client’s self-esteem? The advice we were given was to attempt to be aware of our dislikes and the reasons for those. This would make it easier for us to overcome them. If we found that they still prevented us from working with certain clients we would have to take heed of that.

‘Empathic understanding’, our teacher would put it ‘involves trying to enter the client’s frame of reference.’ It is like ‘stepping into another person’s shoes and seeing the world through their eyes without losing touch with one’s own world.’ It has to be an on-going activity, a continuous effort, whereby the counsellor attempts to lay aside her own way of experiencing, perceiving, and understanding reality and tries to ‘sense’ and respond to the experiences and perceptions of the client. ‘It is not sympathy that people want or need,’ we were frequently told, ‘what we try to offer them instead is empathy, understanding.’ Empathy helps the client to feel that he is understood and understandable. This, it was stressed over and over again, is particularly important in the case of bereaved clients because when death is such a taboo the bereaved have to suffer so much and so often in isolation and silence. Not knowing what to expect in their grief they may be overtaken by all sorts of ‘weird’ feelings - anger and resentment for example - that they can in no way square with their expectations of bereavement and which may lead them to fear that they are in fact ‘going ‘round the bend.’ If the counsellor

can communicate to the client that he understands the client's feelings she simultaneously sends him the message that his feelings are understandable and normal, that he is in fact not alone in feeling what he is feeling and that he may not be going around the bend after all. Empathic understanding, that is, is the counsellor's way to seek to normalise the client's experience. It would sometimes be pointed out to me that research suggests that empathy correlates with effective counselling (see Mearns and Thorne 1988:46) and added that empathy is important because it encourages the client to 'explore' his emotions further and 'deeper'. That is, if the client can feel that his more straightforward and 'superficial' emotions are understood and accepted, he will feel more inclined to 'dig deeper', to look for those emotions that are more problematic and that lie 'buried deeper inside' him.

But what other skills does the counsellor need? It was emphasised again and again to us that grief is 'messy', as they sometimes put it, that it cannot be represented as a neat linear process, and that each grief is individual. Still, bereavement counselling was sometimes presented as involving three stages, each of which has its own particular tasks that again require particular skills. The first stage of bereavement counselling is that of opening and initial assessment and during that stage four tasks should be accomplished. Upon meeting the client for the first time, and during the subsequent one or two sessions, the counsellor has firstly to set the scene. What this involves primarily is to establish a contract between the counsellor and the client according to which they will meet for a specified number of times and with a certain frequency. The counsellor must also try to explain to the client the nature of counselling and make the client aware of the nature of their relationship. In particular the counsellor should make it clear that the client should be in charge of the sessions adding that she, the counsellor, is not a friend but a professional and that the sessions should be focused on working on the client's issues. The counsellor must ensure the client about Cruse's rules regarding confidentiality and such like. Secondly, the counsellor must establish rapport with the client, make the client feel that the counsellor is dedicated to trying to understand the client. The counsellor must show 'empathy'

and try and 'enter the client's frame of reference' and she must also show the client 'unconditional positive regard' and communicate to the client the feeling that he is valued. Thirdly, the counsellor and the client must attempt to create a 'safe environment' in which the client can 'explore' the issues and emotions that concern him. The basic building blocks of a safe environment are those of honesty and trust. The counsellor must then be 'congruent' and convince the client of her honesty and trustworthiness. Finally, the counsellor must at this stage gather the history of the client, his relationship to the deceased, the circumstances surrounding the death, and what has followed after that.

There are a number of skills that the counsellor will have to use during this initial stage. The counsellor must be able to deal and cope with the feelings that the client expresses and the events he relates. The counsellor must know herself, what affects her and if she is particularly sensitive to any particular issues. It is important here that the counsellor is willing to accept supervision and knows how to 'off-load' and relax. All these are matters that were dealt with extensively during our training courses and later at the on-going training meetings. In particular we were encouraged to be attentive to those issues that affect us personally the most and to express our feelings with regard to them. As mentioned in last chapter counsellors are given the opportunity to state their counselling preferences and those areas, if any, with which they do not want to work. During small group and counselling exercises we had the opportunity to discuss matters that touched us specifically in an attempt to understand the origin and the nature of their impact upon us. Similarly, we were encouraged to identify and be mindful of the things we do to relax and we would regularly do exercises with that precise content. 'Burn-out', we were told during training, is an occupational hazard that haunts counsellors. The etiology of 'burn-out' as it was explained to us looks somewhat like this: the counsellor is not able to distinguish between herself and her life on the one hand and her work as counsellor on the other. She takes on herself too much of the distress and painful emotions of her clients and is not able to deal with these in supervision and so off-load them to

someone else. Gradually the stress becomes too much and the counsellor is forced to stop counselling.

In addition to being able to look after herself, the counsellor has to be able to 'get the client talking' as it were and to start making that talk focused. Here the counsellor needs skills like 'active listening and attending', 'staying with the feeling', 'open-ended questioning', 'paraphrasing', 'reflecting feeling and experience', 'clarification', 'summarising' and 'identifying main problems'. We were often told that 'active listening' is the most important part of our work and that with that alone we would be assured of doing our clients no harm and probably considerable good. Explaining what exactly this meant remained more difficult. We would be told that basically active listening represents a continuous attempt to 'really listen to what the client is saying' without ever jumping to conclusions based upon our own expectations. Active listening achieves three things. It establishes the client's experience, and not the authority of the counsellor, as the most important part of the counselling session. Secondly, it allows the client to express his emotions. Thirdly, active listening allows the counsellor to acquaint herself with the history of her client. To achieve this the counsellor relies on clarification and summarising. Clarification refers specifically to the task of making clear certain aspects of the client's story. So, for example, a client will frequently populate his account of events by a large number of characters the exact relationship of which with the client or the deceased may be somewhat less than obvious. At an appropriate moment, when there is a 'lull in the flow of the story', was one piece of advice I received, the counsellor may want to clarify who precisely is who. This is often done in conjunction with summarising. Again, when there is a lull in a long story the counsellor may grab the opportunity to summarise what the client has said so far. As with clarification, this allows the counsellor to get to grips with the exact evolution of the story and, when the need for that becomes evident, gives the client the opportunity to put the counsellor right. In addition, summarising may encourage the client to assess the story he has told, its nature and its consequences.

The same goes for the ability to ask open-ended questions and the skills of paraphrasing and reflecting. Open-ended questions, we were told, involve asking things like 'I wonder what that felt like?' The significance of these is best observed through the contrast with closed questions. The latter require, as it were, a specific answer. They limit extensively the range of possible answers the client has at his disposal. By that they force upon him a certain way of experiencing which may well in fact be alien to the client. Open-ended questions, on the contrary, allow the client to phrase his answers the way he feels most appropriate, encouraging him to seek, and hopefully find, the words that best describe his own experience.

By paraphrasing the counsellor 'returns', in a slightly altered form, to the client some significant aspect of what the client has said. The client may, in relating a particular series of events, indicate strongly that he felt distressed without actually putting that word, distress, upon it. The counsellor can return this to the client with the words 'you say that this happened, and then that happened and it was distressing'. Paraphrasing again demonstrates to the client that the counsellor is 'actively listening' and paying attention to what the client is saying. At the same time, paraphrasing allows the client to look again at what he has said, 'hold it up to view', as one teacher put it, reflect upon it and evaluate it.

Reflecting feeling and experience involves 'picking up' the feelings and experiences that the client communicates and 'turning them back to the client'. It differs from paraphrasing in that the counsellor attempts to phrase her communication in a way similar to that communicated by the client. The client may relate a story to the counsellor with the comment 'It was very sad.' The counsellor will pick this up and reflect it back to the client saying something of the sort: 'You say it was 'very sad', can you tell me more about that?' In telling us this our teachers would invariably change their voice and put an emphasis on 'very sad' indicating simultaneously that they were quoting someone and that it was important. Reflecting, too, demonstrates powerfully to the client that the counsellor is listening. In addition it has the advantage of 'staying with the

client's words', as it was once put to us, and avoids the danger of the counsellor putting words into the client's mouth and appropriating his experience. In addition to reflecting feelings counsellors should at this stage try to 'stay with the feeling'. When the client comments that he felt 'sad' the counsellor reflects this to the client and tries to keep the feeling 'in the frame', using various techniques, like paraphrasing and reflecting, to encourage the client to 'explore' the meaning, and exact experience, to him of feeling 'sad'. This encourages the client to actively reflect upon his experiences and his feelings, their origin, nature and consequences. This gives the counsellor and the client a chance to identify those areas in which they may want to exert most of their efforts. This, in turn, takes the counselling process into its second stage.

The second stage is that of grief work and on-going assessment. The tasks facing the client and the counsellor here are challenges that 'take us deeper into grief', as one teacher once told us, than those of the first stage. What this involves is for the counsellor to assist the client in 'working through the pain of grief'. The counsellor should encourage the client to 'actually feel the pain of grief in their body', to 'sense the sadness', to 'suffer the loss'. This is deemed important for the bereaved person in 'coming to terms with' and 'accepting' what has happened. We were told that 'difficult emotions' might stand in the way of this and that part of our job here would be to address questions of, for example and in particular, anger and guilt. It was stressed that many bereaved people feel intense and powerful anger over what has happened, anger that may be directed towards everyone and anyone, God, doctors and, most problematically, the deceased himself. The problem with that, we were told, is that anger is not an acceptable part of bereavement, it is an emotion that the bereft are in no way prepared for. Confounded by the taboo on death the grieving would have no preparation as to what they will feel and anger is not an emotion that they would associate with grief. People therefore often suppress their anger, we were told, and feel guilty over feeling angry. This may blend in with a guilt over the death as many bereaved people feel guilty because they think that they are in some ways responsible for the death, 'I knew it, something was wrong, if only I had insisted

he went to the doctor' an elderly widow may say of her heart-attack victim husband. These feelings of anger and guilt, we were told, have to be acknowledged, confronted and expressed, otherwise they will simply 'linger on'.

Feelings of anger and guilt may be part of what many bereaved people experience as having 'unfinished businesses' with the deceased. Another task presented to us at this stage was that to address and hopefully finish these businesses. Again, we were told, this might be achieved by encouraging the client to recognise his feelings, to experience and express them. That, we were told, might be necessary if the bereaved person is to be able 'to let go' fully of the deceased and emotions that have not been 'worked through' which may cause the bereaved to 'hang onto' the deceased. Another task presented to us here is to address the bereaved person's possible dependence on the dead person. It was pointed out to us that continued dependence can restrict the life of the grieving person and cause her to carry on behaving as if the deceased person were still alive. Behind these observations there seemed to be a sense of it being somehow not normal, not healthy, not quite dignified for people to carry on, for long at least, as if the deceased was still alive. It would be like people were not willing or ready to take charge of their own lives. Sometimes it was implied that the elderly might be excused for continuing their lives as they had lived them with their partners for a life time, but that younger people should - and that we should encourage them, to take hold of their lives and try to live them as they want to. This could be done, we were told, by trying to establish, clarify and determine the choices that the bereaved person has. This could refer to mundane matters like what to have for tea on Saturday nights, and bigger decisions like whether to move out of and sell the house 'he bought and you never liked'. We were also told to be mindful of the possibility that the client may transfer any dependency needs away from the deceased person and onto the counsellor. This the counsellor must discourage and counteract because, as it was explained, the nature of the counselling relationship is such that it must end and the final aim is that the client can stand without the help of the counsellor.

To meet and successfully accomplish these tasks, we were told, we would need to possess all the skills identified before. In addition counsellors should be able to 'probe', 'challenge' and 'confront' their clients. To 'probe', 'challenge', or 'confront' clients requires the counsellor to take a more active role than the use of the skills mentioned previously allow. When explaining to us how 'probing', 'challenging' and 'confronting' works our teachers told us that in counselling sessions counsellors can pick up all sorts of things about the client, his feelings and experiences, without the client having expressed them. We might have 'hunches', 'ideas', 'suspicions', 'clues' about where the client was coming from or going to, clues which the client may not have articulated or even be aware of himself. A counsellor may, for example we were told, 'pick up' a lot of anger from a client even as the client does not express this anger or cannot 'place it' anywhere. The counsellor may see signs that the anger is in fact directed towards the client's dead husband even though the client has not said anything to that effect herself. The counsellor may pick up on these 'clues' and 'probe' by asking the client if she is angry and against whom the anger is directed. The counsellor may then 'challenge' the client more directly by asking, for example: 'Are you angry with your husband?' The counsellor may even 'confront' the client more directly by saying straight out: 'You are angry with your husband?'

Probes, challenges and confrontations, we were told, are very powerful and potentially dangerous tools. If a challenge is 'spot on' it can be very fruitful and open up for the client and the counselling relationship new and previously not 'explored' 'dimensions'. Here precisely might lie the emotions and the 'issues', the 'anger', the 'guilt', the 'resentments' that can keep the client 'stuck' and prevent him from 'moving on'. If it fails - and be that because the counsellor is wrong or because the client is not 'ready' to acknowledge the counsellors suggestion - it can set the counselling relationship back a long way. Accordingly probes, challenges and confrontation were presented as somewhat of a preserve for the more experienced counsellors and we the newcomers would be advised to be careful in using these skills. In particular it was recommended that they were not appropriate tools early on in any counselling relationship, that it was only

once trust and honesty and rapport had been established between the counsellor and the client and a 'safe environment' built, that counsellors could start challenging and confronting clients.

We were sometimes told that during counselling clients might become aware of 'issues and emotions' that they did not know they were struggling with. A possible interpretation of this - and one that would be favoured in the anthropology of emotion for example - is that the issues and emotions in question are emergent in the very interactions between counsellor and client. But the counsellors that I have spoken with emphasise that the issues and emotions that come to the fore during counselling were already there within the client, 'deeply' buried, before counselling started. The emphasis on 'depth' here serves to negate the possibility that the counsellor may be responsible for creating the client's subjectivity. This is also why the counsellor has to listen 'actively'. On the face of it the emphasis on 'active listening' would seem to contradict, possibly at least, the non-interventionist ideology of Cruse. If the client is to express his emotions why would not simply listening be enough? Because it is only by listening actively that the issues that do remain 'buried deep inside' the client can be uncovered and brought to the surface. Torrie (1987:13), herself, in her book comments of Cruse's work: 'Uncovering the needs of widowed families was clearly going to lead to a very considerable task.'

To challenge successfully the counsellor may have to disclose relevant aspects of herself to the client. 'Self-disclosure' involves the counsellor letting on to the client what she is feeling in order to try and help the client become more aware of his own feelings. Here the counsellor may often resort to her own experience, in particular if that is in one way or another similar to that of the client. This is not unlikely as Cruse clients will often ask for, and get, counsellors who have suffered losses similar to those that the client has. A widow may be counselling another widow and at some point in the relationship disclose how she felt about some particular aspect of her husband's death that seems relevant to what the client is relating at that moment. Disclosure is recognised as powerful because counsellors

may, in rummaging through their own history, be able to articulate and find words and metaphors for feelings which the client is having difficulties in expressing and thus dealing with. Again, though, we would be warned to be careful about self-disclosure. On one hand, it can make the client feel that the counsellor is appropriating the client's experience and subsuming it under her own. On the other, if disclosures become too frequent, it can leave the client feeling that it is the counsellor who is the most important person in the relationship and not the client.

Apart from these skills the counsellor must at this stage be able to identify changes that the client is undergoing and any problems that may remain. The counsellor must be able to evaluate the 'progress' that the client is making and this in turn requires detailed knowledge of what can be expected in bereavement and what the signs are for 'complicated' or 'abnormal', as some would call it, grief.⁵ Finally, the counsellor must have the ability to help the client in identifying the coping skills that are within the client's reach and at his disposal. This may be anything ranging from visiting the neighbours to visiting the gravestone, from working on the allotment to writing poetry. What this identifying of coping skills is intended to achieve is to encourage the client to greater independence. The client, that is, should be encouraged to face his dependency needs, acknowledge those but try to overcome them through the use of coping skills.

If this work is successful the 'counselling process' should move onto the third stage, 'coming through'. The tasks here, we were told, are to help the client 'accept the reality of and come to terms with the loss', to 'say good-bye' to the deceased person and 'move on'. Here the bereaved person has to 'withdraw emotional investment' from the dead person and 're-invent it in new relationships' as we were told. The client has to be encouraged to make plans for the future and to resume active involvement in life. The hope is, we were told, that the client may so achieve independence and that the counsellor can leave the client as a person capable of standing on his own two feet and ready to carry on with his life.

⁵ I shall have more to say about Cruse's ideas about grief in next chapter.

For this, we were told, the counsellor will have to rely upon all the skills that have come in useful for her so far. In addition, she must be willing and able to review the progress made. She must be ready to reduce the frequency of visits and to know how and when to terminate the counselling relationship. Before that she must prepare the client for the end of counselling and share with him feelings about that.

Some of the skills - paraphrasing, reflecting, summarising, clarifying, challenging - would be demonstrated to us by our teachers in exercises of short counselling sessions. One of them would act as the counsellor, the other as the client and the counsellor would use every opportunity to demonstrate the skills in question. Sometimes we would be asked to identify the skills used and to comment upon the performance of the counsellor. Afterwards we would do our own 'pretend counselling'. Usually we would be divided into groups of three and take turn in acting as a client, a counsellor and an observer. The client would present a real or a made up problem to the counsellor who would try and exercise those skills appropriate to the situation. The observer would follow proceedings and provide the counsellor with feedback concerning his or her performance. These were exercises that we did frequently during the two courses I attended and during the on-going training sessions that go on all year round. It was part of the evaluation process before we were taken on as probation counsellors that we did exercises like these observed by the course leaders.

I am not able⁶ to recount here the contents of the exercises I was involved in but some of them proved quite powerful. The 'clients' would become quite upset and agitated and some of them broke down crying. To give a sense of this I relate a fictional exercise from my fieldnotes that in form and content could have been real. I wrote it after we had done this type of exercises on the training course.

Sue and I sat down facing each other. Between us but somewhat further back was Ann, there to 'observe' and 'feed back' to me on my 'counselling'. I

⁶ As what was disclosed in these 'pretend counselling' sessions is a personal matter I can not describe the contents of these sessions. What is important here is the form they took.

asked Sue if she was OK, if she was ready to start. She nodded her head. I hesitated a bit, waited for her to start but then asked: 'Sue, what do you want to talk about today?' She smiled but then became serious. 'I want to talk about when we went on holiday with the family two years ago. Two years ago I think it was, yes we'd just had our youngest one. We'd, I'd, been very busy and felt very tired and we decided we'd go away to a summer camp for two weeks to relax.' Sue hesitated for a bit and I, who had restricted my contributions so far to nodding my head, said 'yeah'. Sue continued, 'only I found it very difficult to relax,' 'why?' I intercepted as she hesitated momentarily again. 'I don't quite know, what happened was that the day after we arrived I lost the car keys. I still don't quite know what happened but my husband was angry because it was the only set and it meant that we were stuck in the camp and couldn't go on some outings that he'd planned.' 'And you,' I came in, 'how did you feel?' 'I was angry at my husband for not having brought another set of keys, for leaving the spare keys at home.' She stopped. 'You were angry you said,' I trailed off, 'yes,' Sue said, drawing on the 's', 'but I also felt responsible,' 'responsible?' I said, 'yes, for losing the keys. I did feel very responsible.' Here Sue trailed off and there was silence for a moment. Then I said 'you said before that you'd just had a new baby when this was, I wonder if there was any link there?' Sue thought about this for a while, then said 'yes. I did feel very kind of overloaded with responsibilities with the new baby. My husband was very busy with his work and I was left alone with looking after the new baby in addition to our older two...' (Fieldnotes).

From this account we can see my attempts at engaging Sue's subjectivity, to encourage her to express her emotions and experience. I would 'reflect' and 'paraphrase', 'ask' and 'probe' in my attempts to get Sue to examine her own mind, to focus on her emotions. Though our turns at counselling would only last between five and ten minutes they gave us a clear indication of just how exhausting an endeavour counselling is. Active listening is not easy to specify, it is equally hard to practice. Afterwards when we would gather together the whole group to discuss our exercises in terms of what we did well and what not so well, there were generally three areas with which people seemed to struggle. Many

mentioned that they found it difficult to listen actively while at the same time having to think about what to say to the client. They said that they would either lose track of what the client was saying while they were thinking about what they should say, or that they would not know what to say when the client came to a halt because they had been listening too carefully. Others said that they found it very difficult to decide if and when to enter the flow of the client's story to exercise their skills. They said they realised that they had to make a contribution at some point but they felt that, during our pretend counselling, they might have actually disrupted the client's flow, halted his expression and done him a disservice. Finally some would mention that they were never sure when to 'merely' reflect and paraphrase and when actually to challenge a client.

Nodding their heads understandingly our mentors tried to give us answers to these concerns. They said that with time and practice we would find it easier to listen and think about our own response at the same time. They added that even if we did not hear everything the client said it didn't really matter as much as we might expect. We could always admit that we had not heard what the client said and ask him to repeat if we thought that what we missed was something vital. They said that the same applied to our contributions, that with time and practice we would acquire a sense of when it was appropriate to reflect, paraphrase and so on. The teachers suggested that we be conservative and quiet and let the client talk when he was in good flow. Finally, they recommended that we go easy on the challenging. They said that it was a difficult and dangerous thing to use and that we should be careful with it. They added that in some ways challenging was not a required or an appropriate technique to use in our work. They said that they thought that most of our clients came seeking support, understanding and someone to listen to them. They were not looking for some 'personal growth' or 'developing their inner psyche' or anything like that and did not require to be challenged very much.

This sounds somewhat different from what we had been told earlier when our tasks were presented as much more organised and programmatic. Having told us

that challenging our clients was probably not terribly appropriate or useful, our mentors stressed that 'actively listening' was the most important bit of our work. We were repeatedly told that if we did that we were guaranteed to do 'no harm and probably quite some good.' Later this suggestion was somewhat supplemented by instructions as to what we should listen for and focus on. Focus on three things, we were told: 'feelings', 'self' (the client) and the 'present'. It was explained to us that many people would have a tendency to talk about other people and how they are doing, about the past, and about feelings in a kind of a 'cognised, detached way'. Our job, we were told, was to try and get the client to talk about himself rather than other people, to talk about himself in the present, and not about the past, and to actually talk about, acknowledge and feel his feelings rather than talk about, for example, his actions. 'I wonder what that feels like for you?' is the defining question, we were told.

Like the social critics of counselling, Cruse stresses that the subjectivity of its clients pre-exists the counselling encounter itself. I hope that I have shown that this is not the case. The subjectivity of clients who are being counselled is created through the counselling itself. That is the very import of the skills that we as trainees were enjoined to master. The point of reflecting, paraphrasing, challenging, probing, listening actively is to encourage the client to express his emotions and to uncover the issues that lie buried inside him. As Rose (1989b:240) argues: 'In the act of speaking, through the obligation to produce words that are true to an inner reality, through the self-examination that precedes and accompanies speech, one becomes a subject for oneself.'

The receptive body

I am conscious of the fact that my descriptions so far have been thoroughly logocentric. This is in keeping with how counselling has been presented in the social scientific literature where counselling appears as an utterly cerebral activity with disembodied voices exchanging words like characters in a late Beckett play. Rieff (1966), Lasch (1979), Masson (1989) and even Rose (1989b) in their critical

expositions of psychotherapy and counselling proceed as if the two constitute only a meeting of minds.

That is not quite accurate. It became obvious from our training sessions that counselling is an intensely physical activity. Our exhaustion after pretend counselling exercises was a very physical exhaustion. During training we would be encouraged to look for signs of clients' feelings in the tortuous movements of their faces and the convulsions of their body, and we would be alerted to the fact that our counselling bodies would send unmistakable signals to our clients about our commitment to them. In pretend counselling exercises we would be encouraged to strike poses, to assume what I want to term 'the receptive body', a body that invites the client to talk but does not force him to do so, a body that communicates to our clients our commitment to 'listen actively' to them.

Our first real introduction to the physical side of counselling was carried out when our two teachers did an exercise in reading body language. They sat half facing each other and half facing us, the participants on the course. One of them closed her eyes and, as we were told, imagined some sequence of events that she had participated in or witnessed. The other teacher followed her movements and afterwards would relate to us all what emotions she had picked up from the body language. We added our comments and the teacher who had done the imagining without disclosing precisely what she had been 'going through' told us what emotions she had experienced. After that we did the same, two against two, one imagining, the other observing and trying to read the body language, and then the other way around. In between the observer would let out what he had seen and the other would explain what he had been feeling and even what he had been imagining.

On this particular occasion⁷ I joined up with a young woman. Sitting there facing each other she closed her eyes first and started on her 'journey' while I watched, trying to read the movements of her face. Initially, as her facial muscles slackened

⁷ The example, again, is fictional but could, in both form and content, be real.

and relaxed her face became motionless, almost expressionless, except for the incessant dancing of the eyes behind her closed lids. She looked like she was asleep. Slowly, imperceptibly, her mouth starting moving, then her cheeks. She pressed her eyelids together and frowned. This went on for some time, the movement of her eyes sometimes quickening, sometimes dying down. Then she opened her eyes and I told her that I thought she had looked very calm in the beginning, except for the movement of the eyes. I said that I thought I could pick up some tension in the movement around her mouth and the frowning of the forehead. I said I thought that whatever was happening it was happening at a great pace and that it was not pleasant. There had been, I thought, fear or anxiety in her face. My partner told me that she had imagined something that had happened to her when she was young and she had been chased by a group of children and that, indeed, she had experienced fear and anxiety, but also some anger and even a strange sense of excitement.

The exercises finished, we would gather together the whole group and discuss our performances. From the discussions it surfaced how certain physical signs are wedded to certain emotions or states of mind. The most general principle, the most abstract rule, seems to be that, unless they are strictly censored, internal disturbances get translated upon the surface of our bodies so that any strong feelings will leave their traces in our faces and in the movements of our muscles. As we were discussing our exercises people seemed to agree that a relaxed body posture was a sign of something pleasant going on behind their closed eyes. In particular if the face was 'calm', as one participant put it, the facial muscles relaxed, that was a sign that the events experienced were pleasant, or at least not unpleasant. Conversely, if the face was not 'calm' its muscles contorted that was a sure sign that the experience being relived in the mind was not pleasant. Similar interpretations would be put upon such signs as twisting of fingers, tapping of feet, wringing of hands, folding and unfolding of arms, all taken to signify discomfort, unpleasantness, 'difficult experiences' as some would have it. What the whole process highlighted, though, was just how problematic it can be to ascribe definite, precise emotions to the rather more obvious contortions of the

body. So while people would agree that rapid movements of the limbs were in general an indication of anxiety, stress, even fear, there was not such a general agreement about the meaning of facial movements, if that contortion spelt pain, that sadness, this fear, that hurt. Interestingly what would be termed 'positive' emotions seemed easier to decipher, or maybe it was simply that there wasn't the same tendency to distinguish between them and define them as there appeared to be with the more 'negative' ones listed above. Our teachers would acknowledge this difficulty and said that the most important thing was not whether we were absolutely right, precise and accurate about the emotions we picked up from our clients and reflected back to them. Rather, it was that we picked up unstated feelings and communicated them to our client which was for them an opportunity to reflect upon that feeling and consider how well, or not, it matched their own emotional states.

The bodily aspect of counselling is not restricted to the client. Bereavement counsellors, especially the women, are extremely tactile people. When the training courses I attended started, the people who organised them, the people who knew each other already, would hug and kiss upon seeing each other for the evenings' meetings. As time wore on and we the participants got to know each other some of the female participants on the courses had taken up the habit which they would continue as our courses finished and the regular training took over. Yet, 'touch' has a very peculiar place in bereavement counselling. We would be told that it was a very natural tendency to touch, hold the hand of, or lay your arms around someone who is in distress, someone who is, for example, crying. It is, we were told, a mark of your concern, your sympathy. Still, they would add, touching a client is maybe not necessarily to be recommended. Touching may be risky because the client may ascribe to it sexual overtures and land the counsellors in trouble over issues of sexual harassment. Touching may also undermine the counsellor's attempts to establish and clarify the nature of the counselling relationship. Touching is something that friends and family do, and what people who stand in a professional relationships akin to that of a lawyer and a client do not do. Most importantly, though, touching someone when they are crying may

in fact send all the wrong signals. Touching may be a sign to the client that they should 'pull themselves together' and stop crying. That is absolutely counter to the very aim of bereavement counselling and does nothing, we were told, but to enforce the messages that many bereaved people receive from friends, relatives and indeed everyone around them, that it was about time the tears stopped now.

In training we would regularly do exercises wherein we were encouraged to strike poses and assume what I want to call 'the receptive body'. One day during the second course I attended we were introduced to what the teachers called SOLER, techniques, they said, to communicate to the client our 'basic attending'. SOLER refers to the body postures we were encouraged to adopt in order to invite the client to talk. SOLER signifies acceptance and empathy, we were told, but they are not intended to 'force' the client to talk. We were encouraged to adopt SOLER positions at the beginning of counselling sessions in the future.

In explaining the SOLER positions to us our teachers said that *S* refers to facing the person you are listening to *Squarely*. To bring home the point of this we were made to do an exercise that involved us, the trainees, lining up in two rows facing each other so that each and everyone of us was facing one other person. The teachers then asked us to move in as close as we could get. When we were literally in each others faces they asked us how this felt and all the people answered without exception 'horrible'. Then they asked us to move apart in order to find the distance with which we were both comfortable. This varied from couple to couple and our teachers pointed out this fact, saying that during counselling we would have to find out what distance was comfortable to both us and the client. They added that in counselling counsellor and client should face each other. They said that it was probably best if the two did not face each other directly so that their fields of vision would not overlap completely. This, they added, would force the counsellor and the client to look at each other all the time and that may not necessarily be beneficial as it puts too much pressure on the client to talk.

O, they continued, is to adopt an *Open position*. The open position means what it says, to adopt it you do not cross your legs, you do not fold your arms on your chest and, in general, you do not ‘cuddle up in yourself’. The importance of this, it was explained, is that the open position signals to the client that you are listening and, crucially, ‘taking in’ what he is saying. It suggests, moreover, we were told, that you can in fact ‘take in’ and ‘handle’ whatever the client is saying. It suggest that you accept the client and what he has to say is not too much for you and therefore, by implication, this should not necessarily be too much for him. The closed position, on the other hand, sends the clear message that you are not interested in what the client is saying. Not interested, the teachers continued, or that you cannot take it in. By ‘curling up into yourself’ you refuse to ‘absorb’ it, it ‘bounces off’ you and ‘hits the client back in the face’, telling him that what he has to say is too ‘unbearable’ for you and, therefore, anyone to take on.

L is to *Lean* towards the person you are listening to. What is involved here, we were told, is that you move the upper part of your body a little bit forward, slightly towards the person you are listening to, especially when he is talking. This signals that you are actively listening to what the client is saying, attending to the messages he is communicating.

E is for offering good *eye contact*. The teachers explained that we should always ‘offer’ the client eye contact but never ‘force’ it upon her. Here the position of the chairs while counselling is important. We were advised that we should not arrange the chairs so that they were directly opposite each other but slightly off-centre from each other. This way, the teachers explained, the client can easily have contact with the counsellors eyes, they are always there on ‘offer’, but she can also inconspicuously look away and decline the ‘offer’ of eye contact if she so feels. One of the teachers explained that research suggests it is difficult, if not impossible, to talk and look someone constantly in the eyes at the same time. She added that looking into someone’s eyes after you have finished your turn in the conversation is a cue to them that it is ‘their turn’. She added that while

counsellors should always 'offer' eye contact it was perfectly acceptable for us to look away while we search for 'our words'.

R, finally, stands for *Remain Relatively Relaxed*. Assume a 'relaxed position', our teachers said, don't clench your fists, don't shake your legs about and do let your shoulders drop. To adopt a relaxed position, it was explained to us, is important because it indicates that we are in fact relaxed with the situation, that we are comfortable and 'accept' the client and what he has to say. Tension signals discomfort, discomfort that the client can all too easily ascribe to his presence.

The importance and the uses of assuming the receptive body was reinforced to us through numerous counselling exercises. We would now be encouraged to practice not only basic counselling skills, to 'listen actively' and focus on 'self, emotion, and the present', but to adopt the bodily postures of the SOLER. To give a sense of this I relate another account from my fieldnotes composed the evening after we had done the exercises on our training course.

As I and Kate sat down I took care to move my chair a little bit so that it faced Kate's chair more or less directly, but not quite. I took a couple of deep breaths and made sure my shoulders were relaxed, my arms were not folded and my legs straight. Leaning forward slightly I asked Kate 'are you ready?' 'Yes', she said and I asked her 'what do you want to talk about?' Kate kept her arms folded, her legs crossed. She said slowly, looking away as she looked for her words: 'Last night, I'd had a very busy, stressful day and I wanted to relax with a couple of gin and tonics. Only, when I was going to get the gin it was gone.' Kate stopped for a moment and I asked 'how did that make you feel?' leaning slightly more forward as I did so. 'Angry', Kate said looking me in the eyes. 'Angry?' I asked again leaning forward as I put the question and offering eye contact all the time. Kate looked away and shifted her legs before she continued. 'I knew my son had taken the bottle,' she said, 'without telling me, he was at home from the university over the weekend.' Kate trailed off again, looked at me and then at her hands. 'So,' I said once more moving forward in my chair but eyes wandering as I continued 'you

were at home last night and you wanted to 'relax' with some gin and tonic only to find out that your son had taken the gin bottle which made you 'angry'?' I looked at Kate. 'Yes,' she said, 'my son had been at home over the weekend and I like that but he kind of expects me to do a lot for him when he's at home. And he doesn't ask.' Kate looked at me and I nodded my head, adding a 'uhm'. 'And that makes you angry?' I asked. 'Yes, it irritates me,' Kate answered. 'I mean I don't really mind doing things for him, or him taking the gin, it's just I think he could ask, not take it for granted.' Kate stopped again, looked at me, then at her hands, unfolded her arms and then folded them again. I noticed that her shoulders were perched. 'How,' I said after some hesitation 'does it make you feel to be angry with your son?' While formulating the question I'd looked away, in putting it to Kate I turned to her again, opening my arms out slightly. Kate hesitated. Then she said 'well, it's not nice. I mean I know he misses his dad and all, but so do I'. There were tears in her eyes.

Bourdieu (1977), in an attempt to move beyond the dichotomies of subjectivism and objectivism, has emphasised the importance of how people 'embody' their cultural ideas and social norms. Bourdieu's (1977) concept of the 'habitus' refers to the habitual, enduring bodily postures and movements that people, mostly unconsciously, adopt as part of their upbringing and social position. It is worth pointing out here that while most bereavement counsellors are of the middle classes, many of their clients are of working class origin. This is important because the 'receptive body' is essentially a middle class body, a body whose movements and contours have been mastered and refined (I return to this issue in the following chapter).

Having added the receptive body to our repertoire our counselling skills took on a different dimension. The counselling skills, the reflecting, paraphrasing, and challenging are of course in themselves bodily (see Gísli Pálsson 1994) but they seemed to come together in the receptive body. Reflecting becomes somehow more 'natural' when it is accompanied by facing the client squarely, with a relaxed, open body, leaning forward offering eye contact. Through repeated

practices assuming the SOLER positions becomes 'natural', or 'habitual', too in the sense that we the trainees seemed to adopt them without assuming them. I was reminded of this recently. Having now started counselling myself I found myself suddenly in the middle of a counselling session realising that I had, unintentionally, leaned forward in the open position offering my client eye contact.

What is the significance of all this? Counsellors I spoke with said that before a counselling session they would always try 'to gather themselves together'. They described how they would try to sit still, close their eyes and attempt to 'empty their mind' of all her concerns. After that, they said, they would assume the SOLER positions. The counsellors said that through all this they strove to become like a 'still pond' in which the client could examine his own reflection. 'Why not a mirror then?' I asked. 'Because,' one of them said 'the reflection mustn't be perfect.' She explained that for the reflection to be useful something had to be added. The 'ripples on even a still pond' add something to the reflection that 'allow' the client to see himself in a different light. Here, I suggest, the counsellor and the client meet in body, as it were. For the ideas and understanding that inform how counsellors read their clients' bodies are the same ideas and ideals that they try and attain before and during counselling. Twisted and tortured bodies reflect troubled emotions, relaxed bodies reflect relaxed inner life. And so if a relaxed body is the posture the counsellor should aim to reach in order to best help her client, at the same time it is the aim that the client should strive to reach. All the time the relaxed body of the counsellor is the image that she offers the client to measure his progress against.

Shifting the burden: The counselling relationship

So is the counsellor a pond in which the client can examine his reflection? It is interesting to think of this metaphor in terms of the spatial relationships that it represents. Recall the classic picture of psychoanalysis where the patient lies on a couch with the analyst sitting in an arm chair behind and out of the view of the

client. According to the pond metaphor the client would bend over the counsellor, searching in the ripples the contours of his image. The metaphor is not quite accurate, as may be clear from the discussion above. In counselling the client and the counsellor sit on the same level more or less facing each other. These spatial arrangements represent presumed differences in power. In psychoanalysis the analyst is very much in charge, in counselling the client should be in charge. The person-centred approach, and Cruse perhaps in particular, advocate an anti-expertise ethos stressing, as I will detail in the following chapter, that 'the client is the expert.' The point was brought home to us in various exercises, pretend counselling and in the introductions, I related before. I reproduce the account from my fieldnotes from earlier on:

I turn to Margaret who is sitting next to me. I know Margaret already and know that she has been a bereavement counsellor for some time now. I ask her how her day was. She replies that she is just back to college now in the autumn and that she feels there is too much to do right now, she feels 'overwhelmed' with the work at college and everything else she has to do. I listen. Margaret then asks me what sort of day I had. I reply that it had been a very long day, with the teaching I had to do and then the long journey to the course.

Here we were enjoined to take, in turns, up the positions of a counsellor and a client, bringing forcefully home the point how short a distance is between the two. Having disclosed ourselves to our partner we were expected to work the same on them. 'What was your day like?' we were to ask them, giving them the opportunity to elaborate upon what or how they were feeling. So the counsellor is to invite the client to dwell on and discuss their feelings, the events that have befallen them and what those meant to the clients. But if the counselling relationship is not supposed to be hierarchical, not at least in favour of the counsellor, we were still told that it should be professional. It was stressed again and again that counselling is not like friendship or family relationship, but professional like that of a doctor and a patient. Most importantly the counselling relationship has an explicit aim and it is, even if often longstanding, temporary.

In training we were told repeatedly, in accordance with the client-centred approach (see Mearns and Thorne 1988), that a good counselling relationship is instrumental to counselling success. That relationship should be based on trust and honesty sometimes expressed in the phrase that the counselling relationship had to be a 'safe environment' for the client to 'explore' his emotions in. The building blocks of that 'environment' are the three core conditions of congruence, unconditional positive regard, and empathy. These we have to offer the client, we were told, all the time. Now anthropologists have, since Marcel Mauss' (1990 [1950]) classic account of *The Gift*, pointed out the importance of exchange in the establishment and maintenance of social relationships and it can be asked here: what does the client offer the counsellor then? Another observation from the anthropology of exchange is that every society has its rules about what can be exchanged for what (see Agnar Helgason and Gísli Pálsson 1997). Even here in the West where such a generalised medium of exchange as money operates, there are still certain things that cannot be exchanged for money, neither morally nor legally. In Cruse counselling, clients cannot reward their counsellors by, say, sexual favours, by becoming their friends, by offering to do the garden or the shopping for them. At least, the counsellor would be expected to turn those offers down, firmly.

In professional counselling practice clients pay, perhaps amongst other things, money. Cruse counsellors though do not get paid for their work, and so what do they get? In answering this allow me to go back once more to the introductions exercise I did with Margaret. It is important here that after we had had our goes on 'each other' our disclosures were then repeated in front of the whole group. There is something mildly disturbing about having your, if not too intimate, feelings about the sort of day you've had repeated in front of a group of thirty virtual strangers who are all watching you. You feel, or so I did, intensely self-conscious on an occasion like this. But if the experience was slightly disturbing it was also quite powerful. It was powerful because of the enlarged audience, because that audience was similarly being exposed, and because of the reactions

to those exposures. 'Thank you for sharing this,' the course leader would say, indicating that your feelings were both valid and valuable. Here was of course a model for us depicting how we, too, should treat our future clients' feelings as valid and valuable. Simultaneously the future behaviour of our client, their groping for the meaning of their emotions, was being normalised. If we did it during our introductions so why not they.

If it was disturbing to have yourself thus revealed in front of a group of complete strangers, it was even more unnerving to have to disclose the feelings of others to the same group of the same strangers. There was a feeling that your incipient counselling skills were, prematurely, on display here. So I felt anyway and so did at least some of the other participants who I spoke to later during our coffee break. Still, this was not the biggest worry, as these same participants confirmed to me. What they felt most intensely was the weight of responsibility of having to introduce someone, represent someone and their feelings, in front of the whole group. 'Was I being truthful to Margaret's feelings? Did I represent her in the way she would have represented herself? Did I grasp what she was telling me?' So I mused and worried in my mind and in my fieldnotes later, reflecting retrospectively on my experience and my performance. In the same vein participants on the course could be heard, once the exercise was completed, asking their partners 'was this OK?'

What we were being treated to, what was, secretly almost, being instilled in us, was an early appreciation of the enormous responsibility that counsellors have, according to counsellors themselves, towards their clients. It is the first task of the counsellor, we would be told later and over and over again, and, in a way their primary responsibility, to get to know their clients. Counsellors must always try and understand their clients. Simultaneously this sense of responsibility is tinged with a feeling of privilege of having been made privy to such intimate details. I certainly felt, warmly, trusted when Margaret was willing to reveal to me her sense of being 'overwhelmed'. Other participants on the two courses would communicate to me similar feelings of privilege having performed exercises like

the one described above. During training we were constantly encouraged to feel and acknowledge this sense of privilege. 'Thank you for sharing this,' the course leaders would say when someone had made a contribution of the personal kind. This we were encouraged to do later to our own clients. And this, at last, is what the client offers the counsellor: the privilege to share in his deepest emotions and thoughts.

There is, imaginably, something perverse about this practice in as much as it construes the client as the giver and the counsellor as the receiver in this exchange. This, though, would be to misconceive the matter. Acknowledging the sense of privilege of being made privy to such intimate matters works to establish the nature of the relationship between the client and the counsellor precisely as Cruse wants it to be constructed. The counsellor is present here not as the authoritative dispenser of expertise, for the reception of which the client should be thankful, but as, more or less I suppose, any ordinary individual who should feel privileged for having been trusted with very intimate details of personal life. The client, likewise, is not presented as a weak, confused, disabled individual without authority, but exactly as the expert in his own matters, as someone who has something valuable to give and for whose gifts the counsellor should be thankful. This too seems to reinforce the sense of equality that Cruse seeks to create in the counselling relationship. As anthropologists have, again since Mauss (1990 [1950]) pointed out, exchange is a medium through which hierarchy and inequality in relationships, or the lack there of, can be expressed. Construing the contributions and offerings of the client as valuable seems to prevent the relationship from becoming asymmetrical in favour of the counsellor.

Yet, this construction of the counselling relationship as sliding in favour of the client is deeply ambivalent. It is after all the counsellor who sets the rules of the counselling engagement in the first place. These we were encouraged to establish at the very start of the counselling relationship, to set down the nature of the relationship, the nature and duration of the counselling encounter itself and so on. While counsellors may be encouraged to let the client be in control of the

counselling sessions, the nature of the relationship is defined and determined by the counsellor.

At the same time, though, Cruse seems to think about this series of exchanges in a different way. Talk of us, the counsellors, having to be able to 'take', 'hold', 'handle' and 'bear' our clients' stories was reinforced by references to the clients' having to 'get things off their chest', 'let it all out', 'tell their story again and again', 'share the pain' and so on. What this suggests is an image of an exchange whereby the client attempts, if only partially and temporarily, to shift some of his burden onto the counsellor. It is recognised that sometimes the 'burden' may become too much for counsellors to bear in which case counsellors may suffer 'burn-out'. To counteract this counsellors have supervision wherein they, in turn, have the chance to shift their 'burden' onto the supervisor. In my experience as a counsellor Cruse supervision is infused with the same person-centredness as Cruse counselling. Yet in the Cruse literature, as I related in the last chapter, the job of the supervisor is described in exceedingly professional terms and the supervisor established as a figure of authority. If the counsellor listens to the client in an attempt to establish where the client is 'coming from', the supervisor is entrusted to actually 'give the counsellor advice' to 'direct' her in her work, to dispense his expert knowledge for her benefit. The difference is striking but can be explained by the different places the two occupy in the line of exchange. While the counsellor stands in the middle and can shift his 'burden' onto the supervisor, the supervisor stands at the end and can in fact not shift her 'burden' anywhere. But the supervisor has the expert knowledge to 'deal' with the 'burden' and 'work through' the issues that are there bundled together.

Subjectivities

While the foregoing account of the link between subjectivity, counselling and power, may have indicated that clients enter counselling devoid of any subjectivity themselves, that is of course not the case. Clients enter counselling tangled in their various relationships with other people, burdened by their own histories, the

very things that make up subjectivity. Their relationships, their histories and, hence, their subjectivities are as different, I suspect, as those of my interviewees whose stories I relate in chapters 6 and 7. Neither, of course, does bereavement counselling spell the end of clients' subjectivities, as if these were completely taken over by counselling.

But to track the subjectivities of clients before, through and after counselling would have required a Ph.D. research on its own. It would also, I believe, have required me to sit in on counselling sessions, which I deemed both unethical and impractical as I explained in the introduction. My more modest aim here, particularly in this chapter and the next, is to try to show the potentially transformative work of bereavement counselling, and, in chapters 6 and 7, to indicate how that may be at odds with the experiences of bereaved people.

While I did not, for both ethical and practical reasons, observe any counselling sessions I have some, though limited, experience of working as a counsellor myself, and I have collected many accounts by counsellors of counselling sessions and counselling relationships. While all counselling sessions and all counselling relationships are, no doubt, different, there appears from the accounts that I have collected something of a pattern. In the beginning of a counselling relationship, during the first few sessions when the counsellor is busy earning the client's trust, the client will often be busy with telling the story of his bereavement. Counsellors think that it is important that they pay heed to those stories because, they say, the client will feel a need to tell the story so that he can all the better make sense of it himself; and because it gives the counsellor the chance to get the picture of the client's various involvements with other people that may be affecting his grief. After that though, counsellors will start to try to move the counselling more towards the feelings of the client, using the various counselling techniques described in this chapter and the next. Counsellors feel, according to what they told me and according to the training I myself received, that it is usually not enough for the client to tell their story, that the exploration of emotions is important too. Counsellors have told me that they sometimes have clients that

seem to have become 'stuck' in their own story, which they repeat, without much alteration, session after session. The same counsellors have told me that this is an issue that they would bring up during supervision. While Cruse, in accordance with its client-centered approach, acknowledges that some clients may have no other need than to tell their story, and while it is respectful of clients' possible resistance to exploring emotions, supervisors will usually, according to what I have been told, recommend that the counsellor at least try to help the client to focus on his or her feelings. I suspect that the emphasis on this has increased in recent years and some counsellors have told me that they are doing this earlier in their counselling relationships than they used to. The reason is that some local branches have now, due to increasing demand for counselling, set up - a negotiable - limit of six sessions for each client.

If clients may resist exploring their emotions by sticking to their stories, bereavement counselling itself has recently acknowledged that some clients may have needs other than those best met by exploring their emotions. While I argue in this thesis that bereavement counselling teaches that death severs the bond between the deceased and the bereaved, and that the focus of counselling tends to be upon the emotions of the bereaved, it is right to point out that bereavement counselling is not uniform in this regard. In particular, recent years have seen an increased interest in the 'continuing bond' between the deceased and the bereaved as evidenced in a book of that title edited by Klass, Silverman and Nickman (1996). Kathy Hunt (1998) has, moreover, argued recently that grief can be located not just inside the individual mourner, but in fact everywhere. These ideas are though still, I feel justified in saying (see Walter 1996), a concern of a minority within bereavement counselling. Cruse, my principal example, is very much concerned with exploring clients' feelings and teaches that at death the bond between the living and the dead is, if not over, so fundamentally altered that it might as well be. During my training as bereavement counsellor we were repeatedly encouraged to help the client to focus on 'emotion-self-present' as it would be put and were made to do exercises in pretend counselling for exactly that purpose. In addition to this, it can be mentioned, that Worden's (1991) book

on grief counselling was frequently described during training as 'Cruse's Bible'. According to Worden the 'tasks of mourning' involve severing the bond between the living and the dead, and experiencing and expressing the emotional pain that bereavement causes.

I began this chapter by suggesting that in counselling the client's subjectivity(ies) is, far from being suppressed as the social scientific treatment of counselling so far has suggested, engaged, encouraged, and actively sought. I have described the skills and the relationships that we the counsellors were, through training, enjoined to master in order for us to help our clients. The exercises of introductions and endings are indicative of how we were encouraged to help our clients to impose 'meaning' onto an otherwise chaotic world. They speak of how we were encouraged to help the client to uncover his own subjectivity by focusing upon self, emotions and the present. In doing this my account has been influenced by Foucault's (1978) notion of power as productive and of Rose's (1989b) application of Foucault's ideas. While the notion that power is productive, rather than oppressive, is fruitful it is also slightly misleading, I believe. For in producing certain subjectivities certain other subjectivities that could have been produced are, in a sense, suppressed. In bereavement counselling, that is, the relationship between subjectivity and power is even more complex than Foucault's notion allows us to gather. How and why are questions pursued in the following chapter.

Chapter 5

Experts of the Ordinary:¹ Grief, Confabulation, and Communities of Practice

‘A guided tour’

It is a glorious evening in early June. There are about thirty of us gathered together in the hospice for the bereavement counselling course. This is the sixth time we meet, gathering together in what they call ‘the upper lounge’ where we sit, in oddly assembled arm chairs, presents to the hospice from charitable local businesses, in four or five irregular semi-circles that have their centre in the flip pad by which are stood our two teachers. One of whom now continues. To help us to get to know what happens to people with loss, our teacher says, she invites us to do ‘*a guided tour*’. She emphasises ‘guided tour’ with the kind of voice the guy who does all the voice overs on the movie trailers uses when he wants to get people suitably perplexed, mystified and curious, curious enough to come and see the movie. She asks us all to close our eyes and imagine that we are in a huge shopping centre. We have just done all our shopping and are taking it to our car in the car park when we find out that we have lost our car keys. She asks: ‘What do you feel?’ The people around me obediently close their eyes and so do I. I find myself in the Metrocentre and notice on my left hand side the café, where I once enjoyed a

¹ Experts of the ordinary is a wilful corruption of two of Nikolas Rose’s (1989b:244-5) phrases. In constructing a four part typology of psychotherapists, or counsellors, Rose talks about ‘experts of the mundane’ and ‘experts of finitude’. The former, according to Rose, help people to deal with such, yes, mundane matters as debts and payments, housing and domestic responsibilities. The latter, on the other hand, help people come to terms with the very questions of the meaning of life as it were, death and its consequences. Experts of the ordinary carries an argument that should become evident in what follows, namely that Cruse’s conception of grief is a dedicated attempt to construe death and bereavement as natural, ordinary events and processes. The chapter is an attempt to describe how Cruse’s teaching captures this understanding and the consequences it has regarding the counsellors’ relationship with their clients.

rather nice cup of coffee filled to the brim with stiffly whipped cream. That is all I feel now, a distinct longing for coffee. I open my eyes and look around me and see that the other members of the group have kept their eyes closed. Some of them are sitting perfectly still while others wring their hands rather anxiously. Some of them hold their heads up high as if they are looking into the distance, others bow their heads as if they are staring into their navels. (Fieldnotes).

Introduction

Cruse advocates and employs in its work a number of different theories about the course of bereavement, the nature of grief and the needs of mourners. These theories Cruse has adopted from the world of academia, mostly from the field of psychology and they are variously called upon as explanations, justifications, legitimisation for Cruse's work during training and supervision. Still, as I detailed somewhat in the last chapter, these theories are not the most telling aspect of Cruse's approach to grief, not at least that of those members of Cruse who have been most involved and responsible for my own training. Their approach to grief says firstly that grief is an 'ordinary, natural experience' instigated by what is an inescapable fact of life: 'loss'; and secondly that each grief is a unique and individual experience, something that we all go through in our own way. In addition to this Cruse adheres to the person centred approach to counselling instigated by Carl Rogers. But if you assert that each grief is unique how do you then go about counselling people in bereavement? And how, indeed, does one train and motivate people to carry out such counselling? I shall argue that this is achieved by grounding a sense of individual differences in the experiences of the trainees themselves, in a process that can be termed 'situated learning' (Lave and Wenger 1991); and through 'confabulation' (Carrithers 1995) giving these a narrative structure that offers a sense of direction and coherence. Along the way, I shall continue, you invite them to join what Jean Lave (Lave and Wenger 1991) calls 'communities of practice'. In discussing and analysing how these matters are negotiated I focus on the 'guided tour' to show how during it, and similar

exercises, we were enjoined to assume different positions both along the counselling relationship and in the end allowed to become experts of the ordinary.

Gathering together the ethnography related here and in last chapter and by using insights from the anthropology of emotion, the anthropology of the person and Foucault's (1988) notion of 'technologies of the self' I shall attempt to show how Cruse's work draws sustenance from what can be called (see Kirckpatrick and White 1985) an English 'ethnopsychology' of the emotions and the person to focus its work upon the self, emotion and the present. I shall attempt to show how this bereavement counselling seeks to return the bereaved individual back to the state prescribed as 'normal' in English 'ethnopsychology' and bereavement counselling.

I shall argue, finally, that bereavement counselling is an example of what Foucault (1988) calls 'technologies of the self'. I argue too that as such it is part of the governmentality of contemporary Britain that seeks to govern its individuals through their desires, wants and wishes. Such a governmentality, I conclude, requires that the self be laid open, its terrain chartered, through such technologies as, for example, bereavement counselling.

First, though, what are the theories upon which Cruse draws but at the same time defines its work against?

Loss: the stages, faces and tasks of grief

On the second evening on one of the training courses our teacher told us that tonight she was going to talk about 'loss'. Our teacher stood by a flip chart at the further end of the room. We, the trainees, sat in an almost perfect circle around her. Looking at us she began by saying that everything, every experience, life simply, is loss, involves loss. Looking at the flip chart and then back at us she asked us to give examples of different types of losses. We were slightly perplexed and coy. The experienced counsellors who were there with us clearly knew what

was going on and one of them replied ‘loss of job’. ‘Loss of job,’ the teacher repeated, ‘thank you Julia,’ and wrote **job** on the flip pad chart. ‘You can lose power,’ someone else added and the teacher wrote that on the flip pad. Slowly people were getting the hang of this and so more people offered examples of losses. Some people were bolder than others and had more than one suggestion to make, some did not suggest anything. The suggestions were written up in orderly rows and bold, large letters on the flip pad, something like this for all of us to see:

job	parts of the body
power	will to live
self-esteem	dignity
confidence	status
appetite	purpose
home	smell
pets	taste
possessions	

An exercise like this, whereby the ideas and the experiences of the participants were actively sought were a feature of the two courses that I undertook and of the regular training that I now attend. The exercises would be followed by a short, or sometimes a long, talk by one of the teachers and this night was no exception. Our teacher sat down and started by saying that academics now agree that grief is a ‘natural reaction to loss’. She continued that there are many different theories about the course and nature of grief and explained how earlier theories tended to conceive of grief as composed of phases or stages through which, more or less, all bereaved people would have to go. Our teacher added that the most famous stage model in the death business was probably that put forward by Elizabeth Kubler-Ross (1970) in her by now almost legendary *On Death and Dying*. There Kubler-Ross postulated that those dying of terminal illness will go through five emotional stages. Upon receiving diagnosis they will, Kubler-Ross argued, go through a *denial* and refuse to accept the verdict they

have been handed. When the patient begins to accept the diagnosis denial gives way to *anger* as the patient begins to question why he has been handed this cruel fate. As anger subsides *bargaining* begins during which the patient may attempt to strike deals with God or whoever, promising whatever in return for a cure or maybe a bit more time. But as bargaining is seen not to work the stage is set for *depression* to move in. Depression, but only in some cases Kubler-Ross was careful to point out, gives way to *acceptance*, a peace of mind in face of what is to come (see Walter 1994:70-1).

Our teacher told us that Kubler-Ross's stage model had been hugely influential and had indeed been adapted to the emotional process of mourning as well as that of the dying (see Walter 1994:78). Our teacher continued that Colin Murray Parkes who is now the president of Cruse, she added, and a leading authority on grief, set out three stages through which the grieving process passes. Parkes, our teacher said, says that grief starts with numbness which then gives place to pining which then leads to disorganisation and despair, and it is only after the stage of disorganisation that recovery, or reintegration occurs (see Parkes 1986[1972]:27; Walter 1994:78).

Our teacher continued by saying that many people now doubted the neat linear, stages theories of grief. She said that many people felt that grief was so complex and the experience of it so individual that the notion of stages could not possibly capture that variety.² She said that many people in Cruse like Worden's (1991) notion of the tasks of grieving.³ She explained that the first task of grieving,

² Our teachers are not alone in their opposition to stage models of grief. Herman Feifel, who back in 1959 with his edited volume on *The Meaning of Death* did a lot to establish the study of death as a respectable subject in America, says in 1988: 'We should beware of promulgating a coercive orthodoxy of how to mourn' (Feifel 1988:3). Feifel explains that in 'the last analysis, an 'appropriate' mourning is one that is acceptable to or tolerated by the mourner, not one so designated by either the helping professions, significant others, or the community. Individual differences and respect for personhood must be our principal guides' (Feifel 1988:3). Feifel's paper was published in *Bereavement Care*, 'an international journal for those who help bereaved people', as it says on the cover, that is published by Cruse, one of which present editors is Colin Murray Parkes, and that would be presented, along with a selection of grief therapy books, on a table during our monthly training meetings with Cruse.

³ Worden was frequently referred to during training. On at least one occasion his book was called 'The Bible of Cruse'.

according to Worden (cf Worden 1991:10-18), is to 'accept the reality of loss'. Worden suggests that there are three varieties of 'not believing'. The bereaved person can deny the *fact* of loss by not accepting that the deceased is dead. Certain external circumstances can encourage this, for example if the dead body is not recovered, or, even, if the dead body is not viewed by the bereaved person. But even if the bereaved accepts the fact of loss she can deny the *meaning* of loss. She can deny the impact of the loss, downplay the importance of her relationship with the dead person and ignore the effects that the cessation of that relationship has. Finally, the bereaved person can deny that death is *irreversible*. While taking on board the fact that the deceased has died and the meaning of this, the bereaved may still hold out the eventuality that the death is not final and irreversible, that sometimes, somewhere they will indeed meet again.

Our teacher stressed that there is a difference between 'intellectual and emotional acceptance' (see Worden 1991:12). She said that people can accept the reality of loss and in all of their outward behaviour show that they have understood and accepted that fact without actually feeling any of the feelings that are associated with grief. Here, she continued, we encounter Worden's second task of grieving, that of 'working through the pain of grief'. She said that it is important that people actually experience the pain of grief, that they 'feel the pain' only in that way will the loss become 'really real', only that way can the bereaved 'emotionally accept the loss'. Having 'worked through the pain of grief', our teacher continued, the bereaved person can set upon task three, 'adjusting to an environment in which the deceased is missing'. She said that when we are talking about long lasting relationships like marriage, for example, people's identity can be so intimately bound up with that of the deceased that death is not just a loss of a 'significant other' but also a loss of a 'sense of self'. If the bereaved person can 'adjust to the new environment', our teacher continued, the bereaved person can tackle task number four and 'emotionally relocate the deceased and move on with life', and 'invest in new relationships'. This would involve, we were told, finding a place for the dead that does not exclude others, being able to keep alive the memory of the dead person without that coming between the bereaved person and

any other persons she might want to establish relationships with. The teacher continued by saying that Worden (cf. 1991:9-10) maintains that it is necessary for the bereaved person to carry out the tasks of mourning following a loss in order to re-establish 'normality' or 'equilibrium'. Mourning, says Worden, is not complete until these tasks have been completed and incomplete mourning can impair 'further growth and development'. The characteristic of Worden's theory that most attracted our teacher is the idea that grief is constituted by 'tasks'. The attraction, she continued, is that this idea of grief does not render the bereaved person as hopelessly helpless. On the contrary she is to some extent made responsible for completing the tasks that lie before her. This view, the teacher concluded, sits well with the client-centredness that is the basis of Cruse's work. Standing up, our teacher said that this was possibly also the weakness of Worden's theory. Many bereaved people, she said, seem to be 'consumed' by their grief and not really able to carry out the tasks that Worden would prescribe them.

The last theory of grief that we were introduced to at this stage is the work of a certain Ramsey (my subsequent attempts to find references to Ramsey's work have failed). Our teacher says that Ramsey splits grief up into different constitutive components and she invites us to offer contributions from our own experience. Explaining these our teacher said first there is 'shock' which involves 'de-personalisation' a feeling that 'you are not there', that this is 'not happening to you'. She said that shock happens in the beginning of bereavement and will manifest itself as something that is best described as 'inappropriate behaviour,' a 'kind of a lack of tact.' It may involve pain, dumbness and a dream-like state of consciousness. Because of this people in shock may need physical comforting which gives them a kind of 'connection with the world again'. Shock, our teacher continued, may mean that people do things as if automatically, without really 'being there'.

The next component is 'denial'. The teacher explained that 'denial has a 'defence function' that lasts for short periods. 'Denial', makes it possible for people to do

all the things that they have to do after someone has died. It involves, our teacher added, acting as if the dead person was still alive and can entail visual and auditory hallucinations. 'Disorganisation,' our teacher continued, is the third component. It involves loss of memory, lack of concentration and 'hypercare of control.' That is replaced by 'anxiety' which might involve 'panic attacks' and 'feelings of vulnerability'. The next component is 'guilt' and our teacher explained that guilt is often found when the relationship between the grieving person and the deceased had been ambivalent. Often the 'anger' that the bereaved feels towards the deceased in such relationships is 'turned inwards on themselves where it turns into guilt.' Our teacher said that we could approach these issues of 'guilt' by applying 'reality tests' to the bereaved. We could 'go through what actually happened' with them and help them to 'explore if their feelings match the facts'. Our teacher added that bereaved people often develop a distorted picture of the world and that we, as counsellors, can help people to think through 'a new view of the world.' She added that research shows that those 'who lack a sense of the world' may develop post traumatic stress disorder.

The sixth component of grief is 'anger' which can involve either 'irritability' or 'frank anger'. 'Irritability', our teacher explained, is 'suppressed anger' and it comes out haphazardly and can be directed at all and sundry. 'Frank anger' is aimed at someone specific that is in some ways connected with the death, sometimes the deceased her- or himself. 'Anger' may sound entirely unreasonable, our teacher continued, but 'feelings are always valid, they are never wrong.' They do need to be 'worked on and expressed, that's therapeutic.' To 'keep feelings down adds to the pressure,' she added. The teacher asked us to think about the 'primitive threat that babies feel,' when they experience strong emotions like anger and how words don't seem to work in consoling them but holding them tight sometimes does. She said that it was like we were showing the baby that we have 'a space inside us to take the anger,' that we can 'hold the strong feeling that the baby cannot control and give it back to them, we can actually hold their feelings for them and show them that the anger is not going to rip them apart.'

‘Depression,’ is the seventh component of grief. Depression can be ‘anger turned inside.’ Our teacher said that as it was not acceptable in this society to feel angry towards the dead, which is exactly what many bereaved people feel, you are not allowed to express and feel your anger and so bereaved people often turn ‘their anger’ inside, towards themselves where it takes the form of depression. ‘Depression’, she added, involves also the things that we most readily associate with grief: sorrow, pining, sadness, helplessness, hopelessness, and waves of ‘psychic pain’ which, Jackie explained, is a particular kind of pain that is ‘simultaneously physical and emotional’.

The eighth component of grief is ‘resolution and acceptance’ which is characterised by ‘absence of denial’. It means that we are able to ‘say good-bye to the dead person without having to forget.’ This is followed by ‘reintegration’. At this point, our teacher said, we have ‘emotional energy to reinvest’ in other relationships. According to this view, Jackie continued, we can only reintegrate once we have ‘dealt with all the other components of grief.’ If people establish new relationships too soon ‘they will have to keep their feelings down,’ feelings that are bound up with their earlier relationship with the dead person. But ‘these feelings’, she concluded, ‘they catch up with them, you have to deal with them.’

These different theories of grief were used during training to explain the nature of grief and the needs of mourners. In that way they were also used as a legitimisation of Cruse’s work. The different theories have different advantages. Worden’s tasks of mourning conform to Cruse’s ethos in that they constitute the bereaved person as the agent in their own grieving. Ramsey’s notion of the ‘components’ of grief has the different advantage that it allows an understanding of grief that can be simultaneously individual and universal. In any individual grief we can then find different components without having to look for all the possible components that might be there. Together these theories do depict a path along which counsellors can expect the bereaved to travel.

Yet the aim is, of course, not academic but to help people in their bereavement. Accordingly we were treated to discussion about the ‘determinants of the outcome of grief’, or ‘risk factors in bereavement.’ Our teacher said that while she was not favourable towards views that grief is at any time, or in any form, ‘abnormal’ or ‘pathological,’ she felt that we had to be open minded about the fact that some bereavements are more ‘difficult’ than others and that some bereaved people might require more specialist help than what we could offer them. Our teacher said that the ‘determinants of the outcome of bereavement’ included things like: childhood experiences, especially the losses of significant others; later experiences, again especially the losses of significant others; previous mental illness; life crises prior to the bereavement; relationship with the deceased, the strength of the attachment, the security of the attachment, the degree of reliance either way between the bereaved and the deceased, and the intensity of ambivalence in the relationship; and mode of death, timeliness, previous warnings, preparation for bereavement and need to hide feelings that the bereaved person may have felt during the illness of the deceased. Also important, our teacher added, were these characteristics of the bereaved: sex, age, personality, things like grief proneness and inhibition of feelings; socio-economic status; nationality; religion; cultural and familial factors influencing expression of grief. To these could be added: social support or isolation; secondary stresses, like loss of income, if moving house became necessary and so on; and emergent life opportunities, if people had the chance to keep their options open and ‘develop into new directions.’

Rose (1989b) has commented that psychological intervention depends upon a distinction being made between the ‘normal’ and the ‘abnormal’, between what requires intervention and what not. The theories mentioned do, undeniably, depict a particular picture of the human being, of what is healthy and what not for such a being. Interestingly, if not surprisingly, the values expressed through this distinction are those extolled by counselling too. It is good to be able to experience and express your emotions. It is good to be autonomous, to be able, that is, to sever your relationships with other people and build new ones. Existing

relationships should be built upon to become equal and transparent, rather than dependent or ambivalent. The model for such relationships is the counselling relationship itself, wherein the authority of the counsellor is actively downplayed, where the dangers of dependency are constantly averted, where emotional confusion is diverted by drawing up a contract between counsellor and client where the exact nature of the relationship is defined.

These theories - both those that describe 'normal' grief and the others that describe 'abnormal' grief - are used as guidance in Cruse's work. Sometimes during training we would be divided into a number of small groups, four or five together, given a piece of paper containing a description of 'a case' of bereavement and asked to identify the probable components of grief involved, the tasks of mourning, and the possible determinants of the outcome of the bereavement. Here is a case a group of mine was once given:

Bill's story

Following the death of his wife after a long illness, Bill's G.P. has suggested to him that it might be helpful to see a Cruse counsellor. Bill does not see that this is necessary. He's fine. He thinks he is coping, as he knew he would, without needing help from others. His work hasn't suffered. He missed one day from work for the funeral. He takes care of the home too. He cooks a meal every night and drives his teenage children around for their activities. Bill knows he must be very tired, but he's too busy to notice. He hasn't had a 'proper talk' to anyone for months, and he's really quite glad about that. Bill lost his father when he was thirteen. It was one of those things. His mother had coped very well. He remembers her breaking down only once. He and his sister got on with living. All that happened a long time ago. He never really thinks about it.

There were four of us in my group, two men and two women. We were all new to counselling as we were quick to confess as we sat down together around the table with Bill's story in front of us. It took us a while to get going, no one of us was quite sure about what was expected of us, none of us was ready to take

charge. Someone had the idea of consulting their notes from the week before and gradually we got into our stride. Joan said⁴ ‘well I wonder if the fact that his wife died after a long illness makes a difference. She will have been ill for quite some time and required a lot of care.’ ‘Shall we write this down,’ Paul asked, ‘an antecedent that may have made his grief more difficult?’ ‘You do that Paul, you write it down,’ Sue said before adding ‘there is the earlier loss as well like.’ ‘Uhm,’ I said, ‘it seems to suggest that he hadn’t dealt with the death of his father.’ ‘Yes,’ Joan added, ‘and the way in which his mother coped seems to have kind of set the standard for his own coping.’ ‘Or not coping,’ Sue intervened, ‘I wonder if you think about this in terms of Worden which tasks Bill has completed.’ ‘Well,’ David said making a break from his ferocious writing ‘can you say that he has even started, has he,’ David looked at his notes, ‘accepted the reality of the loss?’ ‘Well,’ I said, ‘he seems to have adjusted to life without his wife, is that task three?’ ‘Uhm,’ Joan said, ‘maybe, but not tasks one and two.’ ‘Yes,’ Sue added, ‘and the children are also a burden like, that’s one of the things.’ ‘Feelings,’ Joan said, ‘he doesn’t express his feelings, he’s happy not to talk.’

It was at this moment that our teacher beckoned us back into the main group. Standing by the flip chart she asked the groups to read out the stories they had dealt with and tell everybody what they had made of them. The groups had their goes one after another recounting the observations they had made on the basis of Worden, Ramsey and the others that Jackie had mentioned. These Jackie wrote on the flip chart like ‘does not express feelings,’ ‘depression,’ ‘anger,’ ‘guilt’.

Afterwards Jackie told us of Worden’s position that mourning ends when the bereaved person can ‘reinvest in new relationships’, and of other theories that suggest that mourning ends when the grieving person no longer has any need to ‘reactivate the representation of the dead person with exaggerated intensity in the course of daily life’; or when the mourning person can think and talk of the

⁴ The names and the account here somewhat fictional. I couldn’t record the whole episode as accurately as I pretend to be able to recount it here. But while I’m putting words in people’s mouths these are words that would not be out of place there.

deceased without being 'consumed with pain'. Jackie stressed that Cruse was rather against any medical metaphors of grief that suggest that grief is like a disease from which you can 'recover'. It is not like that, she said. What we can hope for is to help people 'to learn to live with the loss'. Jackie added that she was not really comfortable with such notions as 'abnormal' and 'pathological' grief. She said that the bereaved will generally 'do what they need to do'. She added that it was still important for us to be able to recognise 'problematic' or 'complicated' grief. She added that Worden (cf. 1991:75-7) talks of the following as 'clues' that can indicate 'complicated' grief. If the client cannot speak of the dead person without intense and fresh grief or if minor events, the kind of setbacks everybody suffers in daily life, trigger intense grief that can point to complicated grief. If the bereaved person is unwilling to move, alter or dispose of the material possessions that belonged to the dead person or if the grieving person has a compulsion to imitate the deceased may also point to complicated grief. That the bereaved person makes special, unexpected changes to her life, excludes friends and family for example, or if the bereaved person shows self-destructive impulses or phobia about illnesses may also be clues to complicated grief. Jackie concluded by saying that Worden suggests that the goal of counselling when dealing with complicated grief is to resolve the conflicts of separation and to facilitate the completion of the grief tasks. In order to achieve this the counselling has to attempt to bring about 'the experiencing' of those thoughts and feelings that the bereaved person has been avoiding.

'A guided tour', again

Issues of complicated grief would not receive much discussion during training. While acknowledging that its counsellors must be able to recognise particular complications in grief or if there are any 'underlying personality disorders' so that the assistance of more specialised professionals can be sought, Cruse sees its constituency as 'normal' grief. The two most outstanding features of grief as portrayed to us by our teachers are that it is 'ordinary', the natural result of a natural event, and that each individual grief is 'unique', that each bereaved person

will have different needs, different experiences and do different things. I return to the ‘guided tour’ with which I started this chapter to explain how these two features of grief were made visible to us during training. At the same time - I shall attempt to demonstrate - they were and had to be made visible to us in such a way that they did not appear simply as individual experiences but experiences that we could expect to observe later in our future clients. I return to my fieldnotes where I left them at the beginning of the chapter.

After a few moments the members of the group start to open their eyes. There is a moment of reflective silence and then, slowly, hesitantly, someone says ‘I feel sheer panic.’ The teacher writes **sheer panic** on the flip pad. ‘Anger’ someone else says; ‘I have palpitations’ someone adds and so the members of the group start describing their feelings in no particular order often talking two at the time. Sometimes these descriptions take the form of one word, sometimes they are longer descriptions as if people are looking for the right word. In those cases the leader will come to their rescue offering her suggestions and each description, each feeling, is translated into a word or a phrase that gets written on the flip pad. I turn my attention to the flip pad and write down what has been given manifestation there. The feelings people mentioned at this stage, as written on the flip pad, are⁵:

sheer panic **anger**

palpitations

sinking feeling in the stomach

hot **bewilderment**

jumble of thoughts

frustration **vulnerable**

guilt **fear**

tracking what’s happened **like breaking glass**

⁵ Things written on the flip pad are here conveyed in bold letters. What was written on the flip pad, at this stage, was more jumbled than I have managed to convey here with words scattered all over the place. This is important, I believe, as I will explain later.

The teacher then asks us to go a bit further, beyond the initial ‘*shock*’, and imagine what we’d feel then. Again the people around me close their eyes. I close mine and now I can feel something of a panic rise in my chest. After a few moments people start to open their eyes again and, as before, they relate what they had experienced. This often takes the form of little stories as when someone says ‘I went through my pockets again not believing that I had lost the keys.’ Again the descriptions are distilled into a word or a phrase and written on the flip pad:

disbelief
stupid **wondering where I might have lost them**
wondering if to get help **fatigue** **sick**
shock shallow breaths helpless
embarrassed and getting red in the face **sweat**
tense
isolated **‘oh what the hell will my husband say’**
longing to find them
burdened with all the shopping
lost **wondering if identification was with the keys and**
worried in case thinking I was going through a bad dream
angry towards others if the keys had been stolen

wondering if the car was still there

The teacher asked us to close our eyes again and go a little bit further. ‘You are still in the shopping centre,’ she said, ‘and you have realised that the keys are lost: what do you feel?’ Once more people close their eyes. I open my eyes and watch those around me. There is a pained expression on some faces, some hands are kneading as if in anxiety, heads bowed in introspection. Then, after a couple of minutes, people open their eyes, look up at the flip pad and start, without prompting from the teacher, describing their feelings. ‘I feel isolated,’ says one. ‘I’m still in shock but now I want to do something,’ says another

one. And so they go on, one after the other. These are the feelings that people describe, as translated to the pad by our teacher:

isolated still in shock but wanting to do something

looking for a security man shaking all over

weary mentally retracing my steps

checking the car if the keys were there

realisation it's actually happening

guilty for spoiling a good day

sense of urgency to form a plan of action

would cry if I would phone home

still wouldn't believe I lost them swearing and words coming out of

my mouth accepting

wondering about other people's reactions

planning what to do next

phone the AA

Once more the teacher asks us to continue a bit further and imagine what we'd feel then. Going through the same routine again people close their eyes and bow their heads, turning back to the story and what is 'going on inside them.' Returning, people open their eyes and raise their heads to face the flip pad. 'I have started to retrace some of my steps,' someone volunteers. 'I've found the car and phoned my husband,' another one relates. And so on. This is what people describe, as transferred to the flip pad:

start retracing some of my steps

started to calm down

found the car and phoned the husband

go for coffee or something stronger

restless

give myself a strong talking saying ‘pull yourself together’

really cross at not having made a contingency plan

resignation

‘Now,’ the teacher asked us smiling broadly, ‘are people ready to stop at this point or do you want to check your car keys?’ (Fieldnotes).

Confabulation, situated learning and ‘the journey through grief’

The ‘guided tour’ can be analysed in terms of Lave and Wenger’s (1991) notion of ‘situated learning’. They advanced the notion of ‘situated learning’ to capture two aspects of learning she claims are often overlooked in education theory. Firstly, ‘situated learning’ stresses how learning is not an individual solitary activity but enmeshed in a field of social relationships. It emphasises how, through these relationships and in addition to the disembodied knowledge conveyed to them through the more formal channels of education, apprentices pick up skills, values and attitudes that are essential for the job they are training for. Secondly, situated learning emphasises how effective teaching can be achieved by encouraging the activities of apprentices in a ‘community of practice’.

Another way to look at the ‘guided tour’ is through Carrithers’ (1995) notion of ‘confabulation’. To ‘confabulate’ (Carrithers 1995:275) commonly means to chat together, with a hint of gossiping or story-telling. To this, Carrithers (1995:275) suggests there be added a further implication, that of making together, or ‘confabrication’ so that confabulation becomes the co-operative making of something through the telling of stories. The ‘guided tour’, in this sense, offered us an opportunity to ‘confabulate’ an account of loss and the experience of grief that follows. The account is clearly a story in that it contains a plot (Bruner 1986; Packer 1991), if a short one. It may be useful here to employ Bruner’s (1986; but see Carrithers 1991; 1992:77-8) idea that stories can be divided into ‘landscapes of action’ and ‘landscapes of consciousness’. Here the ‘landscape of action or events’ was provided by the teacher, the ‘landscape of consciousness’ we, the apprentices as Lave (1991) would have it, provided ourselves, enjoined as we were to map our experiences onto the set of events that was related to us. Through this our ‘loss’ and the reactions it provoked was made to appear

ordinary to us. Through the 'guided tour' we were made aware of the sensations, of the strong feelings associated with loss. By separating the two landscapes of action and consciousness we were also made forcefully aware of the individual nature of grief. At any one point along the story when we were asked to reveal our landscape of consciousness quite a wide variety of experiences was reported: from 'anger' and 'sheer panic' to 'palpitations'; from 'a sinking feeling in the stomach' to 'a jumble of thoughts' each of which would be accepted and written upon the flip pad by our teacher. If my reaction was 'sheer panic' I was also made aware of the fact that the person sat next to me was feeling 'hot' and the one in front of me was 'bewildered'.

Yet we were not each and everyone of us simply being given permission to express our idiosyncratic emotions aroused by the loss of our car keys. We were there together as a group sat in front of our teacher and the flip chart, and while each and everyone one of us travelled alone behind their closed eyes, together we created the story of our journey. As the landscape of action and the landscapes of consciousness met what was formed was a story in which our reactions to loss were made visible as ordinary and as individually variable and unique. Still, the picture that emerged was a collective picture in which we could all share. We could share it, partly, because we had all co-operated in creating it. Our experiences might have been different but we were together in our diversity; grief is natural and normal, yet individual and unique.

While Cruse may be suspicious of stage theories of grief these, do possess a definite advantage. They map a clear path along which the bereaved travel, with an identifiable beginning and a clear end. This conception has the advantage of making the work of the counsellor more manageable which in turn may make it easier to motivate counsellors and trainees. In addition to this Cruse's work itself is constructed with a clear beginning and a clear end. It starts with death and it ends when the client is capable of leaving the counselling relationship. It is maybe not surprising then that the understanding of grief that was presented to us shares many of the same characteristics as stage theories of grief. Ramsay's conception

of the components of grief, that I described before, maps a clear path from shock and denial through disorganisation, anxiety, anger, guilt, depression, resignation and reorganisation. Worden's four tasks of grieving, listed in 'Cruse's bible': accepting the reality of loss, working through the pain of grief, readjusting to an environment where the deceased is missing and reinvesting in new relationships, similarly seems to depict a road, all be it a twisted and a tortured one, down which the mourning travel.

Even our own contributions to the 'guided tour' seem to possess the same character, moving as they do from 'sheer panic' and 'anger', for example, through 'disbelief', 'sense of urgency to form a plan of action' to 'found the car and phoned the husband' and 'resignation'. Indeed it was noticeable how many of the things that the participants on the course related were the same or similar to those that are to be found on the lists compiled by for example Worden (1991). That, again, is maybe not surprising. The structure and logic of both Ramsey's and Worden's theories and of our 'guided tour' is clearly narrative and it is a distinguishing feature of stories that they depict a movement in time and give direction to a series of seemingly static events (Riessman 1993). Stories allow people to 'perceive any current action within a large temporal envelope, and within that envelope they can perceive any given action, *not only as a response to the immediate circumstances ... but also as part of an unfolding story*' (Carrithers 1995:262, emphasis -aa.). In this way our experiences were given meaning, shape and direction by being tied to the events of the shopping trip. The initial shock of discovering that the car keys were lost gave way to anger and frustration as the realisation of the loss set in, which in turn gave way to emerging plans of some sort of action.

Indeed two of the most prominent metaphors in training are of grief as a 'process' and as 'a journey' - a metaphor that has through the centuries been used to describe death (Lakoff and Johnson 1989). Both of these metaphors seem to indicate both a beginning and an end to grief. A further indication for this can be found from the attitude towards medicine and alcohol found in bereavement

counselling. As I have mentioned before it is still a common practice for doctors to prescribe tranquillisers to grieving persons who seek their advice. The bereavement counsellors that I know are dead against this practice. They point out that drugs cannot substitute for providing an environment where the grieving person can express her emotions and that prescriptions only serve to delay or divert the grieving process. Bereavement counsellors are not alone in their belief. The British National Formulary (1994) and the Committee on Safety of Medicines (1988) advise doctors against using tranquillisers in bereavement arguing that their use may 'inhibit progress through the grieving process' (Warner and King 1997:14-15). Apparently there is not much research evidence to back up these concerns (see Osterweis, Solomon and Green (eds.) 1984:270; Warner and King 1997:14-15) but one can see the reasoning behind them. Indeed if the bereaved person has to accept the reality of loss and work through her emotions - 'feel the pain' - tranquillisers, by definition almost, are going to get in the way by dulling the senses. The same is said of alcohol which bereavement counsellors, it seems, do not recommend as a remedy to bereavement and which they similarly present as getting in the way of grief running its proper course (see Ross 1996).

Persons and emotions

Recalling what was said about Cruse's ideas about the counselling process in the last chapter, a picture may start to emerge of the images by which Cruse makes sense of its clients and of its work. These images centre around the person and the emotions.

Ever since Mauss' (1985 [1938]) classic study anthropologists have been deeply interested in the nature of personhood in different societies (see Carrithers 1985; Cohen 1995; Cohen and Rapport (eds.) 1995). Almost invariably anthropologists have described the common-sense Western conception of the person as, in the words of Clifford Geertz (1983:59), 'a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgement, and action organized into a distinctive whole and set contrastively

both against other such wholes and against its social and natural background.’ This notion of the person is frequently contrasted with ideas found in non-Western societies where persons are often described as less coherent and more dependent upon relationships with others than is the case, according to these descriptions, in the West. Geertz (1973) argues that the Western notion of the person finds its negation in Bali where a de-personal notion of the person is linked to a de-temporalised notion of time; and Ohnuki-Tierney (1987) asserts that in Japan the person is inconceivable without reference to relationships with other such persons, to take but two examples. James Carrier (1995) believes that the image of the person in the West, as a stable and coherent entity, may be an example of Occidentalism. Jonathan Spencer (1997:694), in contrast, argues that in anthropology ‘there has been agreement that the same people may hold different senses of personhood, sometimes stressing the person as the evanescent centre of a network of exchanges and relationships, at other times stressing a more familiar sense of the person as a robustly bounded individual.’ Spencer continues that this ‘suggests a potentially fruitful area for ethnographic inquiry: in what contexts, for example, do ‘individualistic’ ideas of personhood predominate and in what contexts are they downplayed or denied? When is the self most easily viewed as stable and enduring, and when is it better understood as a temporary product of an idiosyncratic history?’

Spencer’s suggestions can be fruitfully applied to look at the notion of the person that informs Cruse’s work. In it there is a tension between the person as, on the one hand, autonomous and, on the other, as relational and contingent, a tension that may be a characteristic of the English conception of the person more generally (see Strathern 1988, 1992a and 1992b; and Simpson 1994, 1997b, 1997c). Firstly, in Cruse’s notion of the client as ‘expert in himself’ is contained the Cartesian (Nagel 1987:chapter 3) belief that the individual knows his own mind in a way that no one else can. At the same time though Cruse counsellors make use of the Freudian insights that we may be subject to ways of thinking, feeling and behaving that we incorporated in childhood and of which we may be unaware and over which we may have no control. In discussing *Ben’s story*, the

one I related before, with our teacher and in front of the group she suggested that Ben might inadvertently have learnt his way of coping from his mother and that this might be preventing him from 'coming to terms with his loss'.

Secondly, there is a tension in Cruse's conception between the person as an individual and as a being tied to other people through what Bowlby (1981) calls 'attachment bonds'. According to this picture people are normally 'functioning individuals' but, upon suffering loss, are thrown into the ravine of grief, wherein they become the plaything of the forces of emotions, only, hopefully, to reappear again in calm waters as independent, autonomous individuals. This thinking is evident from the pictures of the course of grief that we the trainees were introduced to. When explaining Ramsey's notion of the components of grief our teacher said that shock involves 'de-personalisation', a feeling that 'you are not there' which manifests itself in 'inappropriate behaviour', a 'lack of tact'. Denial entails 'visual and auditory hallucinations', while disorganisation involves a 'loss of memory and lack of concentration'. Anxiety entails 'panic attacks and feelings of vulnerability and being overwhelmed' and the bereaved can be 'consumed by guilt and anger' before they succumb to depression through which they may finally achieve 'resolution and reintegration and reinvest in new relationships'. During our 'guided tour' we experienced 'sheer panic', 'bewilderment', 'jumble of thoughts', 'vulnerable', 'isolated', 'lost', and 'resignation'. The trajectory that is thus established speaks of a state of control and autonomy that is lost and then, hopefully, regained. In this way Cruse's trajectory of grief inadvertently resembles van Gennep's (1960 [1909]) classic analysis of rites of passage where grief takes the place of liminality. Parkes (1992) talks of grief as a period of transition through which the bereaved individual has to shed his former identity and take up a new one. A number of our teachers commented that the bereaved may 'need to fall apart' in order then to put themselves together again. 'To fall apart' is, of course, only one of many similar metaphors, like 'fall to pieces', 'break down', 'being shattered' that similarly convey this sense of loss of personhood and are frequently employed in talk of the bereaved.

This may be the place to draw attention to some of the language that is commonly employed in bereavement counselling. It is interesting that our 'guided tour' involved not death but the loss of car keys. While I believe that it would have been seen to be less than appropriate to ask us to imagine the death of someone close to us asking us to think of something seemingly so trivial and so undramatic as the loss of our car keys reinforced again the understanding that grief is an ordinary experience, as I detailed above, and it, implicitly, encouraged us to view death and its consequences as part of a larger category, *loss*. Now loss is of course used to refer to the financial fortunes of both companies and individuals but the comparison only starts there. Where it gets interesting is when the talk turns, as it does in Worden's (1991) four tasks of grieving and as it sometimes would during training, to the need to 'withdraw emotional investment in the deceased', and 'reinvest in new relationships'. The individual here takes on the shape of a business whose well-being is subject to 'sound investments', to withdrawing (emotional) capital from those investments that are making a loss and turning them to those that are making a profit. A residue, I believe, of this thinking can be found in the emphasis that is placed upon too much *dependency* as a source of potentially complicated grief. Now I never heard anyone actually talk about someone having a need to 'diversify' their emotional investments, like a big company too reliant on one source of income or a small country too reliant on one source of export might be said to need to 'diversify', but I have heard bereavement counsellors say that people who have many and 'diverse' relationships, as opposed to few and dependent ones, are less suspect to complicated grief. On one occasion some of the experienced counsellors expressed their strong disapproval of what has been a fairly common practice amongst the poorer social classes in the North East, for the youngest child to stay at home indefinitely and look after their parents. This, they said, was to deny the child the opportunity to live their own life, to establish their independence, and could have disastrous consequences once the parents passed away and the child was left with what? Nothing.

To return to Spencer (1997), counselling is the context in which the person is thought of as less than the stable and coherent entity that s/he was before, and hopefully after, grief strikes. The former feeds the need to justify and legitimise counselling as an activity and provides it with an area upon which to work and an aim to achieve. That the aim is the autonomous individual is understandable to the extent that this is the dominant conception of the person in post-Thatcher Britain. Paul Heelas and Paul Morris (1992:1-2) point out that since 1979 Conservative Governments - and one might add that the new Labour Government has continued this project - have been engaged in constructing a 'New England' of enterprise that is free, prosperous and secure. In doing this the Government attempted to give individuals more control over their lives and extolled the virtues of autonomy, self-reliance and self-respect. Lord Young of Graffham (1992:29), one of the architects of the 'enterprise culture' observes that the 'basis of the enterprise culture lies with the restoration of the age of the individual. Individuals must be given the scope to develop their skills, take on responsibility, and use their personal initiative. It is built on the 'liberation of the enterprise of the individual', the virtues of 'responsibilities, initiative, competitiveness, risk-taking, industrious effort' (Young 1992:32-3). So counselling may attempt to restore individuals to the very state successive British governments have tried to bring into being. David Marquand (1992:65) points out that the relationship is mutual. He argues that the rhetoric of enterprise - the rhetoric of choice, freedom, individuality, initiative - appealed because it struck chords that the romantic revolution of the sixties - of which the growth of humanistic counselling was a part - had brought into existence.

How exactly is this transformation to be achieved? How can a person who has fallen apart put herself together again? To answer that I need to look at the conception of the emotions that Cruse employs. Now, if anthropologists have had a long interest in the person their interest in the emotions is more recent (see Lutz and White 1986). But the anthropologies of emotion and person share one thing: both operate a West against the Rest dichotomy. It has been pointed out by a number of scholars (see Lutz and White 1986; Lutz 1990; Lutz 1988; Wikan

1990; Wikan 1993; Abu-Lughod and Lutz 1990; M. Rosaldo 1984; Solomon 1984) that the Western common-sense makes a radical distinction between thought and emotions. Thought, in this scheme of things, is conscious and wilful action, subjected to the principles of reason. The emotions, on the other hand, are gut reactions, our unwilled and unconscious natural responses to external stimulus. Lutz (1988 and 1990) has pointed out that the distinction between thought and emotion carries with it certain forms of evaluations. According to these, Lutz argues, thought, the expression of our rationality and our humanity, is customarily ranked higher than the emotions, the residue of our animality. She shows how reason, in turn, is associated with the public arena of politics and business and emotions with the private arena of home and domesticity (see Lloyd 1983). Lutz points out how politics and business are expected to be run on rational principles and how arguments in public debates frequently get cast aside on the grounds of them being emotional. She (1990) argues further that the association commonly made in the West between women and emotionality is not so much an observation of objective reality as part of the subjugation of women socially through casting them as less rational than men. These evaluations, Lutz (1988) continues, co-exist with others whereby thought is denigrated as cold, calculated and impersonal and the emotions celebrated as the index of our true selves. To rationalise one's emotions, for example, is castigated as being unable to take the emotions as they are and having to find for them a rational explanation. Solomon (1976; 1984), furthermore, has advanced what he calls the 'hydraulic theory of emotion' to cover both the Western common-sense view of and the academic theories of the emotions. According to the hydraulic theory our emotions are contained within our bodies like water in a kettle. When our emotions grow stronger they resemble the boiling water and, like it, the pressure they exert upon on our body and soul grows. This pressure has to be released or it will damage our health and well-being and we release it by expressing our emotions. In fact, the theory continues, if we do not find an appropriate outlet for our emotions they will find their own way out, a way that may be highly inappropriate and dangerously destructive.

The observations of both Lutz and Solomon are applicable to Cruse's view of the emotions, although, I contend, the picture is a bit more complicated than the one those two present. It is undeniable that Cruse subscribes to a 'hydraulic theory of the emotions'. So much is evident from the way in which Cruse counsellors describe the emotions associated with grief. These are frequently said to be 'strong', 'forceful', 'powerful', 'wild' and even 'raw'. In the metaphorical landscape of the English language these are adjectives applicable to robust characters who are not restrained by the conventions of culture and society but also to the weather, animals and the natural forces more generally. Accordingly, Cruse thinks that if these emotions are not 'worked through' and 'dealt with' they can assume such force that they cause people to 'fall apart', 'explode', 'break down' and so on.

But what does this 'work through' amount to? Let me point out here, first of all, that like Lutz describes, Cruse places enormous value on the emotions. 'Feelings are never wrong' we were told more often than once and it is the emotions that we were encouraged and trained to focus upon. People who can experience and express their emotions are deemed less likely to suffer complications in their grief and our teachers seemed to agree with Rogers (see Mearns and Thorne 1988) that the 'fully functioning individual' is one that can fearlessly experience and express all his rich emotional life. It is the character of this experience and expression that is crucial. Cruse believes that attachment bonds are maintained by the exchange of emotions. These may be 'positive' emotions like love and affection, or these may be 'negative' like hatred and anger, but attachment bonds are predicated upon the exchange of emotions. This may be relatively troublefree as long as both parties to the relationship are alive but what happens with death is that the survivor is left alone with his emotions towards the dead person without the customary means through which to express those emotions. Again, that may be, but not necessarily, relatively troublefree if the relationship was a good one and the emotions that the survivor is left with are those emotions that English society allows people to express towards the deceased. But if the relationship was not a good one and the emotions the survivor is left with are, say, hate, anger and guilt,

emotions that it is difficult to express about the dead then trouble can ensue. Add to this what Cruse takes to be the traditional 'emotional reserve' of the English, the one that commends people for maintaining a 'stiff upper lip' in the face of adversity, and the bereaved person seems ever more likely to 'internalise' and 'suppress' his emotions rather than experiencing and expressing them. This can lead the 'hydraulics of emotions' to overheat and either make the bereaved person 'fall apart' or seek an inappropriate outlet for his emotions in, perhaps, violence. Or, this can throw the whole 'internal life' of the bereaved person into turmoil, a whirlpool of thoughts and emotions. What can happen here is that one emotion turns into another emotion when, for example, anger towards the deceased turns, when unacknowledged, into guilt for feeling the anger, which, in time, turns into self-hate and depression. This is why it is so important, to Cruse, to 'work on' and 'deal with' the emotions. Here the counsellor should, then, assist his client in focusing upon the emotions, to actually experience and express them and not to internalise and suppress them. First though, the counsellor must assist the client in sorting out which emotions he is actually experiencing. This indeed is the very import of much of the counsellor's work, the subject of a lot of our exercises during training. 'Clarification', 'reflection', 'paraphrasing' and 'mirroring', skills mentioned in the last chapter, are all about this, helping the client to identify and understand what it is he is feeling. The purpose is, again, not simply to express the feelings identified, rather the emotions have to be identified in order that their causal history can be established. That is why it is important, in bereavement counselling, to distinguish between, say, anger and guilt and help the client realise which one of the feelings it is he is feeling, or both as the case may be. There was surprising, but implicit, emphasis on this during training. We did numerous exercises when we were asked to name an emotion that we might experience on a particular occasion or associate with certain circumstances. Our contributions would, as always, be, written on the flip pad. Many of them seemed, to me, to be little less than a variation on the same theme. But the import is to identify clearly and as precisely as possible what the client is feeling and that is not simply to be done in order for the client to express that precise feeling. Rather, once the client

knows that he is angry rather than feeling guilty he can start, with the help of the counsellor, to try and uncover why it is that he feels angry.

While the counsellor should encourage the expression of all those emotions that the client is experiencing, she should encourage the client also to 'explore' the origin and nature of those emotions. Through this, for example, the client may find out that his previously 'unplaced anger' has its origin in the limited support of his children upon the death of his wife. Or, guilt may be exposed as anger towards the deceased that has gone unexpressed. So, it is not enough for the client to simply express his emotions. He has to 'explore' and 'examine' their origin and their nature as well, to see if they are 'properly his' or not. Through 'working on', 'working through' and 'dealing with' his emotions the client can turn from 'raw' emotions to, if not 'cooked' (Levi-Strauss 1970), then emotions that are his. So instead of the 'intense, strong' emotions that characterise early grief and threaten to 'consume' him the client can, hopefully, leave counselling able to experience and express 'his' - and they are 'his and he not theirs' one counsellor put it - emotions in a way that does not threaten to 'consume' him and 'tear him apart'.

Spaces and places

Spatial metaphors are prevalent in bereavement counselling. Some of these are part of everyday language like for example when relationships are characterised by the *distance* between the two parties to it, as either *close* or *distant*. It is the understanding in bereavement counselling that the ending of a close relationship is more traumatic than the ending of a distant one and the distance is, as we are talking metaphors, measured in 'emotional' rather than geographical terms so that personal involvement is what is important rather than the proximity of people's living quarters. There is observable a certain ambiguity as to which relationships are understood to entail emotional closeness and as to the manner in which these relations are established. The crux of the matter is the juxtaposition of choice and necessity that seems so important in the English kinship system as it now stands

(see Strathern 1988, 1992a, and 1992b; Simpson 1994, 1997b, and 1997c). Some counsellors would tell me, what is indeed a basic assumption in John Bowlby's (1981) attachment theory, that some relationships - that between mother and child for example - are always 'close' in that the end of them will necessarily entail a profound emotional turmoil. Yet, in bereavement counselling what matters are people's emotions and their freely chosen relationships in which people have invested their emotions and not those obligatory ones into which people are born and they, possibly, maintain out of a sense of duty.

Just as relationships can be close or distant so emotions, and 'issues', a word quite often used during our training, can be 'deep' or 'shallow' or 'superficial'. 'Deep feelings' are in bereavement counselling considered more important and more profound than those that circle around the surface. 'Strong, powerful', emotions are usually understood as being 'deep', especially if they are recognised as being difficult or complex with a complicated trajectory like guilt which may in fact be anger turned inwards. 'Deep' indicates also that the emotion or issue in question resides outside the client's awareness even as it exerts profound influence upon his thinking, feeling and behaviour. 'Deep issues' require 'a safe environment' in which the client can 'explore' them and 'check' the 'paths' that are open to him to follow in his search for changes in his life. But the idea of 'deep' issues and emotions also serves to stress the understanding that what client and counsellor deal with in counselling are the subjectivity of the client rather than concerns that are brought there by the counsellor or created in the interaction of the two. The idea of 'depth', that is, serves to stress the claim to an absence of intervention that is essential to counselling as it is practised by Cruse.

Correlated with images of 'depth' is the idea that people have 'a space within them', a phrase I heard on a number of occasions, wherein their deep feelings are located. Here counselling becomes a 'journey' into 'the space within' 'to explore' the feelings that reside there. In counselling the self 'journeys' inside itself to discover there 'the issues and the feelings' that 'lie buried deep inside it' and bring those to the 'surface' where they can be 'faced'. Together, these point to the

prevalence of visual metaphors in bereavement counselling, like they are, according to Stoller (1989) prevalent in the Western world in general. The imagery, to add a visual metaphor myself, is all about making that which lies within the client *visible* in one way or another, that the 'issues' and the 'emotions' can be 'untangled', laid out and held up to view, to be there and then 'explored' and seen for what they really are. Here visual imagery comes into action with talk of helping the client to identify, 'lay out' and 'map' the paths between which he can choose and down which he can possibly travel. The counsellor, that is, tries to help to make the client's choices *visible* so that the client can compare them and pick the one he prefers.

Authority, expertise and communities of practice

So what, finally, is the import of the spatial metaphors? I believe it has to do with questions of authority and expertise: in a word how Cruse justifies and legitimises its work. Recall that Cruse advocates a stringent person-centred approach according to which the client is the expert and the counsellor is, well what? It is paramount to Cruse that its counsellors do not take charge of their counselling sessions and relationships. What then do counsellors do, what use are they? Spatial metaphors, I suggest, help Cruse to legitimise its activities without presenting its counsellors as directive. Spatial metaphors allow the client to be portrayed as the person most directly responsible for the 'exploration' of the issues that concern him while the counsellor can be represented as 'standing beside the client' This matter is complex and to attempt to make it clearer allow me to turn, once again, to my fieldnotes, and the 'guided tour' with the participants looking through their pockets to make sure their car keys were there.

People nod their assurances laughingly, though some of them can be seen patting their pockets. The teacher asks what we notice in the things that we have mentioned and the things that we have gone through. There is silence for a moment during which nothing is to be heard except the rustle of paper as the teacher removes the first page of the flip pad and reveals another one white,

virginal and clean behind it. Someone says quietly ‘chaos’ only to be followed by someone stating more assertively: ‘there seems to be a wide range of feelings involved.’ ‘Everyone seems to be going at a different speed,’ adds the third one and so on. Slowly these get translated to the flip pad, a bit more orderly this time than before, the teacher sometimes asking people to explain better what they mean, sometimes offering her own interpretations in order to find the right word, the right phrase to describe what was being contributed. This is written on the flip pad after the suggestions of the participants:

chaos
range of feelings **sensations and thoughts**
everyone at different speed
some feelings come back
some feelings common to lots of people
range of intensity
different reactions from different people
final acceptance
distortion of time

(Fieldnotes).

After this the teacher gave us a short talk, during which she effectively repeated what we had said before.

Allow me to recapitulate: the important aspect of the ‘guided tour’ was how it put us the trainees on par with our future clients. We were, in effect, taking our clients’ seats and doing the same things that our clients would be doing in front of us later. Similarly our teacher here takes the place of the counsellor, the seat that we were later to fill. This exercise thus, initially, put us the trainees on par with the public, as it were, and placed us in the same category as any other ‘ordinary’ person who may have suffered loss. We were made to instigate within ourselves and experience processes of a similar kind to those supposedly experienced by any other person suffering loss. At the same time, though, we were made to exercise on ourselves the sort of intense analysis that you find in counselling sessions. Not

only were we made to close our eyes and imagine events that would allow us to experience our own reactions to loss more intensely, but we were also made to pay particularly close attention to this experience, to dissect it and divide it up into its components and give those names, to communicate those to the other participants.

It is here that the importance of the flip pad as more than a simple pedagogic aid becomes apparent. The flip pad did, as I mentioned earlier, provide the main focus in the rooms in which we did our training and our teachers would sit or stand around it much of the time. Our attention was usually quite heavily fixed upon the flip pad and during the 'guided tour' it served to materialise the participants's reactions to loss, to make their feelings and thoughts tangible, visible, observable, 'real'. It is not that everybody should be able to read everything that is written on the pad that is important - for as the exercise went along the writing became increasingly illegible as the words ran into one big jumble - but more the act of writing itself. For this fixes what has been experienced and carries with it a kind of legitimisation of the expressed reactions; that they were written down indicates that they were worth writing down. At the same time the act of writing fixes the participants' attention on the very word being written and encourages the participants to reflect on the experience, being expressed. Though we moved, at this stage, quickly from one word to the next, this in a way resembles what happens in counselling sessions. There the counsellor will pick up certain words, some of the emotions, expressed by the client and 'paraphrase' or 'reflect' these back to the client, inviting him to explore and analyse them further.

The next stage when the leader asked us, the participants, to reflect upon the reactions we ourselves had communicated, asking: 'What do you notice in this?' signified a change in the nature of the exercise. Here people were being asked to abstract from the jumble of words, the armoury of emotions, to distil from them patterns in all the different reactions mentioned. Earlier people would recount feelings and thoughts such as 'panic', 'sinking feeling in the stomach', now people

remark upon the range of feelings expressed, the range of intensity, that 'different people travel at different speeds'. Here we were being asked to act more like counsellors, reflecting, in this case, on 'our own' experiences. They are assuming a little bit of expertise on psychological processes, they exhibit the ability to extract from diverse experiences some things that these different experiences have in common.

This was followed by the little speech delivered by our teacher and what was important about it was how closely it built upon, and in that way 'authorised', the reflections offered by the participants themselves. The teacher did not really offer much that had not already been mentioned by the participants. What matters is that the teacher was, to us, a figure of authority whose talk gave our observations the legitimating stamp of authority. What matters, here, is not that the teacher repeated much of what we had said, but that she had the authority to do so. It is hers to pronounce on matters like these. At the same time she holds out to us an invitation to join the 'community of practice' (Lave and Wenger 1991; see Gísli Pálsson 1994; Simpson 1997a) of which she is a member. The 'guided tour' was the beginning of our 'legitimate peripheral participation' (Lave and Wenger 1991). The teacher was an example of what we might all become, experts, all be that experts of the ordinary.

At the same time a link is fostered through the exercise between authority and abstraction. It is at the time when our observations turn from the concrete - like 'panic' - to the more abstract - 'everybody travels at different speed' - that the teacher enters the scene. Through her little talk she legitimises our observations and lends them her authority. So while Cruse emphasises and even celebrates the experience of the individual, abstract knowledge seemingly has the respect of authority. In this way Cruse's understanding of grief resembles the form of knowledge uncovered by Foucault (1973 [1963]) in his archaeology of medical perception; a knowledge that is both 'individualising' and 'totalising' (see Gordon 1991; Rose 1989a). If that form of knowledge was characteristic of modernist regimes, 'postmodern governmentalities' are, according to Rose (1992:159),

characterised by the fact that all shades of political opinion agree that citizens should be active, that 'democratic government must engage the self-activating capacities of individuals.' The technologies for doing so, Rose continues, do not have their origin in the state as such but still make it possible 'to govern in an advanced liberal way, providing a plethora of indirect mechanisms that can translate the goals of political, social and economic authorities into the choices and commitments of individuals.' The reverse holds true too, I would add, and this requires efforts to engage people in expressing their subjectivities. The current government has made it a priority to govern through the demands and desires, the wishes and the wants of the population, and matters of policy are now routinely run through public advisory committees and focus groups intended to engage the subjectivities of the population.

Technologies of the self: subjectivity and subjection

So what is the importance of the way in which Cruse thinks about grief? Andrew Barry, Thomas Osborne and Nikolas Rose (1996:8-9) have observed that according to Foucault it was only with the emergence of liberalism that it was possible for a domain of 'society' to be born. What lay behind this emergence was the idea that to govern too much was not to govern at all; that government had to deal with a complex and independent reality with its own laws and mechanisms of disturbance - that is society. The social sciences were, according to Foucault, born as the means to understand this reality in order that it could be controlled.

Barbara Cruikshank (1993:331) rephrases Foucault (1983) to the effect that:

Democratic government, even self-government, depends upon the ability of the citizens to recognize, isolate and act upon their own subjectivity, to be governors of their selves. The ability of the citizen to generate a politically able self depends upon technologies of subjectivity and citizenship which link

personal goals and desires to social order and stability, which link power to subjectivity.

The human psyche, Rose (1989b:7), observes, has become a possible domain for systematic government in the pursuit of political ends. The 'new vocabularies provided by the sciences of the psyche enable the aspirations of government to be articulated in terms of the knowledgeable management of the depths of the human soul.' Government, that is, requires knowledge (Rose 1989b:6). If to govern a population one needs to isolate it as a proper sector of reality (see Rose 1989b:4-6) to govern the self one needs to isolate that, and its different mental states, as a separate sector of reality.

In bereavement counselling, I have tried to show, the focus is upon the self, the subjectivity of the bereaved person. The skills that we the trainees were enjoined to attain and then employ all had as their impetus the ever refined attention to what was going on inside the client. 'I wonder what that feels like?' is the operative question in bereavement counselling. The practice finds its material expression in that in bereavement counselling the counsellor should see the client alone, to isolate him from his social surroundings so that his attention can be focused exclusively upon himself. Seating arrangements with the counsellor more or less facing the client serve the same purpose of returning the client's story back to himself so that from it can be abstracted the emotions that therein lie, the forces of his subjectivity. Even the contours of the receptive body invite and entice the client to delve ever 'deeper' into his soul to 'uncover' there the emotions and the issues that have remained beyond his awareness and his control so that these can be brought to the 'surface' and 'worked through'. If 'society is nowhere if not in the body' (Taylor 1996:202), as the social sciences would now teach us, the counsellor again here is a model for the client. He can experience all his emotions without them 'tearing him apart', he can understand them and control them, bring them to the 'surface' and 'work them through'. He is, that is, effectively transparent, and hence knowable, manageable.

In this, bereavement counselling is an example of what Foucault (1988:18) calls 'technologies of the self', 'which permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality'; technologies that seek to transform the self's way of thinking, feeling and behaving. In this it is an example too of what Foucault terms 'governmentality', government at a distance, the 'practices and relations of power that operate well beyond the state,' (Cruikshank 1994:32). Counselling is a 'conduct of conduct', government at a distance, one of the technologies of 'acting upon the actions of others' (Cruikshank 1994:32). Foucault (1983:220; in Cruikshank 1994:32) says that 'what defines a relationship of power is that it is a mode of action which does not act directly and immediately on others. Instead it acts upon their actions, on existing actions or on those which may arise in the present or the future.' 'This mode of government', Cruikshank (1994:32) continues 'links the subjectivity of individuals to their subjection'. Rose (1989b:4-6) has pointed out, furthermore, to the important role of the 'expert' in modern forms of government, that seek according to scientific principles to maximise the power of the population. Torrie (for example 1987:5, 18, 32), in her book on the history of Cruse, emphasises the importance of expertise, as opposed to simply self-help, in Cruse's work.

Now, our expertise is maybe not that we know so much about grief, but that we know that we know little but possess the capabilities to get the clients to express their own emotions. Here our expertise is linked to both the 'death as taboo' story and the notion that the English are emotionally reserved. In the face of taboo we offer the bereaved a rare opportunity to express their emotions, in the face of their timidity, we possess the skills that allow them to express themselves. The effects of bereavement counselling are, then, what Foucault (1977c) would term 'disciplinary' too. Through helping clients to experience and express their emotions it produces maybe not 'docile bodies' but stable ones, bodies that are not subjected to the violent attacks of unacknowledged emotions, but that can experience these emotions without losing control.

So, here may be the right time to allow the Government proper to enter the scene. As I related in chapter 3, Cruse receives roughly £1,000,000 in grants from the government, governmental institutions and national businesses every year. In more detail, it is roughly £180,000 from the Department of Health, £60,000 from the Scottish, Wales and Northern Ireland Offices, and £500,000 from local governmental authorities. The government, both the previous and the present one, believes, as its rhetoric on divorce and unemployment suggests, that individual happiness is instrumental to the health and wealth of the nation. It seems to reckon too that dealing with grief, like Cruse arguably does, is instrumental in maintaining the well-being and happiness of its citizens. The Government recognises, or believes, that unhappiness, like that possibly borne of grief, causes crimes, that depression causes absence from work and is less than conducive to consumption. The grants to Cruse are provided under 'Section 64' that aims to tap into the experience and expertise of the voluntary sector to promote the health and well-being of individuals and the community (this information is based on telephone interviews with Department of Health personnel). In a radio talk given in 1960 Torrie described the work of Cruse thus: 'it is a work of rehabilitation. It calls for men and women of compassion and it has endless possibilities of development. We would like to see this great army of women [widows] become a powerhouse of service and giving in this country - not a forgotten, unwanted group, relegated to a position of economic struggle, frustration and loneliness' (Torrie 1987:26).

Spencer (1997) raises the question of why we in the West, at least those sympathetic to psychotherapies, believe that self-knowledge is good. To answer this I want to go back to chapter 2 and the observations of both Foucault (1983) and Hacking (1975) of how changes in the modes of government established the population as the terrain of government, whereby the most effect control over it was to be achieved by the use of statistics, the science of the state. Through the application of statistics the actions of the population were to be made visible, calculable and manageable. The self was like the last unknown territory: now

being made visible through the technologies of, for example, bereavement counselling, and through that visibility, manageable.

The next two chapters constitute a different part of this dissertation and deal with the experiences of the bereaved, particularly as those are expressed in stories. I shall contrast these, implicitly, to the image of the bereaved employed in bereavement counselling.

Part III

Stranger than Kindness

Chapter 6

‘All the Stories Will Come Out’.¹ Narrating Character and Emotion

Hannah²

By the end of the week [Hannah is about to cry] Jonah was still with us and the doctor came in and he said [Hannah is laughing now] ‘I apologise,’ he says ‘I didn’t think your father³ would last as long as this’ you know [...] and he ... went for another week ... and the doctor said to ... to me after he says ‘he had such a strong heart’ which I can not understand after the dreadful treatment that he went through as a *younger man* [...] and something I ... will never forget [...] the doctor got all the family together and he said: ‘He bore his pain with great dignity’.

¹ The line is from a song by Nick Cave, ‘Lay me Low’ from the album *Let Love in*, released by Mute in 1994.

² A few notes on transcription are in order. The way I transcribe follows more or less Chase (1995:23, n.6). Transcripts record non-linguistic sounds which provide information on communicative intention. Change in intonation and other environmental sounds are indicated in brackets ([]). These include also my interpretations. Emphasis is indicated by italics. Three full stops mark a pause or a break off in the monologue. If speakers talk simultaneously slashes (//) are put around the words that overlap. Punctuation is used sparingly. Quotation marks show when the interviewee is reporting her own or someone else’s speech or thought. An ellipsis in brackets ([...]) indicates that something has been omitted from the transcript. My own contributions are sometimes omitted without notice to save space (see Potter 1996). I am referred to in the text as aa.

³ The doctor is talking about Hannah’s husband, Jonah. He says ‘father’ because he is addressing Hannah and Jonah’s children who were present when the exchanges took place and had in fact been specifically summoned the previous week to be by their father’s side as he was dying.

Introduction

I have in the last two chapters described in some detail the workings of bereavement counselling in North East England. I related how bereavement counselling focuses upon ‘self-emotion-now’ in order to achieve ‘the reconstitution of an autonomous individual who can in large measure leave the deceased behind and form new attachments’ (Walter 1996:7). I detailed how this is achieved by performing ‘emotion work’, ‘the working through and resolution of feelings’ (Walter 1996:7) -- anger, guilt, depression, sadness and so on.

In this part, comprising of two chapters, I turn to the experiences of the bereaved. My primary task is to describe the ways in which my interviewees talk about their grief during our interviews. Building upon work in narrative analysis (see Riesman 1993) and seeking inspiration from the anthropology of emotion (see Abu-Lughod and Lutz 1990) I focus in particular on the stories that the bereaved told me. By doing so, I hope to address both bereavement counselling and the anthropology of death.

In addressing bereavement counselling I start with a suggestion of Walter’s (1996) that typically the bereaved do not necessarily want to perform ‘emotion work’ but to talk about and construct a ‘durable biography’ of the deceased. This allows me to use the stories of the bereaved to interrogate the focus on self-emotion-now that bereavement counselling proposes. During the course of this chapter I shall show that the bereaved do not make the same distinction between self-emotion-now and other-thought/action-history that is made in bereavement counselling. For many of the bereaved, I argue, grief is part of the history of their relationship with the deceased, and in fact requires the telling of that history. This, I suggest, is indicative of the extent of intervention that bereavement counselling operates, and of the link between abstraction and authority (see Chapter 5) found in bereavement counselling.

In the following chapter I shall take this issue a step further. Here, I want to discuss the more fundamental assumption that the relationship between the bereaved and the deceased ends with death. I try to show how, for at least some of the bereaved, stories are a means through which they keep the flow of emotions between themselves and the deceased running and thus maintain their relationship with the dead.

In doing this I make certain assumptions that may be questionable. I assume that the interviews I carried out are to some extent comparable to a counselling session. In carrying out the interviews I, like a counsellor, did not approach my interviewees with set questions of my own, allowing them rather to steer the course of the interview. Unlike the counsellor, though, I did not employ the techniques of reflection, clarification and so on. As a consequence my interviewees spent their time telling their stories rather than clarifying their emotions. In my experience, this is what typically happens in counselling sessions when clients are not interrupted, that is, they tell stories. My experience is borne out by that of other counsellors who have confirmed my impressions. In fact, we were often told during training that one of the things bereaved people need is to tell their stories again and again. Sometimes it would be added that in order for them to make any progress their attention has to be focused upon how they 'are feeling now'.

I also assume that the stories that my interviewees told me endure beyond our interviews. This is important as it speaks of the place of these stories in the lives of my interviewees. I believe I am justified in making this assumption as my interviewees would often refer to instances when they have told other people parts of these stories, and because many of the stories I relate are clearly rehearsed; they have been thought about and possibly told many times before even if their precise form and meaning changes with each time they are brought to the fore.

Throughout these last two chapters, I seek to address, implicitly more than explicitly, the anthropology of death. In the introduction I complained that the anthropology of death has paid scant attention to the experiences of the bereaved, arguing that this was because it had operated a dichotomy between society and the individual. I contrasted the classic anthropological understanding of grief, the understanding associated with Durkheim and Radcliffe-Brown, which stresses how grief is socially produced and determined, with the ideas of Renato Rosaldo to whom grief is a pan-human experience which all who have suffered can understand. Both approaches, I concluded, are insufficient and here I shall follow Carrithers (1992 and 1995), Chase (1995) and Lampert (1994) and show that focus on the stories of the bereaved can allow us to build an understanding of grief that is sociologically informed yet sensitive to individual experiences. Anthropologists interested in death, I argue, can and should pay attention to the experiences of the bereaved.

Bereavement, biography, story

Walter (1996) has recently criticised 'the clinical lore' (Wortman and Silver 1989) of bereavement counselling with its emphasis upon 'emotion work', the working through of troublesome emotions. In contrast to this, Walter proposes a more sociological model of grief. He says that survivors typically want to talk about the deceased and to talk about them with others that knew them. Together, Walter argues, the survivors construct a story that places the dead within their lives, a story that can endure through time. The purpose of grief, Walter continues, 'is therefore the construction of a durable biography that enables the living to integrate the memory of the dead into their ongoing lives; the process by which this is achieved is principally conversation with others who knew the deceased' (Walter 1996:7). Walter suggests that this kind of grief process is particularly necessary in a late modern society whose members must because of their detachment from stable social networks and established traditions constantly recreate their identity (Walter 1996:14-15).

I believe that Walter presents a way of understanding what bereaved people do that bereavement counselling has ignored. Yet I think we need to take three further steps here. We need to emphasise more that the 'durable biography' which the bereaved construct of the deceased is a *creative* achievement, a story rather than a history. We need to stress that in constructing a biography of the deceased the bereaved simultaneously create a story of themselves and their relationship with the deceased. Finally, we need to be mindful of how the biography of the deceased inevitably draws upon and answers to cultural expectations about how lives should be lived (see Rosenwald and Ochberg 1992:2). I believe that we should talk about the narratives, the stories, of the bereaved, rather than the biography of the deceased. But what then are narratives and why narratives rather than biography?

White (1989:1; in Riessman 1993:3) states that so 'natural is the impulse to narrate' that, as Riessman (1993:3) adds, 'the [narrative] form is almost inevitable for any report of how things happened.' Telling stories, Nelson (1989) maintains in her *Narratives from the Crib*, is one of the first forms of discourse we learn as children. Jerome Bruner (1986) argues that what he calls 'the narrative mode of thinking' is part of the human condition. Theodore Sarbin (1986:8-9) adds that people think, perceive, imagine, and make moral choices according to narrative structures. He cites psychological experiments to the effect that if you present a person with two or three pictures she will connect them to form a story that will, furthermore, reflect recognisable human sentiments, goals, purposes, valuations and judgements.

But why would people think in stories and what exactly characterises thinking in stories? There seems to be an agreement amongst scholars that sequence, or movement, is a necessary characteristic of narratives (Riessman 1993:17). Labov and Waletzky (1967:21) have argued that stories are a perpetual answer to the question 'what happened then?' The sequence that Labov and Waletzky see in narratives is, then, chronological. Gergen and Gergen (1984:174-5; see also Gergen and Gergen 1986:25) similarly suggest that narratives provide coherence

between a set of discrete events by giving a sense of direction through time. Others have suggested that stories are organised around a thematic sequencing, whereby a narrative is held together by a theme rather than by time or causality (Riessman 1993:17).

Stories, it would appear, organise a series of events by creating some sort of relationship between them. Still, for stories to be as powerful as researchers claim, there must be something more to them. Sarbin (1986:9) makes the point that narratives not only organise episodes and actions, but accounts of actions as well. Narratives, that is, 'allow for the inclusion of actors' reasons for their acts, as well as the causes of happening.' Here Bruner (1986) makes a distinction between the 'landscape of action' and the 'landscape of consciousness'. In the landscape of action we see the unfolding of events as when, to take Bruner's example, Oedipus kills a man and marries a woman. In the landscape of consciousness we see Oedipus originally unaware of the identity of these people, only later to find out that they were his father and his mother. So what we have are stories that depict events on the one hand and consciousness on the other. In line with this, Packer (1991:65) argues that the most straightforward approach to analysing stories is to unravel their organisation on the level of characters and plots. Colloquially to call someone a 'character' may be to emphasise his individuality. But to Carrithers (1995:262), character is 'a notion which embodies the understandings of rights, obligations, expectations, propensities, attitudes and intentions in oneself and many different others...' Character, in this conception, transcends the distinction between society and the individual, emphasising that we are all simultaneously particular human beings and occupants of more general social positions like father or husband. Our characteristics are always both idiosyncratic and general.

Plot, according to Carrithers, 'shows the consequences of these characteristics in a multifarious flow of actions.' Plot encompasses 'what a character or characters did to, or about, or with, some other character or characters, for what reasons; how people's attitudes, beliefs, and intentions thereby changed, and what

followed on from that' (Carrithers 1995:262). Narrativity has been characterised by Carrithers as the 'capacity to cognize not merely immediate relations between oneself and another, but many-sided human interactions carried out over a period of time' (1995:261-2; see Carrithers 1991:310). It could be said, then, that human beings perceive any current action not as an example of some general principle but as an event 'within a large temporal envelope, and within that envelope they perceive any given action, not as a response to the immediate circumstances, or current mental state of interlocutor or oneself, but as part of an unfolding story' (Carrithers 1995:261-2). Alisdair MacIntyre (1981:197; see Sarbin 1986:11) argues that 'in successfully identifying and understanding what someone else is doing we always move towards placing a particular episode in the context of a set of narrative histories.' We do this, MacIntyre continues, 'because action itself has a basically historical character. It is because we all live out narratives in our lives and because we understand our lives in terms of narratives that we live out that the form of narrative is appropriate for understanding the actions of others. Stories are lived before they are told'.

Whereas bereavement counselling seeks to focus its clients' attention upon self-emotion-now, I believe that for the bereaved their grief is part of the history of their relationship with the deceased and indeed with other people around them. In talking about the dead, I think the bereaved are not so much constructing a 'durable biography' (Walter 1996) as telling a story that establishes the character of the dead and the character of the living; a story whose plot reflects and shapes the relationship between the bereaved and the deceased and colours the grief of the former. To explain in more detail why I believe this I shall now turn to my interviewees.

Hannah, again

Hannah is a woman in her late seventies who lives in a small North Eastern town. She was born in the North East and here she met her husband, Jonah, married and had her three children. Jonah was in the Army during the Second World War and

fought in the Far East. He was captured by the Japanese and was a prisoner of war in Burma. He was away for five years. When Jonah returned from the war the family moved to Australia and lived there for a few years. When they returned to England they left behind in Australia their oldest son, Ronald, then a young man starting his own family. Hannah and Jonah settled in the South East. There the younger children reached adulthood, found their partners, married and raised their own families. When Jonah retired he and Hannah moved back to the North East. That was Jonah's wish. 'It's like this with the people from the North East,' Hannah told me, 'they always want to return there.' Three years ago Jonah developed lung cancer. He died within a year. Now Hannah lives alone in the little bungalow she and Jonah bought for themselves. The bungalow is on a new estate of houses built especially for the elderly. On a big sign the developer confidently declares the flats luxurious. In the living room Hannah shows me the safety button hanging on the wall that allows her to alert the warden on the estate should she need any help. On the opposite wall hang the photographs of her family.

**'You can't erase it [The Second World War] from your memory
... there's so much attached to it all'**

When Jonah died two years ago Hannah was, in a way, not losing him for the first time. Only a few years after they got married Jonah joined the army, was sent to the Far East where he was captured by the Japanese. Jonah suffered terrible treatment at the hands of his Japanese captors and this played a major part in Hannah's understanding of their subsequent life, for when Jonah came back he was a changed man. This is how Hannah describes Jonah when they were 'courting', as she calls it.

How I met my husband, my mother and father they were publicans, hotels, you know [...] we were in the Duke of Madeira [not the real name], all right? So we had moved there and this young lad came in one day for a drink, you see, and [Hannah laughs] at first, you know, I sort of took no notice but he said he

had 'seen this new girl riding down the street on a bicycle' and he thought 'she's a bit of all right,' you see, so he [Hannah laughs even more], I need to be quite frank with you and he came in for a pint and it slowly blossomed from there, right, so we got together and we were married.

Compare this man with the Jonah who returned from the war. 'He was,' says Hannah, 'ah ... almost peculiar,' adding, 'when you think of three and a half years in a prison camp'. There were a number of symptoms of the change Jonah had undergone: it took him a while to re-establish relations with his children, to get used to 'normal family life', and he could not work for a full year after he returned. These effects became evident during the weeks and months after Jonah returned but Hannah expresses her realisation that all was not well with an account of the day of the home coming. She says:

And then they left the ship [that had brought Jonah and his comrades to Britain] and they came by train ... obviously the North East Coaster that comes into Newcastle Central Station. So we went to meet him there [...] and I went to put me arms around him [Hannah makes a dramatic pause] hands went up: 'Not, not, not,' [Hannah raises her arms] no, he didn't want that at all [her voice drops] ... their minds must have been in a terrible, have you still got this [she points to the tape recorder and we both laugh] oh gosh, their minds must have been in a terrible state [her voice drops], mustn't it after that [...]

The story of the return, as Hannah tells it, is clearly a very important part of the unfolding of the most remarkable events that make up Jonah's life; his marriage to Hannah, his departure to the army, his imprisonment, his homecoming and so on. It is a part of what Linde (1993) refers to as 'a life story'. At the same time the story works on a much more detailed level. Here the events depicted include Jonah's travels with the North East Coaster, Hannah's trip to go and meet him and, crucially, her attempts to put her arms around him. The power of the story is located in the subsequent disjunction between the landscape of action and the landscape of consciousness. The events related follow logically from the plot of the story until we come to Jonah's reactions to Hannah's attempts to hug him.

Jonah's reactions make us wonder about his character, a wonder that Hannah shares as she continues, 'their minds must have been in a terrible state'. The importance of the whole series of events here is underscored by the drama that Hannah infuses into her account: the disparity between the plot of a story of a homecoming and Jonah's actions culminating in the raised arms and the 'not, not, not'. The considerable detail that Hannah incorporates into her account of Jonah's return is noteworthy, too. Even in the abridged passage I quote she spells out that Jonah was travelling on the North East Coaster, that she went to meet him at Newcastle Central Station and the way he raised his arms when she sought to hug him. The incorporation of this kind of detail is important. It makes the account more vivid, gives it a real life quality and underscores further the importance of the events related (see Potter 1996).

The story of the return thus establishes just how real and dramatic were the changes in Jonah's character but it also leaves the listener with a set of questions in his mind: What exactly did the war experience spell for Jonah? How did it affect his personality?

Later on in the interview Hannah tells me of one of their many visits to the doctors after Jonah had been taken ill. She says:

And he had a lung stroke, but I must tell you, when we used to go to the doctors or anywhere I used to have to go with me husband and sit alongside him, he used to say 'you have to come in with me because I forget what he's said as soon as I walk out of the door' which was, that was one of the things going back to being a *prisoner*. He'd lost a bit of confidence into the bargain and he used to be looking for his words, you know ... I used to prompt him, I used to think 'oh'. So we both went in you know to this doctor's ...

Hannah supports this account with another story. At some point, soon after the end of the war, Hannah and Jonah went to a tropical disease hospital in London. After seeing Jonah, Hannah says, the doctor there asked her:

H: [The doctor says:] 'Would he have come here on his own?' 'No.' Don't misunderstand me, there was nothing wrong with him mentally [...] He said 'no, no,' he says 'this is the trouble with a lot of these men,' he says 'they've lost a lot of their confidence.' And he said to me 'when he's in conversation does he turn and look to you quickly 'cos he can't get his words out?' 'Yes,' I said, 'this is happening too.' Now maybe you could understand better than what I can but he said to me with the malnutrition it had affected part of the brain and this is why, as I was saying there was nothing wrong with him mentally at all there was just that he couldn't bring out that he wanted to at that particular time [...] So this is why, I said to you, for although there's been all those years, you know, you can't erase it [the war] from your memory, you just couldn't do it, there's so much attached to it ...

This little episode is pregnant with meaning and significance. Above all it provides an explanation for Jonah's affliction but it does so in a particular way that allows Hannah simultaneously to achieve three things. The story refers to professional authority to establish that something was truly wrong with Jonah. It gives an explanation that at the same time characterises the illness as physical rather than mental. And it makes clear that this was an ailment suffered by all those who had suffered the treatment Jonah had, and not just a condition he suffered on his own: 'this is the trouble with a lot of these men', the doctor said. Altogether the doctor's verdict absolves Jonah of any blame for what happened, and of the shame that might be attached to suffering from a mental disturbance.

Hannah's main concern may be to explain the character and nature of Jonah but in her activity she is constrained by the cultural expectations in which she lives (see Rosenwald and Ochberg 1992:2). Hannah's effort to establish that Jonah's illness was physical can be explained by reference to the fact that there is considerable stigma associated with mental illness in England. That, and Hannah's insistence that Jonah was not alone in his ailment, furthermore serve to affirm that Jonah was not to blame for what happened to him, something which is important because in England there is a sense in which people can be blamed for their own mental illnesses. Finally the importance of all this is emphasised by Hannah's

reference to the authority of the doctor. In doing so Hannah quotes the doctor directly, she reports his speech. Jane Hill and Judith Irvine (1993:6-7) point out that 'reported speech' is one 'of the principle ways in which utterances come to be seen as authoritative'. Hannah uses reported speech because in English culture she herself is in some ways too closely related to Jonah to be seen as an independent witness. He is her husband and this gives Hannah too much of a stake in the forming of his story. She needs to authenticate it with the evidence of other people.

The complexity of the story of the meeting with the professor that Hannah tells is considerable. First of all, I must point out how this story refers to the earlier story of the lung stroke. While the visit to the tropical disease hospital precedes the episode of the lung stroke in historical time, by reversing the temporal order in the telling of the stories the professor's assertions serve to confirm Hannah's own observations. The authenticity of that confirmation is established further throughout Hannah's account. She starts by quoting, directly, the professor of tropical diseases and, then herself before she addresses me 'don't get me wrong ...' In between, the narrative slips, almost imperceptibly, from the past tense to the present; from 'he said' to 'he says' as Hannah enacts her conversations with the doctor. The habit of reporting what other people said in the present tense with 'he says', is a North Eastern, and possibly universally English, mannerism, but it is a mannerism that has an impact upon the character of the story that unfolds. Together with the practice of quoting, with its change of tone and the movements of hands, casting the events in the present gives them a more immediate quality: it is as if they are happening now in front of my eyes as Hannah enacts the drama. If the changes in Jonah were made visible by the story of his return, the nature and explanation for those changes is made visible through the very vivid quality of the story of the visit to the professor of tropical diseases.

So Jonah had lost a lot of his confidence, and he had difficulties in 'getting his words out' and in remembering things people, like the doctor, told him. He had to rely on his wife a lot who would remember things for him, 'prompt him' and

act, in general as his mouthpiece when need decreed. Despite, or rather maybe because, of all this it is important to Hannah that Jonah retained his dignity. She makes this point in a story that again takes us back to the war. What had happened was that a week before Jonah actually died the doctor had declared that he was dying and asked Hannah to summon her children up North so that they could be by Jonah and Hannah's side. Hannah says:

By the end of the week [Hannah is about to cry] Jonah was still with us and the doctor came in and he said [Hannah laughs] 'I apologise,' he says 'I didn't think your father would last as long as this' you know [...] and he ... went for another week ... and the doctor said to ... to me after he says 'he had such a strong heart' which I can not understand after the dreadful treatment that he went through as a *younger man* [...] and something I ... will never forget [...] the doctor got all the family together and he said: 'He bore his pain with great dignity.'

The transformation of Jonah into a man of strong heart who bears his pain with great dignity is achieved precisely with reference to the War and the treatment that Jonah suffered then. The story with its moral is given extra weight by the fact that it is a doctor, and not Hannah herself, who provides the final verdict. The doctor, in contrast to Hannah, is an independent witness here, one without any stakes in the outcome. He can, in addition, dispense his verdict with the weight of professional authority precisely in matters such as these.

In the story so far Hannah has not so much constructed a 'durable biography' (Walter 1996) of Jonah as established and explained his character. In being short on confidence, on not being able to bring his words out, Jonah falls somewhat short of what is expected of a man in the North East. He is not quite a man. But through her stories Hannah has managed to perform 'narrative repair' (the phrase is Michael Carrithers') on Jonah's character. The last story in particular serves to commemorate Jonah. It does so by showing that he was, after all, a man of valour and a man of value.

A little later in the interview Hannah talked about Jonah as he was dying. She says 'we were all here in the bedroom ... that was a terrible, terrible death, couldn't ... *gasping for his breath* you know ... and you just hug him 'everything will be OK' [she says in a soft voice as if she was talking to Jonah]'. I mention this because of what Hannah told me a little later. In August 1995 she went to celebrations marking the 50th anniversary of the Victory over Japan. 'If only you'd seen them,' Hannah says - to me, although I got the distinct feeling that she was addressing Jonah - referring to Jonah's old comrades,

all the ex-prisoners were marching with the regular soldiers by their side and it was *heartbreaking*, some were *gasping for their breath*, some couldn't stand up straight, but they were determined that they were going to march and this was the spirit of all those men, they'd all the same spirit and I said to my son, I says 'this is a one off thing, because you'll *never, ever, ever* see this again.' It was a very sad occasion but an occasion to be proud of.

The point here is the absent presence of Jonah in all this. This was a proud occasion because here were men of spirit who had sacrificed so much, even now in their ripe old age determined to march as before. Jonah was one of these men and Hannah was there because he had been such a man of spirit. At the same time it is a sad occasion because these men are, in a way, marching towards their graves, some of them couldn't stand up straight, some of them were gasping for their breath, just as Jonah gasped for his breath as he lay dying on his bed. Hannah is here 'placing the dead' (Bloch 1971) Jonah with the very people with whom he belongs: his comrades from the war, the people who suffered with him and with whom he suffered.

On the very anniversary of the VJ day Hannah had a mass said.

I said to our priest 'I'd like a mass said, not just for Jonah but for all the ex-POW's' I said 'all' I said 'all those years have gone and maybe young people such as you can't understand that it's still with us because it made such a big effect on us, it had such an effect on our lives'.

The war had such a big effect, partly, because it came to define Jonah's character. The plot of Hannah's story so far relates how the war experience stripped Jonah of his confidence but how it, simultaneously, allowed him to retain his dignity. If the war defined Jonah's character it also defined his relationship with Hannah. One aspect of that relationship was Hannah's determination to take care of Jonah and preserve his dignity. When describing the death scene Hannah says:

But it wasn't easy to, to, to ... [Hannah is crying now] see him lying there and knowing that you couldn't do anything more for him, that, *that was the awful part, you couldn't do anything more for him* [...] and afterwards I said to my daughter ... 'What else could I have done to try and *relieve* the terrible situation?' She says 'nothing, you've done everything possible.'

Much later in the interview when Hannah is talking about the VJ anniversary referred to above she says:

When I go down to church, he was a religious boy you know, and I go down and a mass is said for him at a particular time ... I'm still doing what I can because I said when he dies 'could I have done any more?' And for all he's died I still want to be *doing*, doing something.

Hannah's determination to preserve Jonah's dignity is nicely demonstrated in the following when Hannah describes what happened immediately after Jonah died:

And when they came from the ... funeral ... the men, well it was a young girl and a man, when they came that morning, [Hannah's voice changes as she enacts the role of herself]: 'oh dear, I wonder what they are going to do' [...] my words: 'You are *not* putting my husband in a paper shroud,' and I thought about it, I felt that 'oh dear, you were so rude,' [I laugh]. 'Mrs Hannah, we *don't* use paper shrouds' [her voice changes as she takes on the role of the younger female funeral attendant]. 'There's his shirt, there's his trousers all nicely pressed [Hannah's voice changes again as she takes on the role of

herself].’ Then the next remark from me, where I got all this from I don’t know: ‘If it’s good enough for the King of England it is good enough for my husband.’ That was the most cheeky remark [Hannah laughs] but they’ve done that, they’ve done *exactly what I wanted them* and you know that helped, in a funny way ... in a funny way I was thinking ‘I’ve still kept his dignity about him, the dignity *the doctor* said he had and it’s still there for him’ and in a funny little way that thought gave me a wee bit of comfort [her voice is sad again now] do you know.

What is clear from this extract is just how strong Hannah’s desire to ‘keep on doing’ things for Jonah is, to preserve the dignity that the doctor talked about. This takes us, once again, back to Jonah’s experience in the war. It is an interesting aside here that Hannah’s wish takes this particular form. It is often cited as evidence for the ‘death as taboo thesis’ that dead bodies are dressed up to hide the ‘reality’ of death. Clearly that is not what is on Hannah’s mind. Her concern is that Jonah be well turned out, that his appearance be in accordance with his dignity. This is, I believe, telling of how people of Hannah and Jonah’s generation in the area conceive of dignity and respectability and the link they see between that and their appearance. It is not simply, as some might want to have it, that people are being judged on fleeting appearances alone but, to Hannah and her contemporaries, appearance speaks of attitudes and inclinations, or character.

I would like to point out too how the sheer importance of the whole matter is somehow captured in the very dramatic terms in which Hannah casts her narrative. Hannah’s early anxious speculation ‘oh dear, I wonder what they are going to do’ is replaced by the surprisingly assertive ‘you are *not* putting my husband in a paper shroud,’ introducing right at the beginning of the narrative a dramatic tension surrounding the direction Hannah’s interaction with the funeral attendants is going to take. Even the very word ‘paper shroud’ conjures up images of unmarked graves for the paupers from the poor houses, once the worst fate of all bar being sent for dissection at the hands of the anatomists (see Richardson 1989b). The tension is increased when the funeral attendant answers back somewhat sternly ‘we *don’t* use paper shrouds’ and Hannah replies with a

similarly assertive order ‘there’s his shirt, there’s his trousers all nicely pressed’. The narrative tension, for so far it is not clear what the conclusion of Hannah’s interaction with the people from the funeral director’s will be, is finally eased when Hannah says laughing ‘then the next remark from me, where I got all this from I don’t know: ‘If it’s good enough for the King of England it is good enough for my husband.’ That was the most cheeky remark’. Thus Hannah acknowledges what the listener may see as her overreaction, but that there was a point to it is confirmed when she continues ‘but they’ve done that, they’ve done *exactly what I wanted them* and you know that helped, in a funny way’ indicating that there was after all a possibility that the people from the funeral director might have done something else.

If Hannah and Jonah’s relationship was marked by her desire to care for her husband there was also a determination to ‘stay together.’ Almost a year passed from the time Jonah was diagnosed as fatally ill till he died. During all that time Hannah cared for him. It wasn’t easy, Hannah herself in her seventies and not in the best of health. Still,

When he was ill I said ‘there’s no way he’s going into hospital. *No way.*’ Of course it was lung cancer and when he was ill he said to me ‘if it gets too much [Hannah’s voice becomes weak as if she herself is ill] let me go to hospital.’ And I said ‘*no*, we spent so long time apart when we were younger let us stay together till the very end this time.’ It was difficult, wasn’t easy at all.

This emphasis on ‘staying together’ seems to provide a kind of a closure to the story of Hannah and Jonah’s marriage. Desire and determination to ‘stay together’ now rectifies in a way the wrongs of the past when, so soon after they had married, the two were parted for so long.

The fact that it was during and through that separation that Jonah suffered so much seems to lend further weight to Hannah’s determination here but later on she establishes that the desire was mutual, that the wish to stay together was

Jonah's as much as hers. In another place in the interview, when talking about something quite different, Hannah said:

my husband used to apparently go along the riverbanks as a little boy during his lunch break from school and he used to go what they call skinny dipping in the nude in the river [...] anyway,. when he was ill and we knew he was dying and he said to me, you know, we had made our minds up we were going to both be cremated I said 'oh, yes definitely,' 'cos you put your bones down and before you know where you are they're digging it all up for car parks [Hannah laughs] you know, so I said 'fine, anyway, we have no one to look after graves so fine if that's what you want.' So he says [her voice changes tone as she assumes the role of her husband] 'well, I think I want my ashes put in the Wear,' he says 'you know where I used to go when I was a little boy,' 'cos he used to show me and this weeping willow is just a wee bit along from there on that picture [she points to a painting of the river Wear and Durham Cathedral hanging on her wall] and he said 'I want my ashes put in there,' I said 'oh, yeah, yeah,' I said 'OK, if that's what you want I'll do it for you.' *Right*. So little time went over [...] and he said to me 'if my ashes go in the Wear, your ashes will have to go in the Wear as well you know, we can't be parted,' and he sat and you could see he was thinking about it deeply ... and he said 'but you can't swim,' [we both burst out laughing] see the silly things you, 'but you can't swim,' I said 'no, *I can not swim* Jonah,' 'ah, but,' he says, 'I would hold you up,' oh, ho, ho, how I didn't cry that day I don't know, so I said 'yeah, sure, sure you would, yeah, of course you would Jonah.' That went over again ... and then up comes another thing, *all connected with this*, [again her voice changes as she says the following] 'you know I've been thinking,' I said, I think 'oh, dear, what's he been thinking now?' 'If I have my ashes put in now,' 'yeah,' 'you'd have all those steps to walk down the riverbank' I said 'yes, I would, wouldn't I' he says 'well you have difficulty walking down the steps, up and down,' I said 'I most certainly do,' he says '*right*, forget it,' I thought 'of all the things, of all the things to *come out with*, I mean for somebody who knows that they are dying must be, well their brain must be racing all over the place, mustn't it, must be. Anyway, there was a chap he died next door but one and we went to his funeral and he was cremated at

Durham Crematorium, so we were there and we knew we were at the chapel and we were looking out the window, I don't know if you have ever been up there, it is beautiful and you look all round you, the trees, the old trees behind you, oh it was beautiful there, this is, this is Durham, not the city, this is Durham in the Hills, we came back he said 'yeah,' he says 'that's where we are going to be,' I said 'well I'm in full agreement,' and that's how it ended in Durham Hills.

So it was Jonah's wish no less than Hannah's that they would stay together but the above account shows Jonah in a new light in more ways than just this. Here he, in contrast to the story so far, is very much the active party and Hannah the passive one.. This line is further strengthened by another story. Hannah says:

When he first died and I came home from Country House [a rest home run by the Catholic Church where Hannah went after Jonah died] and I thought 'I dare not tell anybody, they'll think I'm crazy.' I kept it to myself so much, I felt he was in that bed with me ... Jonah wasn't there but his presence, his full presence was there. And, you know, that went on for a little while. I said 'you're not supposed to be here, you know, you're not on this earth now, you're not supposed to be here, you've got to go somewhere else,' and that night [Hannah starts crying] I was lying in bed ... and truly, it was as though his whole body came right over the top of me and he said 'you can't come yet, you've got to go through it' ... But there was no voice, there was no voice, it was just in my brain, but I wasn't thinking about that and I thought 'eh, I haven't even thought anything like that.' It was as though it was coming through him and as I said his body was leaning, at first, his body was leaning right over me.

Notice first how the roles are reversed here, how the characters of Hannah and Jonah have been changed. Before, Hannah was Jonah's spokesperson, she knew his mind, she would say what he couldn't articulate. Now it is Jonah who sees into the recesses of Hannah's mind, into places that are hidden to herself. Jonah can warn Hannah of the dangerous desires lurking in her mind, desires to join Jonah too soon, desires that Hannah herself is unaware of. Jonah lends his own

weight to the message and literally prevents Hannah from following him. After that, Hannah says, 'I just prayed that he'd just go away to what I call his heavenly home.' I could continue here by pointing out again how this story continues the biographical build-up of Jonah's character and the nature of his relationship with Hannah. I would, indeed, venture to postulate that this shorter narrative puts the final piece of Jonah's biographical puzzle in its place. A picture of Jonah has been presented, an explanation provided for the nature of his character and, now in the story of his return, a redemption offered through which Jonah can assume certain of the roles that Hannah customarily had to perform in their relationship, roles which Jonah was capable of performing himself before his war experience.

There is one other place, apart from the account of their very first encounter, in the whole narrative where Hannah stresses Jonah's agency. Here Hannah is telling me about Jonah's stay in the Japanese prison camp. She says:

but we knew that they were being treated very badly, we did know this, you know how things filtered through and I suppose you've heard about this railway, he was working on that you know and when he said he was down to five and a half stone and no energy really, but they all say that for every sleeper laid on that railway a life was taken [...]he didn't tell me a lot of things when he came back, no, no, no, no, he wouldn't tell me 'cos it was too horrific and he knew I would get all suss [Hannah shakes herself as if there's cold water running down her spine], he didn't tell me everything, I heard more from his friends than I heard from him and he said 'the boys that died', you know on the railways, said well 'their bodies were just left on the side of the railways' said 'there wasn't a thing you could do about it' and he said 'the jungle just literally took over' you know and when he came home people used to say 'you were in the same regiment in the army' and that 'did you know my son?' 'Oh, yes, yes, oh, yes, yes. He's, he's buried, he's got a grave'. He says 'I daren't tell them where they are, I wouldn't dare tell them', he says 'there are headstones up there' and he says 'there's nobody up there' you know, just to try and help the people.

If Jonah's inability to get his words out was a mark of what had happened to him during the war his unwillingness to talk here is an act of heroism. He does not talk to protect Hannah and he does not tell the whole truth about what happened in Burma to help the people whose sons and fathers were lost there. If Hannah has previously carried out 'narrative repairs' on Jonah's character here her efforts seem to extend into what can be called 'social work' (this phrase too is Michael Carrithers', personal communication). She is, that is, attempting to redefine social relations and Jonah's standing in those relations. His silence wasn't always due to his inability to talk: sometimes it was a willing sacrifice to take on the burdens of other people.

What would a bereavement counsellor have made of Hannah's story? He would have used his skills to help Hannah to focus on how she is feeling now - her loneliness, her sadness, her anger over what happened to Jonah, even her guilt, if such it is, over her inability to protect her husband. Walter, in contrast, would focus on how Hannah has through her account built a biography of Jonah that she can communicate to other people, a biography that endures. There is some evidence of this here. Hannah's account contains the story of a person, Jonah, but it also contains the story of a relationship: that between Jonah and Hannah. In this way it is also a story about Hannah herself and so if Hannah's account is a durable biography of Jonah it is a durable auto-biography of Hannah too.

Even so, I think that we have to see Hannah's account as a story, as a narrative. Rather than building a durable biography of Jonah, although it does so to some extent, Hannah's account principally establishes and explains Jonah's character and it does so through *emplotment*, a notion not highlighted sufficiently when we speak of biography. This plot, furthermore, and the history of Hannah's relationship with Jonah that it contains, shape Hannah's experience of Jonah's death and *her grief*. In this we can see the extent of the intervention if a bereavement counsellor were to ask Hannah to abstract from her story her emotions now. We can see also, I believe, how Hannah's emotions are actualised in her stories. As Abu-Lughod and Lutz (1990) argue, the emotions are part of

discourse and of stories in particular. That it is difficult to distinguish self from other is evident from Jacob's story to which I turn now.

Jacob

Jacob is seventy. He was born in a small mining village in the North East and he has lived there all his life. Jacob went to work in the mines as soon as he was old enough. He did courses with the Coal Board and advanced within the trade. Jacob worked in the mines for 32 years till they were closed down. Then he went to work in a factory. During that time he developed cancer of the colon but he 'came through that OK'. Jacob worked in the factory for about ten years before he retired to look after his wife, Doreen, who had by then developed Parkinson's disease. Five years ago Doreen 'started having problems with her bowels.' It turned out to be cancer and she died about two years later. Now Jacob lives alone in a small bungalow in the village where he was born. That is where I meet him, our rendezvous having been organised by the hospice where Doreen spent some of her last days. I explain to Jacob, as best I can, what my research involves. He nods and starts telling me about his early life. I ask him if he has lived in his village all his life:

Jacob: Yes, been here all my life [...] I was married from here then, at the time houses were very short, we couldn't get a house anywhere so for a full year I lived at home and my wife lived at her work at the Agriculture College after we were married. Then we were fortunate to get a house, do you know Shilton [the name is fictional]? You know where the Garden Centre is? As you go along to the Hall, do you know the Hall? The first cottage there is Simone's cottage [the name is fictional] we got that cottage, that was in 1951, we were married in 1949, '50 to '51 we got that cottage and my wife used to, she was working at the school at the time and she used to go down to this house and helping the old lady you know to clean and things like that, it had a couple of trees, it wasn't the market garden then, it was more or less just like any small holding farm, some of the pear trees and that are still there that used to be there then and ah we lived there for ... over a year, well over a year, well at that time

I was travelling from there to here to work and working ah shift work you know I was working say I's working seven in the morning till four or half past four, three o'clock in the afternoon till eleven at night, eleven at night till seven in the morning, so and then on the weekend when you ... you went to work on the weekend you had to be at work for six o'clock in the morning and as I say, you never knew when you were coming home it may be five o'clock on a Saturday afternoon or maybe seven o'clock on the Sunday night when you were finishing and as I say, we didn't have a lot of money I mean I was ... I'd have about ah ... how much can I say round about seven pound a week and that was for working *every* day and you also in those days if I went down the *pit* to work I got extra money for that you know you got, I think it was round about in decimal coinage it was about twelve and a half pence a day, that was a big advantage [we laugh] you, you got extra money but as I say you only had ah, my wife when I first got to know her she had ah ... how much was it, thirty, less than two pound per month wages, of course food was supplied and everything like that you know but she worked long hours I mean they had to be up first thing in the morning, lot of work had to be done before the students called in then she had to, she was in the dining room, she had to give the students the breakfast after that they would go and do so many dormitories then it was dinner time, after dinner they had work to do, then maybe they had an afternoon off once or twice in a week and ah ... that was a real hard job but she enjoyed the work she did and of course as I say we were living in Shilton and I was push, using bicycle to here and we got the chance of a house in Rowntree, here in Rowntree [Jacob's village. The name is fictional] so I've only lived away from the village for about ... a year and a half at most from here you know so we moved back, so of course we came back here, 1953 ...

What are we to make of this narrative? Walter would point out how Jacob has here embarked upon a mission to construct a 'durable biography' even if that biography is of himself as much as his wife. In a similar fashion, it has often been pointed out by both psychologists and anthropologists that people use stories to create a coherent sense of self. Roy Schafer, a psychoanalyst, argues that 'so-called self-concepts, self-images, self-representations, or more generally the so-called self may be considered to be a set of narrative strategies or story lines each

person follows in trying to develop an emotionally coherent account of his or her life' (1992:34; quoted in Capps and Ochs 1995:176). A bereavement counsellor, in contrast, would notice that Jacob's story is all about events in the past and not about how Jacob is feeling now at all. That in itself is interesting as the reason for my visit was the fact that Jacob had lost his wife. So, again, what is going on here? Before I attempt to answer that let us get back to Jacob. He continues immediately:

Our son was born so that brings him up to forty [...] three in October, the only son we had and he has two lads, two sons, one's nineteen and the other one's seventeen I believe something like that and of course [...] he eventually went, he was serving his time as a motor mechanic [...] and he finished his time [...] and went to the factory to work as a setter on plastic moulding machines and then he got married and left home, he lived with us for a year, him and his wife until they got a house then of course he left, then I twenty, twenty, twenty five year ago, coming up to twenty six year I was diagnosed as being diabetic so I'm on me injections then a few year later after that my wife developed Parkinson's disease and she suffered quite a bit with that and then, what happened after we coped with that ... I mean I still worked, I was working for the Coal Board at the time and I still worked then eventually the colliery that I was working at was at Powderburn [the name is fictional] [...] they decided to close that one down, I did have the chance of a job over at ... the coast but [...] I had done thirty two year in there and I said I'd had enough so I went to work at a factory at Eagleshill [the name is fictional] and then twelve year, is that right, twelve year on, I had a resection of the colon I had cancer in the bowels I had that and I got through that all right then I retired I took the chance that, we had a bit of a recession at the factory where I worked [...] I said to the managing director that if anyone was to finish I'd finish first, I was the oldest but I still had another about eight years to work and there was a lot of young people, there was only I think six of us worked there and there was young people with families and the managing director said to me 'you have the ... longest service in,' he said 'you will be last to be finished.' I knew the director well and so [...] I went to meet him one day and I said to him 'you know the situation that I have at home that one day eventually I *will* have to finish work

to look after *my wife*.' So I think that was about a month after that I finished work, I retired [Jacob sniffles] and yeah I never regretted it.

Jacob recounts his story in a near chronological order and his striving to get the order right is remarkable. He even asks himself 'and then, what happened after, we coped with that' as if he is sitting an exam in his own biography. Through this account a particular picture is emerging of Jacob and his wife. They appear as 'decent, ordinary working-class people' as they would be described locally. They worked hard and looked after their own but did not hesitate to sacrifice their own well-being for that of others, for instance when Jacob demanded that he would be the first one to go from the factory, rather than the young people there with families. We can indeed call Jacob's account 'durable biography' as Walter (1996) suggests but I want to stress again how both Jacob and his wife, Doreen, are implicated in this story; and also how the biography that Jacob builds is an achievement of characterisation and emplotment. This will become clearer as we carry on.

The bereavement counsellor would point out that Jacob does not seem to engage with his story emotionally. It is indeed striking that Jacob manages to relate his story with such equanimity even as it descends into a seemingly endless tale of illness and misery. Yet, the distinction between story and emotion that bereavement counselling forges seems out of place here, for as Jacob's account continues and becomes even more minute in its detail he gradually becomes more emotionally involved. Jacob continues:

Then shortly after that my wife started having problems with her bowels etc. she was taken in to hospital ... that was Easter weekend or just after and they performed [a medical operation whose technical terms I do not catch] then after she came out, she still had problems with her bowels etc. and the following year she had another operation ... and [...] she'd been in hospital for a week and he did this emergency operation on a Saturday night and she got over that quite well and it wasn't until ... I went into the hospital on about ten days after on a Monday to pick her up to bring her home that they told me that there was

nothing more they could do for her, it was just a matter of time [...] and fortunately she lived another six month and she died on November the 2nd, it will be five year on November the 2nd that she died, and so well we just came home and ... just got on with life as much as what we could we knew, we didn't know how long it would be but ... we're just hoping that they were wrong but they weren't and she just gradually deteriorated ... until...

Jacob's attention to the seemingly most unimportant detail is again striking. Somehow it becomes important that the emergency operation was carried out on Saturday, and Saturday night at that, and that Jacob went to get Doreen on a Monday. Having in a rather straightforward fashion recounted Doreen's illness, her visits to the hospital, her operations and the doctor's verdict, Jacob's story gradually gathers steam. As the stories become more small-scale, as it were, Jacob becomes more emotionally involved. His voice which has been practically monotone till now starts to change with the tone of his story. Here Jacob continues from where we left off:

There was a Friday morning [...] she woke up, [...] the nurses used to come in every day and see to her and talk to her and we had people from the Hospice were coming and [...] the Macmillan nurses used to come in and stay with her during the night and she woke up on the morning, the Friday morning, and she said [he says grimly] 'just get the doctor' and I knew then when she complained that she was really ill and the doctor came about four, five times that day and just gave her injections of morphine and she died about half past one I think it was on the Saturday morning so ... that was a real rough day that day for her and she wasn't practically conscious you know she was that day she was in that much pain but prior to that she'd been ... reasonably, I wouldn't say reasonably well but she was conscious and never complained of anything and [...] I just went in the other room I mean the son and the daughter-in-law was here and the Macmillan nurse and the doctor was here, about I think round about eleven o'clock, as I say it had been a nasty winter day raining uphill and [...] I just went in the other room for ten minutes just to put me head down for ten minutes when ... my son came in and just said 'dad, you're wanted' and I went in, she just died that second you know ... that was a

[he says his voice shaking a bit now for the first time] *relief* that her suffering had ended.

‘It’s half of you that dies’

Jacob started the interview by setting out the course of events. As he went on, he began to express his feelings and here, in the account above, he has started to identify and elaborate a little bit upon his emotions. At the same time Jacob is beginning to weave him and his wife together more intimately than before. ‘That was a real rough day that day for her’ he says of his wife. Doreen was though practically unconscious and we can well see, I believe, that in fact the day was a ‘real rough day’ for Jacob himself no less than for Doreen. The nature of the relationship between Jacob and Doreen becomes more prominent in the narrative as he continues and starts to ponder over his own reactions to Doreen’s death. The nature of these ponderings are shaped by the plot that Jacob gives his story. Here he continues:

You don’t know how you feel [his voice shakes slightly] you’re [he says slowly] *not* pleased that this has happened but you’re, you’re relieved that the suffering has ended ... because I mean we were married for ... forty, forty two and a half year and had been courting for about four year before that and I always say you know some people, in fact I was seeing a friend of mine, she lost her husband not quite a year ago and we were very good friends her husband and I and he just died like that, he just took heart attack and died and she was with him when he died, when it happened, they were out in the car when it happened and I was in seeing her on Saturday afternoon [...] and we just had a bit of a talk and a natter and a big weep as we usually do and [...] the modern, the modern age now-a-days they don’t, marriages is not taken as deeply as what we did [...] if you have an argument nine out of ten they just say that’s the end of it and [...] they part, it’s too easy for them to part, divorce, even if there’s any children there’s nothing considered when in our days you got married and you were married for life and I always say that if ... in my situation and my friend’s situation that ... when you’ve been married for

so many years that there's fifty per cent of you dies you know, you become, you become one and when one of you dies that's half, half of you's gone and it takes a lot to *adjust* to it you know.

In characterising his relationship with Doreen Jacob compares marriages as they now exist to marriages as they used to be. Now marriages are not 'taken as deeply' as they were. In what is quite a wild exaggeration, Jacob asserts that in nine out of ten cases when couples have arguments they divorce. This contrasts to the time when Jacob and Doreen got married when you actually 'married for life' In those cases 'there's fifty per cent of you dies [...] you become one and when one of you dies that's [...] half of you's gone'. Still the relationship between Jacob and Doreen was not just special compared to modern relationships, as Jacob explains:

My wife and I were never parted [...] the only time [...] we were parted [was] when I was working for the Coal Board I did go away for a week's course, different courses [...] this was prior to being married [...] we had a big training scheme with all the new machines that were coming into the industry, you had to go down to Sheffield to the big training centre to see all these machines and learn all about them and things like that and [...] when it came to a weekend, the first weekend you stayed down, the next weekend, well you were lost, I mean the younger people that weren't courting or anything like that they would go out to dances and ... and I just used to sit and do me homework and [...] so eventually I started to come back home on a weekend and [he starts laughing] other people laughed but I used to leave my wife, as I say we were courting then, at seven o'clock at Durham station and ... I wouldn't get into Sheffield till half past ten but on the Monday morning I used to write a letter to my wife on the train [...], as I got off the train I put the letter in a post-box and she had a letter on her, on her tray on the Monday [Tuesday] morning [we both laugh] as if I was still there but that's, I mean some people thought that was a bit sickly and things like that but we *thought* a lot of each other.

Jacob is attempting to make sense of his own experience, of his reactions to Doreen's death by talking about their relationship. In a way he is also trying to

make sense of his relationship with Doreen by talking about his emotions now. 'You don't know how you feel,' he said earlier on, 'you're *not* pleased [...] but you're relieved that the suffering has ended.' In explaining his reactions Jacob, initially, makes reference to his long relationship with his wife: 'we were married for [...] forty two and a half year and had been courting for about four year before that,' he says. Jacob contrasts the dedication of such a long lasting relationship with the current state of marriage where it's 'too easy for them to [...] divorce, even if there's any children there's nothing considered'. In his days, Jacob continues 'you got married and you were married for life'. It is after such a long-standing relationship that 'when one of you dies that's half, half of you's gone'. But Jacob doesn't stop there. Having contrasted the situation of his contemporaries with the situation today, Jacob compares his and Doreen's relationship with that of their contemporaries. Jacob's account of his training with the Coal Board is all about his and Doreen's intense young love and his incredible devotion. Jacob's letter writing to his fiancée is contrasted to other people's preference for going dancing and his love and devotion is made to look all the more special because other people found it 'a bit sickly'.

So far we have heard mostly of Jacob's love and devotion. As he continued Jacob made efforts to establish that the love and dedication was mutual. He says:

And ... even when she knew that [...] she was going to die [...] her thoughts were still with me, she made sure that everything was all right, that after she died I'd be all right, I mean we bought a microwave and all sorts you know so that I wouldn't have to do work that I shouldn't have you know, [...] to make sure that I looked after myself, her thoughts were still with me of course

Jacob's concern here is to make clear the extent of Doreen's consideration for his well-being even as she herself was dying. There is a dangerous strait to be negotiated here, for while it is recognised in England that in loving relationships there must be some amount of exchange, of give and take, this must not be portrayed as too instrumental. These dangers are made evident when Jacob says 'I mean we bought a microwave and all sorts you know so that I wouldn't have to

do work that I shouldn't have'. It might appear that the 'shouldn't' could reveal Jacob and Doreen's relationship as based upon a strictly instrumental division of labour, and one, to boot, that is based upon the traditional roles of the sexes, but the whole point of the story does seem to be to stress the agreement between Jacob and Doreen over the buying of the microwave. I believe too that the 'danger' is something that Jacob sees in me and other possible readers of the interview. People of Jacob's generation in the region, on the other hand, tend not make the distinction between relationships based on emotions and relationships based on duty, that younger people may make. For people of Jacob's generation, as his story makes clear, marriage may initially be based on mutual affection but that affection is only really realised by, and expressed through, the devotion and duty it brings into being between two people. Duty without love is simply obligation, but similarly affection without duty is only 'puppy love'. The point is in fact made by Jacob when he relates how he and Doreen made preparations 'to make sure that I looked after myself; her thoughts were still with me of course', where 'her thoughts' seem to cover both instrumental and affectionate matters.

As Jacob continues he slowly turns his attention more closely to his reactions to Doreen's death. These he then compares to what he sees as others' way of coping.

I've had to get on with my life, [...] I go out quite a lot, nearly every day I'm out in the car somewhere [...] even if I'm not intending going anywhere I just get up and go out in the car for an hour then come back home and ah ... it's hard for the first ... really for over the first year *it's really hard*, [...] I fully intend going away this year in November but ... there's something in my mind you know that worried us when I anticipated going away I thought, 'well I'll go at the end of October and the beginning of November,' because as I say I go to Malta every year, sometimes twice a year and [...] when I was sorting [...] when I was gonna go I realised that I would be away on the anniversary of her dying which really worried me and [I] thought 'well I have to do it some time' I've always stayed in England you know and I've always stayed at home that day I don't go out then, as I say I thought 'well you've got to do it for the first

time to go out that day' so ah the last time I was in hospital they wanted me instead of every six month they wanted me every four month or every five month I'm not sure which one it was and so that brings it to November so I can't go [he laughs] so it's something that's come that's stopped us from doing that you know, I didn't want to do it, I wanted in one sense to be able to do it and ah ... but there was something come and stop me from doing it, so I'll have to wait till maybe next year when I'll make an effort and maybe go out on that day but as I say you know it's ah, you *don't* know the reason why you know.

There seems to be a tension in Jacob's mind here. On the one hand he would like to be able to go out and even leave the country on the day his wife died. On the other hand he finds it very difficult. The difficulty seems to be Jacob's loyalty to his wife: to leave the house on the day that she died might seem to diminish his sorrow and so belittle their relationship. Still, Jacob is of course aware of other possibilities, that other people do things differently. He continues:

you've got to adjust as you like to it, some people are different, [...] some people are coping, I don't know whether it's coping or, people are made different you know, they have different natures whatsoever, when my wife's sister died two year before my wife, that was in September that she'd died, she died about a week before her birthday I think it was and she would have been sixty, sixty two, same age as my wife, her husband was remarried within eighteen month [...] different people, I know I won't get married again you know I've been content with my life what I've had and no one will ever take her place it doesn't matter how much I live or how much money I have, I don't have a lot of money but, I'm not rich, I was rich in one way, I had a very good wife [...] I accept that my wife's died, it was a *relief* when she *did* die, she was out of her suffering ... but ... how can I say ... you can't see the logic of it at times, you see so much evil and wickedness in the world but you can't understand why a person that was so good should have to die and *then*, as I was saying to someone the other day, I was pleased in one respect that my wife died before me because the illness that my wife had I don't how she would have coped if I'd died [...] first and as I say I'm thankful in one sense that it happened that way which is maybe a bit [...] selfish or [...] I don't know.

Jacob appears to be pulled in two opposite directions here. On the one hand, he feels that he has to 'get on with his life' and do what he wants to do, but his inability to go away on the day of his wife's death stands as a stark reminder to him about his struggle to 'carry on'. Jacob clearly feels that he should be able to go; 'well I have to do it some time,' he says. At the same time Jacob is being pulled towards Doreen and their life together and he is clearly unwilling to sever some of the ties with her that he would have to sever in order to move on. In contrast, Jacob's sister-in-law's husband is married within eighteen months of his wife's death.⁴

In relating the story of his wife's death and his own subsequent reactions Jacob has established characters and outlined expectations within a social scene. The stories that he tells, that is, are attempts to build an interpretation of a social scene. So while Jacob's narrative acts seem to be just part of his individual thinking they are also social acts because they are attempts at establishing an argument, a justification, that explains his relationship with Doreen and his experiences after her death. This argument goes something like this: When we were married marriage meant something, it was for life. People were faithful and devoted to each other whereas now people divorce as soon as they have an argument. Simultaneously we had a particularly close marriage, we thought a lot of each other and were never parted even to the extent that other people found us 'sickly'. I am aware of the possibility of re-marrying but because of the very close relationship I had with my wife, because of our mutual love and devotion, and because of the meaning of marriage when we actually married I will not marry again.

So, while we can talk about Jacob having established a 'durable biography' for his wife and himself, I think we need to tease out two dimensions unexplored by Walter. Firstly, Jacob's acts of narrative reasoning (Bruner 1986) are a means to clarify and justify the character of his relationship with his wife and of the nature

⁴ This is somewhat reminiscent of Stroebe and Schut's (1995) notion of the 'dual process of grief' and may indicate the use of counselling strategies and language in everyday life.

of his reactions to her death. His narrative sets out who is who and what is what and orientates the characters involved, including Doreen, vis-à-vis each other so that their relationships and positions towards each other are made more apparent. In this Jacob's stories are, like Hannah's stories, an example of 'social work'. The 'durable biography' is not just a matter of personal adjustment to a loss but affects the social scene it addresses. At the same time we have to stress the creative character of Jacob's story telling. A 'durable biography' is not a history but a story -- in as far as that distinction is valid -- that is founded upon characterisation and emplotment. In particular it is important to note how Jacob's story is linked to a sense of the degeneration of the world. Not only is marriage not what it used to be but now -- as Jacob related later in the interview -- people have lost their sense of hard-work, and their greed has all but taken over; the community spirit that used to infuse places like Jacob's village is gone and has been replaced by general suspicion of other people; and where people used to help each other crime is now rampant. Against this, stand Jacob and Doreen, hard-working, decent, ordinary working-class people, whose marriage was based on both love and devotion. This is a narrative effect, created through story, rather than simply a part of a biography.

Before I conclude with a remark about bereavement counselling allow me to return once more to Jacob's story. He says:

every year gets that little bit easier, you can talk about it a lot better from like it was, [...] it's something that you did each day, I mean, I still, occasionally when I come into the house and open the door, sometimes I'll say 'I'm back' because if I went down the street to get anything, down the shop and I opened the door and my wife was in bed, she would have been in bed you know, I'd just popped out for [...] ten minutes, first thing I'd do when I opened the door is I would say 'I'm back' and occasionally I've done that you know, *it's part of your life that you've done* [...] I mean everything what I did for quite a while you know it was still, if you were cooking you'd maybe put that little bit extra you know, she didn't eat a lot but, did things like that you know it took a long time for you as we say here to sink in, to get down into your mind that she

wasn't there [...] I come to her *final date* I still kept on for a while, [...] it doesn't end there and then that moment, it *lasts* for quite a while you know the presence is still there for a long time ... things that you find brings things back to you, I mean the other day, the other week I was up in the loft [...] I was looking for an engineering book and I [...] found her fur coat and her sheep skin coat [...] and there's in the bedroom there's a little corner unit and it's *very rare* I go in there, very rare, because I know for a fact her wedding dress and everything is still there, something that she kept and her head-dress is still and that's forty, forty seven years since I was married and [...] there are some people they, they maybe think a lot about each other but they would live their separate lives, we *didn't*, we lived for, for *each other*, everything that we did was *for each other* I mean ... I worked hard, every wage that I got I gave to my wife and I never asked for [...] *anything* but if I wanted *anything* it was *there* I mean if I wanted, if I wanted a car, if I wanted a motorcycle anything like that we got it, [...] my life was for my wife and my wife's life was for *me* and as I say I don't know whether it's a good thing or it's a bad thing because when you live together for so long and you're together for so long ... when one of you dies that's *harder for them*, the persons that live their own lives you know more or less separate lives from their wives, I mean all right, they may have been happy in their own way of life but there's not so much of a *wrench* of parting, [...] I mean my wife said to me when she knew that she was really ill [...] we used to lie on the bed together and sit and talk about what was going to happen and things like that and she said to me one day, she said 'you can get married again if you wish' and I said 'no way' she said 'yes,' she said, 'you can but there is only one thing I want you to promise,' and I said 'what is that?' she said 'that when you die you'll come to me,' you know, I said 'that won't never happen because I won't marry again.'

Bereavement counselling presents itself as being non-authoritative, it portrays the client as the expert and seeks to present itself as being non-interventionist. Yet, it seems to me that the focus on self-emotion-now that bereavement counselling would seek to bring could undermine Jacob's story and indeed that of Hannah too. For both Jacob and Hannah it does not seem to make sense to make a distinction between themselves and their partners. Jacob portrays the relationship

between himself and his wife as one of total dedication. He worked hard and gave all the money to his wife; she, dying, tells him that he can marry again if he wants but only if he promises to join her when he dies. Hannah, the reader may remember, acted as Jonah's mouthpiece, reading his mind and uttering what he couldn't say, until he died when, as he paid her one final visit, it was Jonah who saw into the back of Hannah's mind and articulated what she was not aware of herself. Jacob characterises his relationship with Doreen in a similar fashion. She could see into his mind, she knew his wishes so that whatever he wanted 'we got it' without him having to ask for it. Doreen and Jacob were truly part of each other.

It also seems to undermine the integrity of Hannah and Jacob's narratives to attempt to separate their emotions from the rest of their stories. Hannah's emotions are inextricably bound up with the unfolding of the events that she relates. Her feelings are shaped by the very plot that she constructs around the war and Jonah's character. Jacob emphasises how he and Doreen were in fact one and how his emotions following her death are determined by the history of his deep relationship with his wife. This is the point that I shall pursue further in the following chapter, as I describe how stories are not simply reflective of people's experiences but constitutive of their social relationships with other people. The bereaved, I shall argue, use stories of the deceased to maintain relationships with absent kin and, even in some cases, the dead themselves.

Chapter 7

Death is not the End. Narratives and the Continuation of Absent Relations

Introduction

Bereavement counsellors are trained and encouraged to focus upon self-emotion-now, upon, that is, how their clients are feeling now. This was the simplified condensation of counselling training and teaching with which I concluded part II of this thesis. In chapter 6, I traced how the bereaved use stories to make sense of their experiences of grief, and of the lives and deaths of their dead ones and of their own lives. Narratives, I argued, are not simply psychological devices to achieve self-coherence. They are social devices to achieve understanding and acceptance from others, to realign and repair social relationships. This is my starting point in this chapter. Employing Deborah Tannen's (1989) notion of 'involvement strategies' and Mikhail Mikhailovitch Bakhtin's (1981) idea of the dialogical nature of language use, I intend to explore how the bereaved use stories, often stories about their dead ones, to establish and maintain social relationships with other people. I begin by exploring how the bereaved use involvement strategies to establish a relationship with me, the interviewer. I continue by showing how the bereaved use stories about their dead ones to maintain their relationships with a number of absent relatives. And finally I consider how the bereaved use stories to continue and maintain their relationship with their dead ones.

I do this in order to pose two questions; to raise two general points. Bereavement counselling's emphasis upon self-emotion-now is predicated on, amongst other things, the assumption that the relationship between the deceased and the bereaved ends with death. On that assumption bereavement counselling seeks to address the emotions of the survivor rather than the relationship between the deceased and the survivor. This, as Piers Vitebsky (1993), has pointed out, makes for a particular understanding of grief. It invites the question: what is grief for the bereaved for whom their relationship with their dead is continued? I shall argue, it is a part of the story of their relationship with their dead and with other people. Which leads to the second point. Anthropologists have, as Simpson (1998 in press) reminds us, usually restricted their understanding of the social to actual relationships and observable interactions. The question of how people think about relationships, 'the realm of imagined relationships' (Simpson 1998 in press) has been left to psychologists interested in the 'self'. Yet, as Caughey (1984:17; quoted in Simpson 1998) has argued, it may be a mistake to separate the 'inner' world of the self and the outer world of society. For the imagined world itself is populated by characters 'felt to be there' and 'which continually splice into the real world' (Hermans and Kempen 1993:71; quoted in Simpson 1998). I shall argue that the narratives of the bereaved, related here, make it impossible to make the distinction between the 'inner' and the 'outer' worlds and that this, finally, poses problems for the distinction between individual and society that has been predominant in the anthropology of death and that has lead to the almost total ignorance of grief in that literature.

Making it count: Involvement strategies

A striking feature of the interviews that I conducted was my interviewees' desire to set the record straight. They were not simply recounting their experiences but giving accounts of their experiences, of their lives and those of their dead ones. Understandably, then, my interviewees were concerned that what they were saying was understood and accepted. They were seeking to persuade me. But by what means do people seek to persuade each other? According to Deborah

Tannen (1989) they do so by using what she calls 'involvement strategies,' strategies that 'work to communicate meaning and to persuade by creating involvement' (1989:28).

Tannen's (1989:9) general thesis is that involvement strategies 'shaped and elaborated in literary discourse, are spontaneous and pervasive in conversation because they reflect and create interpersonal involvement.' She follows John Gumperz's (1982:1) observation that involvement, conversational involvement, is the basis of all linguistic understanding. He argues that participating in conversations is not simply a matter of understanding passively. He suggests that one cannot understand the meaning of a given utterance without having a broad grasp of conversational coherence, 'where the utterance came from and where it is headed' (Tannen 1989:10). Involvement in this sense has to be achieved during conversations, it cannot be assumed to exist beforehand. What is at work here is an emphasis on the 'interactive nature of conversational interaction' in which 'both speaking and listening include elements and traces of the other. Listening ... is an active not a passive enterprise, requiring interpretation comparable to that required in speaking, and speaking entails simultaneously projecting the act of listening' (Tannen 1989:12). Indeed the theoretical perspective to which Tannen subscribes is sometimes referred to as 'joint production' emphasising as it does the active role of the listener in the creation of the speaker's discourse, and the role of the speaker in listening. 'Not only', Tannen observes (1989:12) 'is the audience co-author, but the speaker is also a co-listener.'

Tannen (1989:17) makes a distinction between those involvement strategies that work on sound primarily and those that work on meaning primarily. The former include rhythm; patterns based on repetition and variation of the various constitutive elements of language, like phonemes, morphemes and words; and styles of speech. Tannen (1989:18) points out that a number of researchers have noted the 'astonishing rhythmic and iconic coordination ... when people interact face to face.' Filmed conversations have shown that a speaker's emphasis on a word goes together with bodily movements such as the waving of hands or the

blinking of an eye. When the speaker shares a cultural background with a listener the movements of the latter are also synchronised with the movements of the former. Tannen suggests that for people to take part in conversation they must share a rhythm. Joining conversations, she says, is like joining a line of dancers: one must know both where the dancers have been and where they are heading, and to bring one's feet into coordination with theirs one must find the pattern of their movements. Tannen adds that a shared rhythm is crucial for the outcome of conversations. The importance of repetition has often been emphasised by scholars of language. Harvey Sacks (1971), the cultural hero of conversation analysis, demonstrated frequently that people use repetition of sounds and words in a systematic way in spontaneous conversation. Sacks argued that the words people choose to use are 'sound coordinated with things in its environment' (Tannen 1989:20).

Turning her attention to the involvement strategies that work on meaning, Tannen (1989:23) suggests that 'filling in unstated information' makes 'discourse effective because the more work readers or hearers do to supply meaning, the deeper their understanding and the greater their sense of involvement with both text and author.' Indirectness, or ellipsis, on part of the speaker is the first strategy of this category Tannen discusses. She refers to Lakoff's studies (1973; 1979) which established that conversationalists characteristically do not say exactly what they mean, or at least leave the meaning of their words underdetermined. Indirectness allows speakers two things: to save face if their contribution to the conversation is not well received, and 'to achieve the sense of rapport that comes from being understood without saying what one means' (Tannen 1989:23). In addition to this, indirectness requires the listener to add in the unstated information and thus contributes to the sense of involvement.

J.D. Sapier (1977; in Tannen 1989:24) distinguishes between four types of tropes, or figures of speech that operate on meaning. These are metaphors, or speaking of one thing in terms of another; metonymy, speaking of a thing in terms of something associated with it; synecdoche, having a part stand for the whole; and

irony, saying the opposite of what one means. Friedrich (1986:4; in Tannen 1989:24) points out the pervasiveness of tropes in everyday conversations. He (1986:29; quoted in Tannen 1989:24) argues that even 'a single word in context involves a plurality of tropes.' Talking of therapy, Kathleen Ferrara (1994:130) argues that the mutual effort required to create and sustain the meaning of tropes, and metaphors specifically, leads to the development of rapport between client and therapist.

Another involvement strategy revolves around imagery and detail, or the 'setting of scenes' as Tannen (1989:29, 135) calls it. She argues that a major part of mutual participation in sensemaking is captured in 'setting scenes'. Understanding, she says, is derived from scenes 'because they are composed of people in relation to each other, doing things that are culturally and personally recognizable and meaningful' (1989:135). This is where imagery enters the picture because through images, created in part by detail, the hearer can imagine a scene. The use of 'reported speech', or 'constructed dialogue' is another involvement strategy which Tannen (1989:25-6) discusses. A number of linguists and anthropologists (Chafe 1982; Hill and Irvine 1993; Labov 1972, Tannen 1989, Basso 1995, Simpson 1998) have observed 'that conversational discourse frequently represents what others have said ('reported speech') as dialogue ('direct speech'). Tannen (1989:25) argues that this is because 'direct speech' is more vivid and more effective than indirect speech. Dialogue is more effective, she says, because 'the creation of voices' and 'the imagination of a scene in which characters speak in those voices ... occasion the imagination of alternative, distant, or familiar worlds' (1989:25-6). Because of that, Tannen (1989:26) adds, dialogue is an important source of emotion in discourse.

Narrative is the final involvement strategy that Tannen (1989:27-8) discusses. Narrative is in fact a metastrategy in that it makes use of all the other strategies discussed above, imagery, detail and constructed dialogue (Tannen 1989:28). Tannen (1984) found in her own study of dinner-table conversations that those whose conversation styles she deemed highly involving told more stories than

those that she deemed less involving. Their stories were, in addition, more often about their own personal experiences and they more frequently expressed their feelings concerning the events related (Tannen 1989:28). Harold Rosen (1988) goes even further than that and argues that emotion and meaning in all discourse can in fact be traced to personal narratives.

Involving you

Allow me to return to Hannah, once again, and her story of her husband's life, illness and death. Here Jonah has been taken ill, diagnosed and sent home where Hannah cares for him. Hannah says:

H: But I had such wonderful help from, from ... the medical service, the doctor

aa: //um//

H: //he// was marvellous, and the ... ah ... the nurse used to come in ... every morning ... because for a long, *long* time ... when Jonah was getting weaker and he couldn't ... [Hannah struggles with the words here] see to himself in the bath //...//

aa: //...// yeah //...//

H: //...// and I used to go and bath him and help him out

aa: uhum

H: ... 'cos there was ah, a morning ritual //you know//

aa: //yeah, yeah//

H: till one day Brenda [not her real name] the district nurse was in and she said 'you are going to bath him *no more*,' she said, 'you're in a *dreadful state*'

aa: um

H: you know, sure I was, I was getting very tired

aa: yeah, yeah

H: you'll accept it all, course *you'll accept it*, it's your husband

aa: uhum

H: and she says 'you'll bath him *no more*' and I thought '*oh grief*, what's he gonna say about *this*?' [Hannah's voice is as if she's telling a joke]

aa: umm //[laughs]//

H: //[laughs]// so I said to him [Hannah's voice is tinkling with laughter]
'Brenda is bathing you this morning.' 'What?' I said [Hannah becomes a bit
apologetic as she says the following] 'well, just to give me a little rest,' //you
know//

aa: //yeah//

H: 'oh, well, all right' ... so she did bath him that morning

aa: yeah, yeah

H: and *much, much* later in the day 'do you know, I thought I would have
objected to Brenda doing that to me'

aa: um

H: 'but,' he said, 'it was all right'

aa: yeah

H: //[laughs]//

aa: //[laughs]//

H: 'it was just all right'. So from then on this was the procedure

The central import of Tannen's notion of involvement strategies is to ask how conversationalists involve each other in their discussions, thus creating meaning and bringing home their points. Here we can see how Hannah employs various strategies to involve me in her narrative. Hannah's story is replete with repetition of both words and phrases. Early on in the excerpt as Hannah describes the beginning of the involvement of Brenda, the district nurse, in her and Jonah's 'morning ritual' she says 'because for a long, *long* time ... when Jonah was getting weaker and he couldn't ... see to himself in the bath'. Later on when Hannah finishes this account with Jonah's satisfaction with Brenda's bathing she says 'and *much, much* later in the day [and so on]'. Here 'long, *long*' and then later '*much, much*' both serve to give rhythm to their individual sentences but more than that they call to each other, as it were, with '*much, much*' closing of the account that 'long, *long*' started. It is noticeable, too, that Hannah addresses the interviewer quite often. 'You know' she says, her questions answered by my 'yeahs' and 'uhums'. These are offered as evidences of my continued attention to Hannah's story. The intensity of that engagement can perhaps be gauged somewhat from the frequency with which our contributions overlap.

Hannah's story was, of course, accompanied by facial expressions and bodily movements of various descriptions. These were woven in with Hannah's words and work to increase my involvement in her story. Limitations of space do not allow me to give a full account of Hannah's gymnastics, but let me give the following brief description. For most of the time as she was talking Hannah would sit back in her arm-chair which was facing the sofa where I sat. There she would let her eyes wander around the room, sometimes staring into the distance while I looked constantly at her. When Hannah approached critical moments in her story, when she put emphasis on her words, quoted the speech of other people and so on, she would invariably lean forward a little bit and look at me directly so that our eyes met. This would prompt me to lean forward too as if to get closer to Hannah. In this way words and movements would come together to increase my involvement in Hannah's story (see Carrithers and Coleman n.d. for a discussion on this).

In the above account Hannah does not provide a lot of imagery and detail. She does not set elaborate scenes. Plenty of that is, however, provided by Jacob when he describes the day his wife died. I have slightly edited the words he used:

She woke up on the Friday morning and she said 'just get the doctor' and I knew then when she complained that she was really ill and the doctor came about four or five times that day and just gave her injections of morphine and she died about half past one I think it was on the Saturday morning so that was a real rough day for her and she wasn't practically conscious that day she was in that much pain [...] I just went in the other room, I mean the son and the daughter-in-law was there, and the Macmillan nurse and the doctor was here about I think around eleven o'clock, as I say it had been a nasty winter day, raining uphill.

The above account is engaging because it sets an elaborate and identifiable scene. Scene setting, according to Tannen, involves describing 'people in relation to each other, doing things that are culturally and personally recognizable and meaningful'

(Tannen 1989:135). Jacob's story, I might add, is all the more involving because the setting so neatly captures the mood appropriate to an occasion like this. 'A nasty winter day, raining uphill' seems to capture the emotional atmosphere in Jacob's house.

The same setting of scenes is evident in the following account by Jo. To that is added the extensive use of 'reported speech' which works with imagery and detail to set a scene. Jo is a woman in her late thirties whose mother died some twenty years ago from a very sudden and unexpected heart attack. Jo has a university degree. She is single and does not have any children. Here is Jo's account of her mother's death:

I was gone to bed *early* and I was asleep and it was my *dad* and a friend of his who were actually *there* when she had what was the *heart attack*, I didn't see her *have* the heart attack and neither of them had the wits to do anything about it ... and my dad came up, he was sort of waking everybody up saying 'something *terrible* has happened, something *terrible* has happened' [there is, understated of course, a hint of excited terror in her voice as she takes the role of her father] but neither ... *nobody* had the wits to call either the *ambulance* or the *doctor* and by the time I got downstairs it must have been ... you know like ten minutes and she was still alive then and she was sitting down and I *couldn't*, because I *hadn't* a clue what was going on and I said to my dad's friend if they'd phoned the ambulance and he said 'no' and I said then 'go and do it *now*' [there is some urgency in her voice] and ... ah he went off and phoned the ambulance and she, you know, at that point I got there just in time to catch her as she fell and she actually, technically died in my arms really ... and all that stuff about the death rattle is true, the last bit of air escaping from the lungs ... so yes it was very dramatic and then it seemed like ages for the ambulance to come but then I suppose it wasn't very long.

Jo uses reported speech in conjunction with imagery and detail to lend further weight to the already dramatic story of her mother's very sudden death. Early on, for example, we see her father run up the stairs and along the landing knocking on

every bedroom door shouting: ‘something *terrible* has happened ...’ Later, Jo comes downstairs, takes charge of the situation and orders her father’s friend to ‘go and do it *now* [phone the ambulance]’, before she catches her mother as she falls and then dies in Jo’s arms.

During the interview Jo wondered if the very sudden nature of her mother’s death did have ‘an anaesthetic effect on us [the family] because it was such a shock that by the time that we got over the shock we were half way to accepting it’. Because of this, Jo ‘felt that it ought to have been more debilitating than it actually was [...] when somebody dies, when somebody close to you dies I mean it’s, basically it’s the worst thing that can happen [...] I felt that I should have been completely flawed by it but so I felt I wasn’t suffering as much as I should have done’. There was, though, one particular occasion when the effect of her mother’s death became visible to Jo. She explains:

I can remember one, not that long after, it was *long enough* after for other people to have forgotten about it but not for you to have forgotten about it ... and I was with a friend and I was gone, I was away from *home*, I had gone to visit I suppose I don’t know, six months, I don’t know, I can’t remember and she said [Jo’s voice changes and becomes louder] ‘ah, there’s a *really* good play on television tonight, I’ve seen it before, it’s *really* brilliant, you should watch it’ and we were watching it, it was me and my friend and her husband who I had known for a *very, very* long time and sitting watching the play and at the end of the play somebody has a heart attack [she laughs] and my friend had completely you know it was long enough for her to have forgotten it but *not*, as the scene developed she suddenly said ‘*oh my God* turn the television off,’ [Jo’s voice is very loud, it’s almost a shout] and it suddenly sort of *dawned* on her what was happening and she shouted at her husband ‘*turn the television off*’ [again Jo’s voice is like she’s shouting] and he said ‘well huh, huh,’ but of course it was *too late* by then ... I ... he turned the television off and apparently he looked and realised and he looked at me and apparently I had gone as *white* as a sheet, *absolutely drained* of all colour and I sat there and I said ‘it’s not

like that really' and of course they were all 'sorry, I didn't think' and I just said 'well, it's gonna happen'.

Both of these excerpts represent important passages from the interview with Jo and both are peppered with reported speech to a greater extent than the rest of her story. The same is true of my interview with Polly. Polly is in her late twenties. She is a student and lives in a small and affluent university town in the North East. About ten years ago Polly's father died after quite a long illness and Polly feels that she has never been affected by his death. Although Polly's relationship with her father was very good when she was young, after she became a teenager her father became very controlling and very difficult, and their relationship was very bad. In explaining how little she was affected by her father's death Polly says:

I was, it seems quite a strange thing to do now, but I was going out with John [an ex-boyfriend] at that sort of time and [...] he and I were *very, very close* so on the way back from the hospital my mum dropped me off at his, I mean I don't know why I didn't go back with the rest of them, I think I maybe *ought* to have done but I *didn't* and I went to his house and I think I probably cried for, I was crying and sort of upset for about half an hour and then just didn't again *ever* ... I remember [...] some friends came 'round that night at John's and they came in and sat down and we said hello and made coffee and the usual things and then [...] I said to them something on the lines of 'my dad's off playing the harp now' and all that sort of thing and they said 'why, has he joined an orchestra?' and I said [Polly says laughing] 'no, he's *dead*' and then, to me it seemed like, I don't know, I bet, I don't know, I don't know what I was doing, I don't know whether I found it difficult to say and so made it into a joke but I don't remember feeling too distressed at the time and they were really quite sort of, they were quite *shocked* [...] I don't think they understood how I could possibly say something like that under those circumstances and it kind of stayed like that ever since I mean, I never, it never really affected me at all.

Yet, in the other most dramatic part of the interview Polly explains what happened just before her father's death:

he would still be trying to mow the lawn and all that sort of thing, he really shouldn't have been doing it so eventually I would sort of, I made him, I *didn't* make, *couldn't* make him, but I suggested that I might do it instead or something like that and tried to help out a bit [...] he was so *pathetic* compared to what he was before that I felt, I don't know, I felt *sorry* for him, and I would try and help him out and to start with he was quite sort of, *he resisted* it and then eventually he kind of sort of gave way and he would allow me to help him and I think it was a week before he actually did die and he was at home for the weekend and I think he actually, he called me 'Polly love' once and he hadn't, he hadn't said anything like that to me for *years* [...] I remember being a little bit affected by that at the time.

Tannen (1989:25-6, 102-4) says of reported direct speech, or constructed dialogue as she calls it, that it is more involving than indirectly reporting the words of others. Dialogue is more involving because it helps us to imagine 'a scene in which characters speak in those voices', and because dialogue makes it easier to convey the emotional atmosphere of the story (1989:26). Jo and Polly's stories provide good illustrations. All of them are densely populated with detail and imagery that help to set a scene. They are also populated with characters who interact and these interactions are brought to life, given immediacy, by Jo's talking for the characters and quoting them directly. She thus lends their words an emotional force that is much more direct and 'raw' than if she was simply to summarise their words. The difference is, to take an example, between Jo saying 'my father said that something terrible had happened' and her actually saying: 'my dad came up, he was sort of waking everybody up saying 'something *terrible* has happened, something *terrible* has happened'.'

If dialogue in this way seems more involving it is, according to Tannen, more persuasive as well. Indeed it is more persuasive because it is more involving. Quotations lend authority to accounts. They indicate that the events did in fact

happen, and they remove the storyteller as an interpreter from the scene (see Tannen 1989:105; see Hill and Irvine 1993). Along these lines Niko Bresnier (1993:161) relates how on Nukulaelae atoll there is a conflict between the 'need to communicate some affect in everyday communication and the local norms against communicating affect overtly.' Bresnier (1993:161) argues that the conflict is resolved:

through the simultaneous use, in reporting activities, of overt keys that are affectively neutral, and covert keys that are high in affective content. The strategic choice of keys in turn correlates with relative degrees of evidentiality: affect is communicated through keys which allow speakers to present themselves as minimally accountable for the content of their talk.

Eileen Basso (1995), similarly, has discussed how the Kalapalo people of the Amazon similarly in their storytelling quote the words of their protagonists rather than speaking on their behalf. The effect is that the storytellers are not responsible for what they report. They step back and the listeners themselves are invited to make their own judgements. These judgements, moreover, should be directed at the protagonists rather than the storyteller (see Belaunde 1997).

Through the use of reported speech a storyteller seeks, then, to present himself as an independent witness that can report impartially the actions and words of others. The constructed dialogue, that is, works to establish the storyteller's authority (see Geertz 1988; Foucault 1977a). Another example of this is Hannah's account of the VJ-anniversary gathering. Hannah says:

H: and my husband used to talk a lot about his Captain Marcus [the name is fictional] and I said to one of the chaps was he there

aa: uhum

H: he said 'he's there' and he came, came over and sat and talked to me for about a half an hour and he had, his wife had died, so he said 'I know *exactly* what you've been through, you're all alone,' he said, and I think that when you talk to other people this will come through every time

aa: yeah

Here Hannah uses reported speech to establish the point that those who have lost their spouses know what it is like, that you are 'all alone'. Hannah's prediction that this is what will come through when I talk to other people, is founded upon Captain Marcus' words; he is an independent witness. Throughout her account here Hannah plays upon points of view and perspectives to support her agenda. In the beginning our viewpoint is Hannah's viewpoint and she guides us first to take a kind of panoramic view over the whole gathering, scanning it for Captain Marcus. Then the focus is sharpened and narrowed as Hannah addresses 'one of the chaps' asking him if the Captain is there. The focus is shifted again as the chap replies 'he is there' and our attention is channelled down to a very specific spot, the Captain himself. Again the focus is widened and we can see the Captain walk towards us and Hannah. Only then does our viewpoint change and we see Hannah and the Captain sitting side by side talking, a talk that leads to the conclusion 'I know *exactly* what you've been through, you're all alone', he said, and I think that when you talk to other people this will come through every time'. Hannah's play of perspectives, though, is more fundamentally a play on the relationship between Hannah and Captain Marcus. While Hannah went looking for the Captain, about whom her husband talked so much, it is he who came over 'sat down and talked to me'. Altogether the account establishes Hannah's role as a listener and Captain Marcus' authority, with the effect that his words 'you're all alone' are given even more weight.

Creating dramatic tension or suspense, is one of the ways a speaker involves a listener (see Burke 1945; Tannen 1989). Hannah tells a very powerful story about the time when she first started to suspect that something quite serious was wrong with Jonah. She says:

Jonah hadn't been well for a long time you know, and we had a little session once when as far as we were concerned everything was as normal ... we had gone to bed this evening and I was lying there and I could hear 'caught, caught,' hear this cough and he used to turn to me and then 'Hannah what's *this*?' And

I [she says worryingly] said ‘*what*, what, what’s *wrong*?’ He says ‘there’s *blood* in me handkerchief,’ I said ‘*what*, what have you done, have you cut your lip or bit your tongue or something?’ ‘No, no,’ he says, ‘I could feel this at the back of my throat and had to get rid of it.’ I said [her voice heavy with apprehension] ‘*oh dear*’ you know, still we didn’t know ...

Hannah continued the interview by telling me of her and Jonah’s subsequent visits to the doctors, their assurances that nothing too serious was wrong, Hannah’s disbelief in these assurances and then, following a biopsy of Jonah’s lungs, the final confirmation of the nature of his illness. Here, though, all the anxiety that they must have been through is masterfully captured in a single short story whose dramatic tension engages the audience. The tension rests on a hint that something dangerous is lurking behind a facade that appears perfectly ordinary. Hannah’s statement that ‘once when as far as we were concerned everything was as normal’ has an air of ominous foreboding. The tension is then piled up in Hannah’s and Jonah’s somewhat confused and anxious exchanges, and by their frequent repeating of words, until it climaxes in Hannah’s exclamation ‘*oh dear*’.

All this is achieved through the careful setting of a scene by means of imagery and detail and constructed dialogue. The episode is set in a familiar setting, the conjugal bedroom, and it starts as a relatively straightforward history, related in the past tense as histories usually are. Midway through, though, there is a sudden, dramatic and decisive shift in tense when Jonah says ‘Hannah what’s *this*...’ The following tale is told in three voices as Hannah quotes Jonah and herself in between her own commentary. Each quote, in addition, is masterfully full with the appropriate emotions of surprise, fear, and even a hint of wifely reprimand in ‘what have you done’. Suddenly it is as if the events that Hannah relates are happening before our very eyes. Hannah says ‘he says’ using the present tense to describe Jonah’s actions in an act of what Karl Buhler (1934; quoted in Ochs and Capps 1996:25) calls ‘transposition’. This, the shift to the present in conjunction with the quotations helps to make the account even more vivid and compelling. It lends the story a degree of *immediacy*, an experiential quality, which enables the

listeners to experience events in the same way as Hannah.¹ The story involves us as listeners and our understanding, and, acceptance of it is based on that involvement.

Tannen's (1989) notion of 'involvement strategies' allows us to understand how stories involve listeners and how understanding is based on that involvement. This is the strength of 'involvement strategies', but it is also their weakness. For through imagery, detail and the use of reported speech, through the setting of scenes in a word, Tannen's involvement strategies involve us merely as listeners or as an audience. The image - to employ an involvement strategy myself - is that of the theatre, the cinema or the television with the action unfolding before the audience's eyes. That may be sufficient to explain how communicative effect is achieved but, in my opinion, it does not suffice to explain the effect of certain types of discourses, such as transformative discourses.

I am here following Michael Carrithers and Simon Coleman (n.d.) who in analysing Susan Harding's (1987; see also Harding 1991) account of her meeting with the evangelical minister Reverend Cantrell, point out that Harding refers to evangelical witnessing as 'a dialogue that reconstitutes its listeners', 'stripping them of their cultural assumptions' (1987:167), an encounter when 'language is intensified, focused, and virtually shot at the unwashed listener' (1987:169). Evangelical witnessing is 'transformative speech' that seeks to alter fundamentally the person it addresses.² To capture this character of witnessing, Carrithers and Coleman propose an additional involvement strategy, 'intimate personal indexicality', and they argue that dialogue, or reported speech, be considered as part of this more general strategy. In explaining intimate personal indexicality, Carrithers and Coleman point out that indexicality is 'that feature of talk which refers to local circumstances, people, and objects.' While all talk is in a sense indexical in so much as it refers to something, it is most often used to 'capture

¹ I am indebted to Rachel Baker for pointing this out to me.

² In contrast, as Carrithers and Coleman (n.d.) point out, we would call a 'factual' interview a communicative way of speaking; and when a minister marries two people his speech is performative, changing the state of social affairs.

matters near to the interlocutors' (Carrithers and Coleman n.d.). The indexicality is personal, Carrithers and Coleman continue, when stress is laid upon persons: 'on people's doings, feelings and relationships'. The indexicality is intimate 'to both speaker and listener, because it represents the characters of the stories as being close to both, as standing in an intimate relation to them' (Carrithers and Coleman n.d.).

I invoke the notion of intimate personal indexicality to make two points. While the stories of the bereaved that I have related are not transformative in the way that evangelical witnessing is, I still believe that they ask for - even demand - more involvement than Tannen's notion of involvement strategies can adequately explain. The bereaved do not only want to be understood, they want the listener to join them - if only momentarily - in their situation. That is why the stories I relate are so often full of intimate personal indexicality. This is strikingly evident in Hannah's story about the time when Jonah coughed up blood in his handkerchief. Here Hannah invites us to join her and her husband in the most intimate of circumstances, making our relationship with him almost as close as her own. There we become partners in a scene that is all about people's feelings, thoughts and actions, a scene that is, because of the story and the part it plays in it, close to both us and Hannah.

The notion of intimate personal indexicality give me the opportunity to make another important point about Tannen's 'involvement strategies'. While they may allow us to understand involvement, Tannen's strategies, as far as I can see, explicate only the relationship between a speaker and a listener, an author and a reader, a performer and an audience. But this is to assume, wrongly I argue, that we are involved with each other on the basis of a single identity, in one role, as, for example, a speaker or a listener. People are often, if not always, involved with each other in a much more complex way. My relationship with Hannah was one of an interviewer and interviewee, exemplified by my explaining to her the nature of my research and my request to tape-record our conversation. Our relationship was also that of a relatively educated person with a somewhat less educated

person, as Hannah herself implied when she said that I might understand, even though she didn't, what the professor of tropical diseases meant when he said that the malnutrition might have affected Jonah's brain. We were also relating to each other as an older person and a younger person when, for example, Hannah mentioned that people, for whom the war was only a history, could not quite appreciate what it was like for those who lived through it. At the same time, our relationship was close enough for Hannah to follow her revelations of intimate detail with questions about my family life, and for me to tell her about my family circumstances.

Regarding others: 'Remembering is a form of forgetting'³

What is a social relationship? According to anthropological orthodoxy, social relationships are patterned and enduring, based upon observable habitual interactions and distinct from actual relationships between two living persons. In marking out the domain of social anthropology, Evans-Pritchard (1951) considers the case of a court of law. He argues that a social anthropologist should investigate the different roles that are found in a court: judge, plaintiffs, counsel, jury and so on; the relationships between these, the functions of each and the procedures that govern their interactions. From here the anthropologist moves on to consider the place of the court in the total system of the society of which it is a part.

What an anthropologist does not consider, according to Evans-Pritchard, are the intentions of the individuals actually engaged in individual legal cases. But what sort of an understanding does it lead to if one separates in this way procedures from actual interactions, roles and intentions? How enlightening anthropologically is an account of court procedures without an account of the actual interactions of plaintiffs and court staff? It would seem fairly fundamental to consider the intentions of plaintiffs because determining these is a major part of

³ The phrase is Milan Kundera's.

the actual legal process in many cases.⁴ Evans-Pritchard's demarcation is of course based upon Durkheim's assertion that 'society' is an independent sector of reality -- an assertion now questioned in anthropology, as I discussed in the introduction. Social relationships, many anthropologists would now have it, should not be separated or abstracted from their actual materialisations. All teacher-student relationships - to take an example - throughout the UK may have certain things in common irrespective of the actual people that are engaged in those relationships, but it does not follow that such relationships can fruitfully be studied, anthropologically, by abstracting them from actual examples.

But should an anthropologist restrict his attention to observable relationships and interactions? Mead (1936) and Vygotsky (1962) have pointed out that what Goffman (1981) calls 'self-talk' characteristically takes the form of rehearsals which, they argue, are essential preludes to action in real situations, particularly when those are irregular or anomalous (I am following Simpson 1998). Simpson (1998; also 1994; 1997b; 1997c) has demonstrated powerfully how members of divorced families in England use narratives, memories of the past, and plans for the future to negotiate their relationships and interactions with each other and their identities in those relationships and interactions. Simpson (1998 in press) points out that in 'the context of post-divorce relationships, it is important that we are aware not only of the actual face-to-face dimensions of social life, but also of absent relationships which, in circumstances of conflict and limited communication, become highly significant: out of sight does not necessarily mean out of mind.' Peter Gow (1991) has similarly demonstrated that kinship - once *the* anthropological example of social structure - is for Amazonian people intimately linked to memory, in fact, memory is in a sense kinship itself. Commenting on Gow's thesis, Anne Christine Taylor (1996:206) points out: 'Social relations, in this view, are the condensation and memory of the affective moods built up by daily interaction in nurturing, sharing and working. The personal mental image one has of others as kin is moulded by this web of feeling'. So, according to the view represented by Simpson and Gow - social relationships

⁴ Michael Carrithers and David Zammitt have pointed this out to me.

are not restricted to face-to-face observable interactions. Rather we have to take into account the historically created subjectivities of those engaged in the relationships.

This, in turn, has implications for our understanding of the individual. In leaving the self (see Simpson 1998 in press) to psychologists, anthropologists classically constructed social relationships as being external to the self, to the individual. Durkheim's (1933) famous conception of man as a double being: a social being inhabited by the collective conscience and a biological being ruled by instincts and selfish drives; allowed no traffic between the two. In arguing against the emphasis on the collective in Durkheim's conception of society, Carrithers (1992), Ingold (1986), Strathern (1988), and Gísli Pálsson (1991) point out that if we understand the 'social' as a sphere of social relations and seek to move beyond the dichotomy between society and individual we need to see the individual as being fundamentally formed by the relations of which she is a part. If social relationships are predicated upon the subjectivities of the people who form them, subjectivities are based on the social relationships that inform them: 'the image of self ... is based on the attribution of others' images of it, [and] is necessarily suffused with the memory others have of you' (Taylor 1996:206). In order to explain this allow me now to introduce Samantha.

Samantha

Samantha is in her early forties and lives in a big house in a small and affluent town in the North East. Samantha is now married to her second husband and has a teenage daughter from her first marriage. When she was about six years old her father died very suddenly. This affected Samantha's mother badly and she neglected her and her younger brother and left them largely in the care of their older sister who treated Samantha very badly. This, anyway, is how Samantha sees it. But, according to Samantha, her brother and sister do not share her views. When Samantha was about eighteen her mother died after some illness during which Samantha did not visit her frequently. After her death Samantha left

and lost touch with her family. A few years ago her sister, having herself migrated to Africa, called Samantha up and attempted to re-establish relations between them. It surfaced that Samantha's sister was by that time terminally ill. All this has left Samantha with a powerful mixture of emotions; of anger, sadness and guilt, and in the interview, through a complex play of remembering and forgetting, she negotiates her relationship with her relatives, with her brother, her sister and her mother, in particular. Samantha's mother

had a *long, lingering* death and it was horrible and I really didn't know and I didn't really cry much, as an adult I can look back and it is not really a big surprise, it was just too much and I just wanted to get away, it was just too depressing, I just wanted to get away and I don't think I felt particularly *bereaved* when my mother died and as I got older I *missed* not having parents and, this is going to sound dreadful mind, but I don't miss the parents I had [...] and it took me a long time, *I felt guilty* about not visiting my mother as she was dying ... as I got older myself and I have had a child *I don't feel guilty* and I just look upon my mother as a person and I feel very *sorry* that she's died but I don't miss my mother, I don't miss that person.

Samantha identifies a number of emotions that are directly involved in her relationships with other people. Her mother's death was 'just too much', it 'was just too depressing', and Samantha 'just wanted to get away'. And while Samantha did not feel '*bereaved*' when her mother died and did not 'miss the parents she had' she '*missed* not having parents'. Most importantly, Samantha '*felt guilty* about not visiting her mother' but as she got older and had a child herself she does not feel '*guilty*' and can look upon her mother 'as a person'. Samantha's negotiation of her relationship with her mother is played out between her expectations of what should be the character of the relationship between a mother and her daughter and of her actual experience in the relationship with her mother. Samantha felt guilty about not visiting her mother until she grew up, had a child herself and could see her mother as a '*person*' (italics -aa.).

As she continues to build up the 'affective moods' that are her relationships with her family, Samantha continues to explain why she should not feel guilty about not visiting her mother. She explains:

[I] used to be a very sad person, I used to be depressed *all the time*, just went through life really depressed and I *don't* feel like that any more because I think, most people, *I think* ... I have heard that most people wish they had been adopted *usually* when they have done something wrong but I just wished I had been adopted because I absolutely hated the family, my mother really neglected us, me and my younger brother and ... partly because she had to go out to work⁵, partly because she was lazy and partly because she had just given up but she was quite old when we were born, my mother was about forty four and my father as well was in his late fifties and they had another older family and they were living with us my sister and her children who were not much younger than us, and she [Samantha's sister] was just very, very unhappy and she used to take it out on me and my mother did nothing to prevent it ... well I used to think it was *terrible, terrible*, I feel awful talking about her now she's dead, but she never washed our clothes, we were *totally neglected*, if it were *now* we would have been taken into care [...] but my sister used to *beat me up*, she's older, she was fourteen years older than I am and she used to take all her frustration out on me as a child, that was very difficult for me, it was really horrible, ... that makes me want to cry rather than the death of my parents even though I do feel *bereft*, I feel that I've got less than other people because I have no parents, because it's only me, there is only me to rely upon [...] I've had to go through ... *ordinary* grief because someone's died [...] whether you've got a good pain or a bad pain there is some kind of things for you to lean on and that was taken away like that, and then I had all these emotions of *anger* towards the live person because she wasn't a nice parent, I mean she did things I mean she wasn't bad, don't get me wrong I mean she had a hard, unhappy time, she was left with a seven year old and a two year old to take care of but in my mind now, as an adult, I think she had no right to bring me into the world and my brother into the world and she so old I mean she put us at risk by not thinking forward enough and she was so *lazy* and wouldn't do anything for us

⁵ After Samantha's father died.

and I feel a little bit, I find it really hard to talk about it but that, and all the guilt I feel for not going to see her, she wasn't there *for me*.

Samantha's memory of her mother is of someone who totally neglected her and her brother, who did not prevent her older sister from beating Samantha up, who was lazy and who, although she was herself to some extent the victim of her circumstances, was not there for Samantha. The lack of care and love that Samantha thus remembers reflects her memories of the affections - or the lack of them - others had for her and Samantha used to be 'depressed *all the time*'. Having a child, it seems, helped Samantha to rid herself of the guilt that she felt for not visiting her mother because that gave Samantha a better understanding of the give and take of the mother-daughter relationship.

But if Samantha's relationship with her daughter has been affected by her relationship with her mother the converse is also true. Samantha explains:

I worry about death, constantly, I think about it every day, my own, about my own death, I try to keep on going until my daughter is ready to take care of herself because I was never allowed that time, I was never allowed to become *strong* you know to cope with life, which is why I tend to not want to cope with it [...] I think even if my parents had died but we had been happy and we'd been stable that would have been OK but because life, the life I had that was dreadful and I mean I never used to talk about it and then a relative once said to me kindly, she said 'you had the most dreadful childhood' [...] I think she kind of opened a door up for me to go through [...] but when I was young I was so depressed [...] about everything, first of all my mother [...] she was just cruel [...] at the best of times she would just ignore us and we grew up in filth and squalor, but then she could also be *cruel*, it [...] was such a trivial incident but it just sums up her *cruelty*, she was folding the bed cover and my doll, my favourite doll had got caught and she just slammed it and I was screaming [Samantha's voice assumes a high pitched screaming tone] 'no, no, my doll, my doll' and she just literally kept on slamming it until the doll was broken.

The affective moods surrounding Samantha's childhood and teenage years, the memory of which constitutes largely her relationship with her mother, colour Samantha's relationships with other members of her family now, her older sister and her younger brother in particular. Samantha explains how contact with the family

only brings back memories for me, it's just painful [...] the second time he [her younger brother] tracked me was that my sister had gone abroad, she'd gone to live in Africa and she was trying to find me and he tried to find me on her behalf and she actually made contact with me and she phoned me from Africa but she asked what I thought was an inappropriate question, she asked me did I love her and I actually said I found it a bit hard, just the years between us and in the end I went to see her and in the end it turned out that she was dying [...] what *really tore* me up then was that they *dragged* me back into the misery that was that family and I just didn't want *any* part of it and they *dragged* me back into it *only* to have to go and die and she hadn't told *me* she was dying, she had just made contact 'oh, I love you, I love you, I miss you, I miss you, I want to move back, I want to come and live with you, I want to see your little girl' and I came back home [from meeting her sister who was back in the UK] [...] and it was *devastating* because you're kind of over the family, if you really liked them or not, and then suddenly, because of all the memories it had brought back [...] and I look back on my life and I know she shouldn't have strangled and beaten me when I was a child and so although I feel bereft ... it's not them I miss [Samantha cries] so I no longer have any contact with my brother, I can't [Samantha starts crying again and the tape is switched off].

Samantha uses stories here to activate her memories of and emotions towards her family. She uses the activation of those to negotiate her relationship with her family, her sister and her brother in particular. Samantha's ambivalence towards her family is thus thrown into a stark relief. While she does not want to have anything to do with them she obviously cares about them too. She does not miss them, but she misses not having a family. She goes to see her sister while she

describes the meeting as being ‘dragged’ back into the family.⁶ There is in Samantha’s account a relentless struggle of emotions: of sadness, anger and guilt. Here Samantha is again talking about her sister:

Shall I tell you what really, really tore me apart when my sister died, before she died she got in touch with me and she gave me this long phone call, how much she loved me, how much she missed me, and then she sent me a letter [...] she enclosed with this letter a photograph of two children that she had adopted, one was a little girl and the other a little boy [Samantha starts to cry] she had these two beautiful little children, lying on this beautifully made up bed, white laced and it was as if she was saying you know ‘you had it good enough, look what I have done for them’, the way she treated me, you know worse than an animal because you don’t treat animals like that, and I was, I was in the kitchen and I opened the letter and I threw the photographs away, I was screaming, couldn’t believe it, perhaps she thought she was saying ‘look, I’ve made up for it now’ but what it said to me was ‘*you had* it good enough and I have got some proof’ and when she died, although I had all those resentments, I couldn’t believe her, I couldn’t believe that somebody would get in touch and come back into your life and then just be taken away like that [...] I suppose what she was doing, knowing that she was dying, ‘cos she knew, she was trying to make up and she was trying to show, you know ‘I do love you, I’m sorry, look what I have done for these other children’ but she still left me.

Samantha had earlier cast her mother variously as lazy, irresponsible, cruel and the victim of her own sad circumstances. Here too she has cast her sister as variously cruel, emotionally manipulative and the victim of her circumstances - the fact that she had been left with two young children - who in her illness, sought reconciliation with her younger sister. Samantha’s relationship with the two is characterised by this variety too. On the one hand, she doesn’t want anything to do with the family because of the cruelty with which they treated her and because

⁶ In fact the story that Samantha constructs to express her ambivalence and to justify her decisions is a particularly powerful one. Its force stems to some extent from the fact that it resembles greatly stories frequently exchanged in English society. Indeed Samantha’s story has a decidedly *Surprise, Surprise* character (I refer to the rather popular ITV show hosted by Cilla Black). Only Samantha adds to it a sinister, cynical twist with her refusal to fall into the arms of her sister and be seduced by her admissions of love.

the memories that any contact stirs are too painful. At the same time, Samantha bemoans the fact that her mother and her sister left her. Her mother did not allow Samantha the time to grow 'strong' so that she could 'cope with life'. And her sister, having '*dragged*' Samantha back into the family then just goes away and dies.

The story of these relationships colours Samantha's present relationships with other people too. Samantha is at pains to make sure that her relationship with her daughter is the opposite of her relationship with her mother. She fears death because she desperately wants to be there for her daughter until she has grown up enough to look after herself. Samantha's relationship with her brother is implicated in the plot too. Unlike her mother and her sister, Samantha's younger brother was not a perpetrator of any of the violence that characterised her childhood. Rather, like Samantha, he was a victim of the circumstances in which they grew up. Still, Samantha does not feel able to have contact with her brother. She explains:

But because of all the things that happened he grew up totally unable to cope with life at all and I met up with him a few months ago and his understanding, his memories are totally different from mine but he was only two when our father died and he can't remember the really horrible things and he still has photographs of our mother and talked about our mother, he used to sit on our mother's knees but he doesn't remember things as they were and we had this reunion and I tried to tell him but he doesn't wanna know, I tried to tell him about my sister and I tried to tell him how she beat me up, he didn't remember.

Samantha's brother doesn't want to know, he can't remember 'the really horrible things'. He still has pictures of their mother, he has memories of sitting on his mother's knees. The fact that his memories are totally different from Samantha's and his inability or unwillingness to believe Samantha's stories about how badly they were in fact treated makes it impossible for Samantha to keep in contact with him. It is as if her brother's memories violate and deny Samantha's stories, her experiences, her past. Still, Samantha's accounts of events are not uniform and

singular. Rather, they are variable and heterogeneous. Her mother and her sister are, as I related above, variously lazy, irresponsible, cruel and the victims of their own situations. And Samantha's relationships with the two vary accordingly and so does Samantha's self in those relationships. So, sometimes Samantha's accounts would seem compatible with how Samantha's brother remembers things. Yet, Samantha will not have any contact with her brother. The reason is not that Samantha remembers and her brother has forgotten, but because they variously remember and have forgotten different things. 'Remembering is a form of forgetting' (Kundera 1995:128; quoted in Ochs and Capps 1996:21).

Absent presence: the maintaining of social relationships

I hope that through the interviews that I have used, there has come across a sense of how my interviewees frequently addressed and engaged a plethora of absent audiences to explain to these others the reasons and motives for their own actions and reactions. They also ruminated about the motives and reasons for others' actions and they developed plots whereby all these, the motives and actions of self and other, and the consequences that flow from them, could be brought together and evaluated. What the stories seem to reveal are complex patterns of human sociality, of interactions and relationships.

Yet, these are stories that take place in the imagination of the storyteller and it might well be suggested that, as such, they reside well outside the reach of anthropology, whose turf has usually been restricted to actual social relationships and observable interactions. How people think about relationships, how they plan interactions with others, in what Simpson (1998 in press) calls 'the realm of imagined relationships' are questions that have been left largely to psychologists and psychoanalysts. Still, Caughey (1984:17) has argued that it may be a mistake thus to split the world into the 'inner' world of the self and the 'outer' world of others. It may be a mistake, too, to view the former as essentially psychological in character and the latter as inherently social in nature, for the 'inner', imagined world itself is 'populated with characters "felt to be there" and which continually

splice into the real world (Hermans and Kempen 1993:71)' (Simpson 1998 in press).

I have observed that anthropologists tend to study social relationships, more particularly they study the establishment and the maintenance of social relationships. They rarely study their endings (Bob Simpson, personal communication 1997). But if anthropologists were to study how social relationships are brought to an end what would they find? Somewhat paradoxically, I believe that an anthropology of endings would allow us to ask questions about the meaning of social relationships both generally and ethnographically. I think that the reason why endings have not been included within anthropological studies of social relationships can be related to the somewhat instrumental view of social relationships that is prevalent in the West. According to this view, relationships end when they end and any aftershocks are understood to be purely psychological. That is certainly the case with bereavement counselling, according to which death is definitely the end of both the person that died and the relationship that the bereaved people may have had with the deceased. As I related before in this thesis, Worden (1991) poses it as one of the four tasks of mourning to withdraw emotional investment from the deceased and reinvest it in new relationships. In training, too, as I have described again and again, we would be encouraged and trained to focus upon self-emotion-now, employing our skills to get the client to talk about how he feels now. What is left after death, as far as bereavement counselling is concerned, are the client's feelings and memories of the deceased. The relationship, as such, is over.⁷ Jean Richardson (1993: 25-6) in a popular book advising people how to deal with death encourages people to resist the temptation to erect shrines to the dead person. Dispose of the clothes as soon as possible, she advises, and don't try to maintain a relationship that no longer exists.

Similarly, the Protestant Churches see death as the end of the relationship between the deceased and the bereaved. Jon Davies (1994) has pointed out how

⁷ There are of course exceptions to this view in bereavement counselling (see Hunt 1998).

the current liturgy of the Church of England funeral service stresses the ‘deadness of the dead’. After the Anglican funeral, in addition, there is no provision for follow up services to keep up the relationship between the deceased and the bereaved.

This, Piers Vitebsky (1993) points out is far from universal. According to the Sora of India, for example, the living can continue a dialogue with the dead as long as they are remembered by the living. Because of this the experience of grief is for the Sora quite different from what it is here in the West. The Sora can continue to negotiate and repair their relationship with the dead and do not have to focus exclusively upon their own emotions as bereavement counselling would have it here. I mention all this here because I want to raise the possibility that the bereaved do maintain a relationship with their dead. I want to raise the question, too, of what this implies for their experience of grief. In doing this I want to show first how ‘polyphonic’, as Bakhtin (1986, and 1981) would have it, the stories that I relate, are. They are not spoken with a singular authoritative voice, the voice of the storyteller, but are in essence interactive and relational in character. To illustrate my point I must return to the idea of ‘reported speech’ and Tannen’s notion of ‘constructed dialogue’.

In describing and evaluating the various involvement strategies, Tannen (1989:101) suggests that the concept of ‘reported speech’ should be dismantled and laid to rest. Tannen argues that reported speech is not reported at all but is always a constructed dialogue. She points out that a lot of what appears in discourse as dialogue was indeed never spoken by anyone. Hannah, for example, would often cast her own thoughts and even sometimes those of others as spoken words. In addition to this, people often quote speech from so long ago that it is unlikely they can really remember accurately the words they quote. We can see this from Jo’s story about her visit to her friends fairly soon after her mother had died.

I can remember one, not that long after, it was *long enough* after for other people to have forgotten about it but not for you to have forgotten about it ... and I was with a friend and I was gone, I was away from *home*, I had gone to visit I suppose I don't know, six months, I don't know, I can't remember and she said [Jo's voice changes and becomes louder] 'ah, there's a *really* good play on television tonight, I've seen it before, it's *really* brilliant, you should watch it' and we were watching it, it was me and my friend and her husband who I had known for a *very, very* long time and sitting watching the play and at the end of the play somebody has a heart attack [she laughs] and my friend had completely you know it was long enough for her to have forgotten it but *not*, as the scene developed she suddenly said '*oh my God* turn the television off,' [Jo's voice is very loud, it's almost a shout] and it suddenly sort of *dawned* on her what was happening and she shouted at her husband '*turn the television off*' [again Jo's voice is like she's shouting] and he said 'well huh, huh,' but of course it was *too late* by then ... I ... he turned the television off and apparently he looked and realised and he looked at me and apparently I had gone as *white* as a sheet, *absolutely drained* of all colour and I sat there and I said 'it's not like that really' and of course they were all 'sorry, I didn't think' and I just said 'well, it's gonna happen'.

Here Jo is reporting events that happened 20 years ago and it is doubtful, to put it mildly, if she can remember so clearly the exact words of everybody present.

More fundamentally, though, Tannen argues that even if the reported speech was indeed spoken by the person to whom it is attributed, what is of primary importance is the current, reporting context. It is this context that determines the meaning of the quoted speech for even if speech is quoted correctly the present reporting context puts a new and a different slant upon the meaning of what was said. The speeches of Jo's friend and of her friend's husband here clearly serve to establish and reinforce the point that there was this one time that Jo reacted badly to her mother's death, a time far enough from the actual death of her mother for her friends to have forgotten about it, although she herself had not. Tannen emphasises that it is the reporters who are in charge of the story they tell and that

in constructing their stories they use quotations of direct speech at strategically important moments to enhance the involvement value of their accounts and the power of their stories. In this sense, she argues, 'reported speech' is in fact always 'constructed dialogue' and therefore the creation and responsibility of the speaker (Tannen 1989:101).

I tend to agree with Tannen. Indeed her argument has, as should be clear, inspired greatly the preceding analysis. I agree also with her assertion that when speech is quoted the reporting context is of primary importance. Still, I do want to resist Tannen's assertion that constructed dialogue is the creation and responsibility solely of the reporter. This I believe is to succumb to the Cartesian notion of individualism wherein the individual cannot be sure of anything except the contents of his own mind. Tannen's assertion, that is, tends to paint a picture of the reporter as too much in control over her utterances, as knowing her own mind too well. In fact, Tannen's assertion seems to rely upon the notion of the 'maximising individual' (see Lukes 1973), the reporter who strategically uses constructed dialogue to enhance the impact of his words. I am not denying that this is an important feature of the use of reported speech, but I believe that Tannen's approach runs the risk of portraying conversational interactions as if their meaning, the impact of the context of reporting, could be finalised and stabilised in accordance with the wishes and intentions of the reporter. This, it seems to me, goes against Tannen's reference to the authority of Bakhtin (Tannen 1989:100) and his conception of language as inherently dialogical. Indeed Tannen (1989:101) acknowledges that here she is at odds with Bakhtin, arguing that the difference lies in the fact that she is talking about actual conversations but he about literature, particularly that of Dostoyevsky. This is a strange argument seeing that Tannen's (1989:1) central thesis is to show that involvement strategies associated with literature are also present in everyday conversations. In addition, here Tannen seems to rather miss the point of Bakhtin's (1981) notions of dialogue and the dialogic imagination. The import of Bakhtin's argument here is surely that of the inherently social nature and character of language and all language uses. When Bakhtin (1981 and 1986) sought to eliminate the distinction

between original and quoted utterances his point was surely not to emphasise the control of the reporter over his reports. Rather, the point is the opposite, the very social nature of language use. This is the import of Bakhtin's celebrated words that any utterance contains 'half-concealed or completely concealed words of others' (Bakhtin 1986:93; see Holt 1996:221).

Now, I mention this not to make a point about linguistics, or indeed to save the concept 'reported speech'. My reasons are different, and they are partly ethnographic and partly theoretical. I do believe that in the interviews I carried out I can find the voices of people that were not present and some of whom are dead. These voices I want to examine now using Bakhtin's (1981) notion of dialogue and 'polyphony' in an attempt to illuminate how people maintain relationships with absent others. Let us then return to Samantha's story about the time when her older sister got back in touch. Samantha says:

and she actually made contact with me and she phoned me from Africa but she asked what I thought was an inappropriate question, she asked me did I love her and I actually said I found it a bit hard, just the years between us and in the end I went to see her and in the end it turned out that she was dying [...] what *really tore* me up then was that they *dragged* me back into the misery that was that family and I just didn't want *any* part of it and they *dragged* me back into it *only* to have to go and die and she hadn't told *me* she was dying, she had just made contact 'oh, I love you, I love you, I miss you, I miss you, I want to move back, I want to come and live with you, I want to see your little girl' and I came back home [...] and it was *devastating* because you're kind of over the family, if you really liked them or not, and then suddenly, because of all the memories it had brought back ...

What we see here is a massive battle of wills between Samantha on the one hand and her sister and the 'family' on the other. 'I actually said I found it a bit hard ... and in the end I went to see her', Samantha says, indicating how her own early reluctance to go gives way to a hesitant agreement to see her sister. There is a pull here beyond the actual interactions between Samantha and her sister, a pull

only strengthened afterwards ‘because of all the memories it had brought back’. Even more to the point is how Samantha quotes her sister’s speech. The general force of the story is towards Samantha’s feeling that her sister had no right to get back in touch, that she did so for her own selfish ends and only did Samantha a disservice by it all. Yet, Samantha does not offer any direct interpretation of her sister’s words, as my interviewees often would when quoting someone. Rather her sister’s lamentations and exclamations stand to some extent unchallenged, speaking to us and to Samantha from beyond the grave, part of Samantha’s continued ambivalent relationship with her family.

To take another example, here is Jacob, talking about the time when he went to pick Doreen up from the hospital having only just learnt that she was terminally ill.

The day that she was told and the day that she was coming out of hospital that she only had so long to live that I ... picked her up in the car and ah we came half the way home and that was at you know The Pheasant public house [the name is fictional], now she used to work there years ago, she used to be a waitress there, but there is a lay-by, in that lay-by, just before that and I stopped the car in there and we had a bit of a cry and a talk about what was going to happen and just at that moment at that time there was a lot of traffic went past, any way they were tearing along that road, she said ‘looking at the way that they’re driving there’s gonna be a lot of them dead before I am,’ and ah maybe that would be, but I don’t know but after that she said that ... she *wasn’t going* to die that she, that she was going away on a holiday, a long holiday, and so we said yes, that what we would say and that eh eventually I would meet her again and [Jacob cries quietly] one day I will ...

This is a powerful story. It is Doreen’s words in particular that make the story so powerful and they do so partly because they are so unexpected, they do not seem to fit into the flow of the ‘argument’ as it were. Indeed, they do seem distinctly out of character, the character that is, that Jacob has built up for us of Doreen as a caring, loving wife. Here though, as revealed by her voice, through Jacob’s voice,

on my tape, she appears to be full of anger, if not raw hate, and that towards a bunch of innocent, so to speak, and unsuspecting motorists. Doreen's quoted words do link in with what follows, her decision to say that 'she *wasn't* going to die'. At the same time Doreen's words stand without comment, multivocal as they are, inviting our different interpretations.

Even Polly, whose relationship with her father seems nothing but over, recounts the following, as related before:

He was so pathetic compared to what he was before that I felt, I don't know, I felt sorry for him, and I would try and help him out and to start with he was quite sort of, he resisted it and then eventually he kind of sort of gave way and he would allow me to help him and I think it was a week before he actually did die and he was at home for the weekend and I think he actually, he called me 'Polly love' once and he hadn't, he hadn't said anything like that to me for years [...] I remember being a little bit affected by that at the time.

Polly here, to some extent, relocates and realigns her relationship with her father. In a battle of wills, Polly gets her father to step down, as it were, and allow her to help him mow the lawn. People may remember that when Polly was young her father was 'very educational' and 'did all the fatherly things'. Here the relationship has to a degree been reversed and Polly does things for her father. With that the relationship between Polly and her father does approach somewhat the closeness that it once had, a shift marked by Polly's father, for the first time in many years, calling her 'Polly love'. This memory now exists beside Polly's other memories of how 'difficult' her father could be.

Finally take this example, the ghost story, from Hannah. She says:

When he first died and I came home from Country House and I thought 'I dare not tell anybody, they'll think I'm crazy.' I kept it to myself so much, I felt he was in that bed with me ... Jonah wasn't there but his presence, his full presence was there. And, you know, that went on for a little while. I said

‘you’re not supposed to be here, you know, you’re not on this earth now, you’re not supposed to be here, you’ve got to go somewhere else,’ and that night [Hannah starts crying] I was lying in bed ... and truly, it was as though his whole body came right over the top of me and he said ‘you can’t come yet, you’ve got to go through it’ ... But there was no voice, there was no voice it was just in my brain, but I wasn’t thinking about that and I thought ‘eh, I haven’t even thought anything like that.’ It was as though it was coming through him and as I said his body was leaning, at first, his body was leaning right over me ...

What is noteworthy here is how Jonah has in death assumed the kind of agency he seemed to be lacking in life. Indeed the interactions that Hannah describes resemble much more the kind of interactions people have with their friends and relatives and neighbours on a daily basis than they do formulaic ghost stories. We have here the same confusion, the same guessing of motives and meanings that we encounter in everyday life. Indeed, Hannah herself is not entirely clear what it was exactly that Jonah was referring to. In this way his words, too, stand on their own, speak for themselves. While their meaning, as Hannah relates them, depends upon the reported context, it at the same time escapes Hannah’s grasp and cannot be contained within her intentions as Tannen would have it.

So we have, from the interviews with the bereaved, a sense of enduring relationships, even after death. Indeed many of my interviewees are still profoundly affected by their dead ones, in terms of what they can and can not do, how they think and who they are. What is more, this influence is not simply in the form of the weight of the past resting on their shoulders. This is an active relationship where the living actively and on a daily basis, more or less, attempt to gauge the opinions and intentions of their dead relatives. In his essay ‘The Epic and the Novel’ Bakhtin (in Bakhtin 1981) observes that people speak differently about the dead and the living. The difference corresponds roughly to that between the epic and the novel with the former spoken with one authoritative voice about a distant and unalterable past, and the other with many different voices in almost total cacophony about a time that is still within reach. What I

want to suggest is that the line of distinction does not necessarily lie at the boundary between life and death. My interviewees, I believe, not only talk about their dead but engage them in a conversation, a dialogue. They still have, that is, a very interactive relationship with their dead ones. This points to the enduring and invasive nature of social relationships, their maintenance even after death, a nature that becomes apparent if we examine the landscape of what Simpson (in press) calls 'the realm of imagined relationships'.

Allow me then, finally, to comment upon the nature of social relationships both ethnographically and theoretically. Classically, anthropologists have focused upon social relationships as a patterned set of relationships that can be traced from observable, actual interactions, and can be abstracted from the individuals enmeshed in them to build a recognisable social structure. But, by so leaving the individuals outside the equation, anthropologists, and indeed sociologists with them, are incapable of conceiving of individual human beings as anything else than biological organisms that enter social relationships pre-constituted by nature, in the way that Durkheim did in his dualistic conception of human beings (see Giddens 1979 and 1984; Gísli Pálsson 1991; Ingold 1986). Of course, if you think of the human being as a biological organism then there is not too much that you can say about their grief anthropologically.

The way anthropology thinks about the individual is similar to how bereavement counselling tends to view the individual. He, or she, forms relationships but these fulfil the individual's needs and can be severed when they can no longer fulfil those needs, for example when death brings them to an end. Social relationships, that is, are not seen to be constitutive of the individuals that enter them. They can be brought to an end, and indeed that is what should be done in the case of death for example.

I believe that the material that I have related, the stories of the bereaved, show a somewhat different picture, a picture wherein the individual, the self, is the product of social relationships with other people, relationships that in turn are

always fluid and in negotiation and are, as such, partly residing in the 'realm of imagined relationships'.

Conclusion

I have in this thesis attempted to illuminate aspects of death, grief and bereavement counselling in the North East of England. I have attempted to say something about stories, knowledge, experience, emotions and power. Talking about these things I have had something to say about culture, social interactions and social relationships too.

I began by placing the thesis in the context of the anthropology of death. In reviewing the literature in the anthropology of death, I sought inspiration from Bloch and Parry's (1982) argument that death can instigate actions that, through the mobilisation of cultural symbols, cement social organisation and legitimise the distribution of power and authority in society. At the same time I observed that anthropologists interested in death - Bloch and Parry included - have focused almost exclusively on the public rituals associated with death and have neglected the personal experiences that follow it. I suggested that this neglect was due to the Durkheimian dichotomy between society and the individual that anthropology has traditionally operated. I argued that anthropologists have to pay attention to grief and added that if we, like Block and Parry, want to understand how death may affect matters of social organisation and politics we have to pay attention to the experiences of the bereaved; we have to look at grief.

In arguing so, I was placing my work in the context of the anthropology of emotion no less than in the anthropology of death. Seeking inspiration from the work of Abu-Lughod and Lutz (1990), I argued that we had to dispense with the Western common sense view of the emotions which has informed a lot of the work in the anthropology of death, according to which our emotions are natural

reactions to external events, the same reactions whichever the society we belong to. Instead, I said, we have to relativise the emotions and embrace the possibility that people from different cultures have different emotional lives. But, again drawing on the work of Abu-Lughod and Lutz, I argued that we need to go further than relativising the emotions and attempt to contextualise them as well. In addition to describing the different emotional lives that different cultures allow, we need to ask about the conditions that make those lives possible. In congruence with Abu-Lughod and Lutz I argued that we should view the emotions as discourses in the Foucauldian sense - as a set of practices that creates the thing it speaks of.

Yet, a focus on emotions as discourses can threaten to undermine an understanding of them as lived experience. Here, I argued that a focus on narratives, in conjunction with a focus on discourses, would allow us to talk about grief in a way that is simultaneously sociologically informed and sensitive to individual experiences. Along the way, and in order to do this, I argued too, we need to move truly beyond the individual-society dichotomy and see the 'social' not as the 'collective' but as relational. The fundamental picture that underlies the discussion, then, is one where isolated individuals do not stand against a collective totality, but where people relate and interact with each other to the extent that these relationships and interactions are constitutive of their very being. I argued that academics have to place themselves in this field of relationships and take seriously the prospect that their theories will influence the social reality of which they speak.

On the basis of all this, I looked at the literature on death in England. For some time now it has been the view of academics that death is a taboo in England. While Walter (1994) has argued that death has recently undergone something of a revival, both theories presuppose that death is a natural event that instigates natural reactions that can be either culturally suppressed or celebrated. But if the anthropological literature on death shows anything, it shows that conceptions of death vary widely from culture to culture and that to conceive of death as a

natural event is not universal, and I argued that we have to look beyond the question of taboo, or not, and investigate the discourses through which death is constituted. In particular we have to look at how academic theories of death as taboo have now become the accepted wisdom in English media and society, and what consequences those theories have. The discourse on death as taboo, for example, links neatly with theories in bereavement counselling that emphasise people's needs to express their grief, a need that the death taboo does not allow them to meet in normal interactions with other people. In this way, theories of death as taboo serve to legitimate certain activities intended to alleviate the consequences of the taboo.

To understand the place of death in British society today, I suggested that we follow Prior (1989) and employ Foucault's notion of modern governmentality as an attempt to govern, and indeed improve, the 'population'. I referred to the work of Nikolas Rose (1989b) who shows how modern governmentality tries to wield together individual happiness and the well-being of the nation. I pointed out how, because of this and the influence of Protestantism, death ceased to be the question about the spiritual salvation of the individual, that it had been in the Middle Ages, and became one about the causes and consequences of mortality. Amongst those consequences are of course the well-being of the bereaved. This I linked with the mission and history of Cruse Bereavement Care which is now an established charity that receives considerable financial contributions from the government and enjoys the support of people in the highest echelons of British society.

I went on to discuss how Cruse understands and intervenes into death and grief. To Cruse, death is the end of the relationship between the bereaved and the deceased. What is left after death, as far as Cruse is concerned, are the emotions that the bereaved have towards the deceased. While Cruse understands grief to be a 'natural reaction to a natural event' and each individual experience of it to be unique, I attempted to show how the emotions are constituted through training and through discourses in Cruse. I pointed out that Cruse focuses on grief as a

separable entity that is knowable and how, on that basis, intervention into grief is made possible. Here, I believe, my material spoke of how grief and the associated emotions are not natural reactions but constituted through training and established as a focus on 'emotion-self-now'.

I discussed how Cruse advocates an anti-expertise ethos about its work and suggested that the emphasis on the emotions as 'natural' supports Cruse's view of its work as politically neutral. Attempting to move beyond Cruse's self-perception of its work, I nonetheless argued against most of the existing social scientific literature on counselling which sees it as suppressing and destroying the subjectivity of its clients. I remarked how the anthropological work of Hockey (1990) and Edgar (1997) has revealed counselling to be deeply creative and suggested that the way to understand the relationship between power and counselling is through Foucault's idea of modern forms of power as productive. I showed how, in bereavement counselling, skills are intended to encourage clients to explore themselves, express themselves, reconstitute their subjectivity. I described how, through that process, clients are expected to emerge as individuals capable of 'living with their loss' and ready to resume the productive lives that this society deems good and which their grief prevented them from continuing with. While the aims of bereavement counselling are phrased in terms of individual happiness, I argued, the interests of governmentality are obvious.

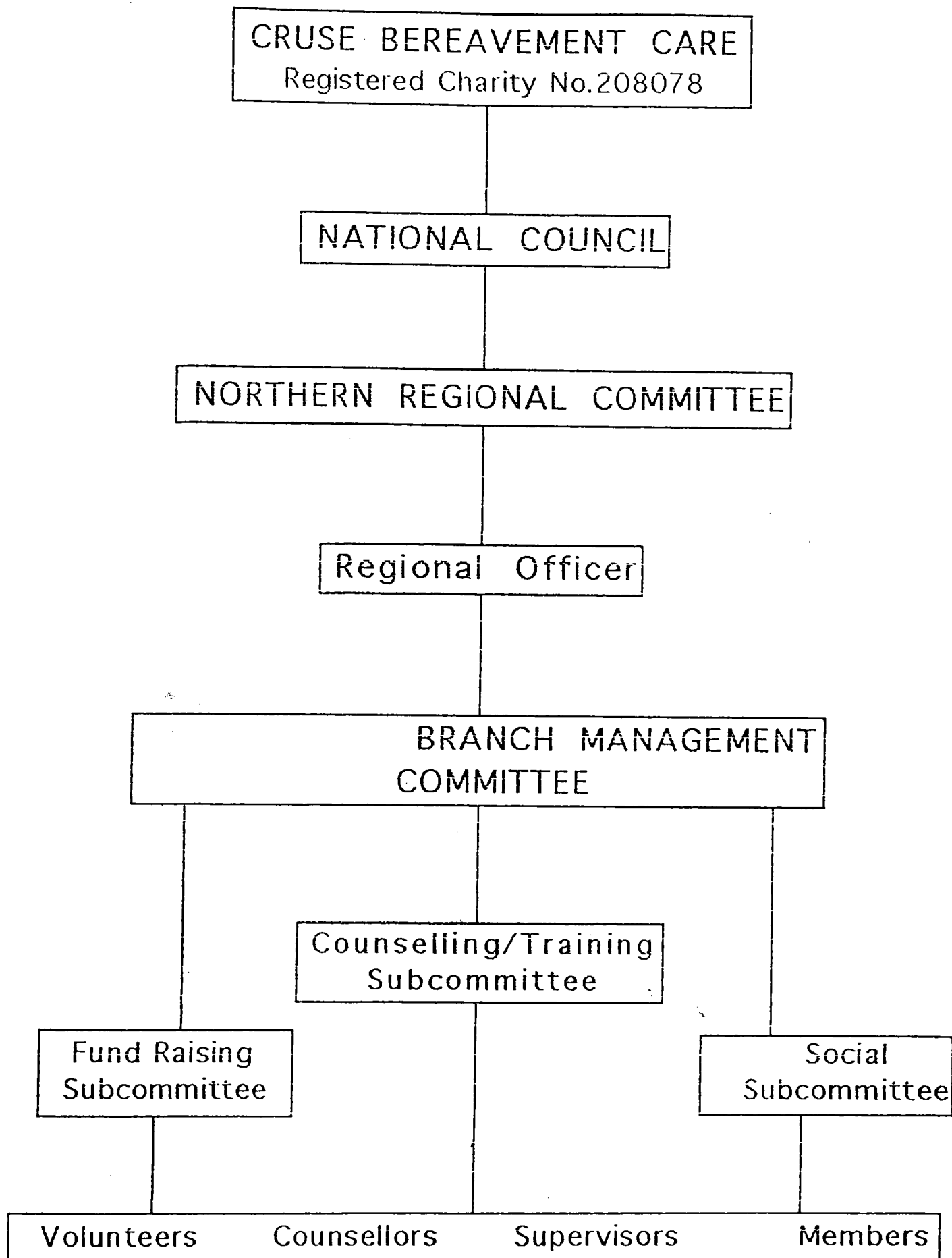
I then attempted to delineate how Cruse's understanding that death is the end of the relationship, and its focus on emotions as entities, differs from the experiences and understandings of the bereaved people who I interviewed. For many of the bereaved - as made clear through their narratives - the relationship with the deceased is on-going, and grief is for the bereaved a part of these relationships, as indeed are the narratives themselves. Narratives, I argued, are means by which the bereaved maintain their relationships with the dead.

The narratives show too that the experiences of the bereaved are not individual in character, rather they are inherently social. The experiences of the bereaved, I

argued, are social, not in the sense of the 'social' as collective representations, a system of rights and obligations, or observable interactions. Rather, they are social in the sense of the 'social' as relationships between people that are simultaneously constitutive of their very being. Peter Gow (1990), in talking about the people of the Peruvian Amazon, has pointed out how social relationships are a history of moods and affects rather than parts of a system of rights and obligations. Simpson (1998 in press) has argued that we should not make a radical distinction between the realms of 'observable' and 'imagined' relationship. The latter, he argues, is no less social than the former. This, taken together, I concluded, is borne out by the narratives that I related and this is why we have to consider people's experiences when writing about putatively social phenomena, like anthropologists writing about death; only in this way can we understand how death has its political and social implications.

Appendix

CRUSE ORGANISATIONAL STRUCTURE



COUNSELLING FOR CRUSE

GENERAL GUIDELINES

1. Counselling can only be undertaken if a client has been bereaved by death and wishes to be counselled by a Cruse counsellor. For the purposes of counselling, Cruse has agreed to define bereavement as the loss, by death, of a valued relative or friend. In some instances, a much-loved pet could be considered to fall within this category.
2. It is important that effective communication is maintained between counsellor, supervisor, and referral secretary, so that each is aware of the current situation in the counselling process.
3. It is suggested that a new counsellor should undertake work with only one client during the initial phase of her probationary period. Ideally, the caseload should not exceed more than three clients at any one time.
4. Counselling appointments may be held at the client's home if this is mutually convenient, in which case adequate security for visits should be observed. (*Refer to the safety guidelines in Appendix 4, page 25*)
5. The frequency of appointments with a client will vary according to the level of support needed. It will also depend on the amount of time the counsellor is able to allocate. One appointment per week may be suitable at the outset, although an initial assessment of each situation is clearly important.
6. It is recommended that the duration of appointments be limited to one hour, with the exception of the very first one, which may well need to be longer. Punctuality and reliability are important, and a client should be advised as soon as possible beforehand if an appointment has to be changed.
7. Counsellors are encouraged to contract a number of sessions with a client at the start of counselling - six sessions is suggested. This helps to keep the work focussed and within counselling boundaries. At the end of the agreed period, the work should be reviewed, and a further number of sessions contracted, if this is necessary.
8. The effectiveness of a counselling session may be compromised by the presence of family members or friends. If this is the case, the counsellor should stress that it is important for him to have a *private* consultation with the client, and make alternative arrangements if necessary. (A neutral meeting place can usually be made available at The if needed.)
9. Counsellors should maintain strict confidentiality in accordance with the guidelines in the Confidentiality Policy, Appendix 1, page 11. Any difficulties should be discussed with supervisors.
10. Counsellors are forbidden to accept monetary reward from clients. It is recommended that they should advise clients they may make a donation to Cruse if they would like to do so. (*See the letter in Appendix 11, page 35*)
11. Counsellors should be aware of National Cruse policy on social support groups and the current situation within Cruse (*See Appendix 3, page 23.*) They may be requested to attend a group, if the need arises.

counsellor does not wish to claim expenses, she should none the less complete the expense claim form as required, and record on the form a donation of the relevant sum. (See Appendix 12, page 36.)

13. Counsellors will receive on-going training, and will periodically be encouraged to evaluate the training programme and make suggestions about future topics or training needs.
14. Practising counsellors will be encouraged to attend training courses for new volunteers, since their active participation is an essential component of the experiential learning that takes place.
15. A contract will be made between individual counsellors and the branch. (See Appendix 5, page 28.)

THE REFERRAL SYSTEM

branch is currently in the process of working towards implementation of the procedures in the new standard in Appendix 17, page 50 and outlined here.

1. Referrals usually come from potential clients themselves. However, if a referral comes from a third party, this must be with the knowledge and consent of the client.
2. There is one referral secretary who manages all incoming referrals and enquiries, recording details on the *Referral/enquiry form* (see Appendix 8, page 31). She currently also has the responsibility of coordinating with supervisors in the allocation of referrals.
3. All referrals to Cruse must be made to the referral secretary via the Cruse telephone number 01287 610734. A message can always be left on the answering machine if she is not available.
4. Where possible, the referral secretary makes initial contact with a supervisor to discuss availability of counsellors. She has the responsibility for allocating new clients in conjunction with supervisors, and will contact a counsellor to make the arrangements and send them the details of the referral. These should be entered by the counsellor on a duplicate copy of the *Referral/enquiry form*. At the client's request, information should be given about the content, security, and the client's right of access to this record, which should not include details of the client's problems or counselling, and which should be kept securely filed and separate from any case notes.
5. The referral secretary keeps a copy of the *Referral/enquiry form* in a secured file.

COUNSELLING PRACTICE

1. The counsellor should make contact with the client within three working days to arrange the first contact. She should consider safety factors according to the guidelines in Appendix 4, page 25 before making arrangements for the first meeting. At the initial visit, the client should be given the leaflet *Cruse is here to help* and the *Mission and confidentiality statement* (see Appendix 10 page 34,) which also has the dedicated Cruse telephone number through which the client can contact the counsellor.
2. Following the initial visit, the counsellor should contact the supervisor with details of the

initial contract. (*See General Guidelines above, note 2.*)

3. A record of contact time with clients should be kept in the *Counsellor's Record Book*.
4. The counsellor should fill in the *statistics of counselling form* (*see Appendix 9, page 33*) and maintain a record of dates of visits and telephone counselling sessions on the reverse side of the form. This form should be completed and returned to the branch administrator as soon as possible after 31 March so that records for the Branch can be completed in time for the annual statistics return to the national office.
5. After the initial six visits, the client should be given the *Client evaluation of Cruse services letter*. (*See Appendix 11, page 35*).
6. All notes concerning an individual client, kept as a memory aid, and for use in supervision, should be kept in a notebook retained by the counsellor. Such notes must not identify the client by name or address. They must be kept in a secure and confidential place. On completion of counselling, they should be kept for two years and then shredded.
7. A counsellor should inform the referral secretary of the completion of counselling of any client.
8. If, at a later stage, a former client refers herself back, directly, to her former counsellor, then she should be instructed that she must use the Cruse telephone number to contact the referral secretary and go through the normal referral procedure. This is to ensure both that an individual counsellor does not have an excessive work load, and that accurate records can be maintained by the referral secretary.

ACCREDITATION

1. Having completed the basic training course organised by the branch, and having been interviewed and accepted for the role of counselling within the branch, a counsellor will have the status of probationary counsellor.
2. A probationary counsellor must then fulfil the following criteria, before being considered for accreditation:
 - (a) Attend at least seven out of ten of the organised monthly on-going training sessions.
 - (b) Undertake at least twenty hours of supervision.
 - (c) Record at least sixty hours of counselling in the log book provided.
3. Once a probationary counsellor has applied for accreditation, the training officer will arrange a meeting between herself, the supervisor, either the chairman of the counselling and training subcommittee or the branch chairman, an external assessor, and the probationary counsellor, who should bring his record of training with him. The aim of the meeting will be to establish the level of experience and skill that the counsellor has to offer. The quality of the service is of fundamental importance, not the number of hours "clocked up". If, after discussion, the group feels the counsellor needs more time to reach the standard required, then a future date for reconsideration will be offered.
4. Once a counsellor has been accredited by the branch, he will receive a certificate from Cruse House.

SUPERVISION

1. The branch of Cruse has adopted the guidelines for supervision outlined in the *Training Handbook for Cruse Branches* and in the new standards for supervision recently issued. (See *Appendix 18, page 54.*)
2. The referral secretary, and all counsellors will have a named supervisor.
3. Supervision should take place at least once per month. Individual arrangements for supervision will be determined by the experience of the counsellor and the number of clients she is currently seeing, and will be made between the counsellor and supervisor
4. Confidentiality should be observed in accordance with the Confidentiality Policy (see *Appendix 1, page 11*). In particular, client's names should not be used in supervision.
4. A record of supervision should be kept in the *Counsellor's Record Book*.
5. A contract between the counsellor and the supervisor will need to be established on the lines of the sample contract in *Appendix 6, page 29*.
6. There will be regular meetings of supervisors, at least three per year, to monitor the supervision process.
7. The ratio of supervisors to counsellors should ideally not be less than one to four. Counsellors will be consulted about the provision of their supervisor. It is recommended that supervisors should work with different counsellors every two to three years to provide counsellors with a range of supervision experience.
8. There will be regular on-going training and peer support on a monthly basis to which all counsellors and supervisors are invited.
9. If difficulties arise between a counsellor and supervisor, these should be addressed, in the first instance, directly between themselves. If difficulties cannot be resolved in this way, then the branch provides a means for these to be discussed with either the branch chairman or the chairman of the counselling subcommittee. (See the contract in *Appendix 5, page 28.*)
10. Supervisors will be encouraged to attend training courses, as is deemed appropriate. Professional supervisors within other work settings, e.g. the Health Service and Social Services, who offer their services to Cruse but who do not have experience of counselling supervision, will need to attend appropriate courses.
11. The quality and frequency of supervision is the responsibility of the counselling subcommittee.
12. A contract will be established between the branch and individual supervisors based, as is appropriate, on the sample contract in *Appendix 7, page 30*.

Appendix 1

CONFIDENTIALITY POLICY

The Cruse confidentiality policy has been amended in the light of usage, to clarify some sections and incorporate recent legal changes. A shortened version has been developed to circulate to branch workers prior to signature.

Both the shortened version, and the full length document are reproduced here. It is recommended that branch workers use the shortened version as a working document, of which they are expected to have a good working knowledge, and use the full length document for reference as needed.

A sample signature sheet is set out below. There is no need for those who have already signed to do so again, although they should be aware of the amendments which have been made.

Cruse Bereavement Care

CONFIDENTIALITY POLICY

I have received a copy of Cruse Bereavement Care’s Confidentiality Policy Document on
.....(date).

I have read the document and understand its principles. I agree to abide by the policy in all my work with Cruse. I understand that breach of the policy would be regarded as a very serious matter and that Cruse would review, in the light of any breach, the continuing of any volunteering arrangement with me.

Signed:.....

Dated:.....

CONFIDENTIALITY POLICY

Shortened document based on the Cruse Confidentiality Policy

1 INTRODUCTION

- 1.1 This policy applies to all Cruse workers, paid or unpaid. The purpose of confidentiality is to provide the client with safety and privacy.
- 1.2 Any person or organisation who uses, or approaches Cruse as a potential recipient of its counselling, social support group or debriefing services, is to be regarded as a “client”. The very fact that an approach has been made to Cruse is to be treated in confidence. Any personal information divulged by a referring agency or third party is also to be regarded as confidential.

2 GENERAL PRINCIPLES

- 2.1 The undertaking of confidentiality is made by Cruse Bereavement Care (the organisation) to the client. Every Cruse worker has a responsibility to adhere to this undertaking on behalf of Cruse Bereavement Care.
- 2.2 (a) Cruse workers will not reveal to any person outside the organisation, without the informed and freely given consent of the client, any matter which would identify the client or any information about the client.
- (b) Within a Cruse branch, all reasonable steps should be taken to prevent the identification of the client.
- (c) Wherever possible, Cruse workers should not undertake counselling or group work, nor participate in group supervision, when persons known to them outside Cruse are being discussed. Therefore it is incumbent upon all cruse workers to declare any personal relationship with, or personal knowledge of, any Cruse client.

For guidance on divulging information to third parties; on the death of a client; and between children and parents, please refer to the main confidentiality policy document.

3 EXCEPTIONS

The following circumstances are exceptions to the principle of retaining confidentiality within Cruse:

- (a) When not revealing information would be breaking the law (*see section 7 of the main document*).
- (b) When, after appropriate consideration, the cruse worker decides there is imminent danger to the life of a client through suicidal risk.
- (c) When the Cruse worker considers there is danger or harm likely to others by the client's actual or intended actions (*see sections 3.2(b) and 4.7 of the main document*).

There are further circumstances that engender strong concerns and which should be discussed with a supervisor before any move is made to break confidentiality, and then only after discussion with the client. These are:

- (a) mental illness in the client
- (b) news of abuse of children
- (c) news of serious criminal offences.

The procedures for breaking confidentiality are set out in section 3.1 of the main document.

4 OPERATING PROCEDURES

- 4.1 Cruse workers are responsible for explaining the Cruse confidentiality policy to all clients at the first appropriate opportunity. Such information may be conveyed orally or in written form.

- 4.2 The sharing of information between Cruse workers should be on a “need to know” basis.
- 4.3 Except where absolutely necessary, the names of clients should not be used in discussions or communications between Cruse workers.
- 4.4 Casual conversation about individual cases is to be avoided.
- 4.5 If possible, clients should not be asked to state the nature of their enquiry in the presence of others.
- 4.6 Those attending Cruse therapeutic, counselling, training, and social support groups should be reminded not to discuss personal information about other group members to people outside the group. This should be a condition for membership of the group.
- 4.7 Please refer to the main document for guidance concerning calling the police.

5 SUPERVISION AND THE USE OF CASE MATERIAL

- 5.1 As a general principle, supervisors must not reveal identifiable confidential material concerning the supervisee or their client to any other person without the express consent of all parties concerned, except when the supervisor considers it necessary to prevent serious emotional or physical damage to the client, the supervisee, or a third party.
- 5.2 Supervision should support Cruse workers in maintaining the principle of a confidential service to clients. As far as possible any breach of confidentiality will be a joint decision between worker and supervisor.
- 5.3 Cruse workers should not base illustrative material on actual cases unless the identity of the Cruse client is certain to be obscured or the client has given free and informed consent. Cruse workers have an obligation to ensure that, when presenting material in any form, it stated in public that the above condition has been complied with.
- 5.4 Cruse counsellors wishing to present Cruse case material at external counselling courses must obtain written consent from their client before commencing work.

6 RECORDS

Case records (name, address, date of contact, number of visits etc) should be kept separately from case notes which may record details about the client or the counselling sessions, and which must not carry means of identification. The case number should be the only link.

Records, case notes, and legal requirements are covered in more detail in the main document.

1 INTRODUCTION

(All references in this policy to "Cruse worker" refer to both paid and voluntary workers.)

This policy applies to counsellors, supervisors, consultants to supervisors, referral secretaries, social support workers, trainers, social activity workers, administrators, branch administrators, and any other person working on behalf of Cruse.

1.1 The purpose of confidentiality

The purpose of confidentiality is to provide the client with safety and privacy. The Confidentiality Principle is one of the cornerstones upon which Cruse is built. It also serves to maintain and encourage public confidence in Cruse.

1.2 Who is it for?

A person or organisation, who uses or approaches Cruse as a potential recipient of its counselling, social support group, or debriefing services is to be regarded for this purpose as a "client", even though that person or organisation does not, in the event, become a client in the usual sense of the word. The very fact that such an approach has been made to Cruse is to be treated in confidence, as is anything revealed in the course of preliminary contact. Any personal information divulged by a referring agency or third party is also to be regarded as confidential.

2 GENERAL PRINCIPLES

The undertaking of confidentiality is made by Cruse Bereavement Care to the client. Every Cruse worker has a responsibility to adhere to this undertaking on behalf of Cruse Bereavement Care. (*For exceptions to General Principles see following section 3.*)

2.1 The undertaking of confidentiality:

- (a) Cruse workers are bound by an undertaking of confidentiality to those seeking help. Every Cruse worker will treat as confidential, personal information about clients, whether obtained directly or indirectly or by inference. Such information includes name, address, biographical details, and other descriptions of the client's life and circumstances which might result in the client's identification.
- (b) Cruse workers have a duty not to reveal to any person outside the organisation without the informed and freely given consent of the client; any matter which would identify the client.
- (c) In a Cruse branch, all reasonably practicable steps (through training and instruction of personnel and the provision of administrative arrangements) should be taken to maintain confidentiality. It is the duty of all Cruse workers to take what steps they can to ensure this.
- (d) It is incumbent on all Cruse workers (if information comes to their attention) to declare any personal relationship with, or personal knowledge of, any Cruse client. Where possible, Cruse workers must not undertake counselling or group work with such a person, and should leave any group supervision when persons known to them outside Cruse are being discussed.

2.2 Third parties

Cruse does not divulge information about clients other than when required to do so as described below (*see section 7*). However, if a person enquiring has been appointed legal guardian of someone deemed to be incapable of managing his own affairs, then certain information may be provided. Evidence of the appointment should be examined and a copy retained on file. The information should be restricted to reveal only whether or not the client is or was a user of Cruse services.

2.3 Death of client

Death does not end the undertaking of confidentiality. Information about deceased clients can only be given to a person who has been appointed as an executor/personal representative of the deceased client's estate and then only if there are overriding legal or ethical considerations. Evidence of such a transaction must be retained on file.

2.4 Children and parents

The undertaking of confidentiality will be owed to the child who is the client and not to the parents. Under the Children Act 1989, the welfare of the child is paramount and this is determined by certain considerations laid down in statute. Each child has a right of confidentiality. However, counsellors are entitled to make a decision as to the level of confidentiality offered, based on the individual circumstances of the child, for example, age, maturity, etc.

3 EXCEPTIONS

The following circumstances are exceptions to the principle of retaining confidentiality within Cruse:

- (a) When not revealing information would be breaking the law (*see section 7*).
- (b) When, after appropriate consideration, the Cruse worker decides there is imminent danger to the life of a client through suicidal risk.
- (c) When the Cruse worker considers there is danger or harm likely to others by the client's actual or intended actions (*see also sections 3.2(b) and 4.7*).

3.1 When breaching confidence

- (a) Whenever possible, consultation must first take place with an experienced Branch supervisor.
- (b) Whenever possible, after discussion with the client
- (c) The disclosure should be kept as limited as possible.
- (d) A careful note of the circumstances should be made as part of the case record.

3.2 Exceptional circumstances

There are further circumstances that engender strong concerns, and where, after discussion with a supervisor, confidentiality may have to be broken. These circumstances are:

- (a) When there are grounds for believing that the client is seriously mentally ill, to the degree that they are not able to make a rational judgment for their need for medical help. Information to this effect should be passed to a responsible medical practitioner, preferably the client's GP.
- (b) When a client, either adult or child, reveals physical, sexual, or emotional child

abuse. The duty to protect children overrides the duty of confidentiality where reasonable grounds exist for suspecting abuse or neglect towards children.

Cruse policy requires that counsellors should seek the advice of their supervisor with a view to contact being made with the local Social Services Department.

- (c) When the client has revealed any matter which the Cruse worker considers may constitute a serious criminal act (*see sections 7.4 and 7.5*). The matter should be referred to the Director of Cruse or nominated deputy.

3 OPERATING PROCEDURES

4.1 Informing clients

Cruse workers are responsible for explaining Cruse confidentiality policy to all clients at the first appropriate opportunity. Such information may be conveyed orally or in written form.

3.2 Cruse workers' access to information on clients

The sharing of information about clients should be on a "need to know" basis, i.e. just that knowledge required to ensure:

- (a) administrative efficiency
- (b) that Cruse workers have the knowledge necessary to fulfil their tasks
- (c) the legal protection of Cruse and its workers
- (d) that supervision requirements are met
- (e) the conduct of research projects approved by Cruse UK.

4.3 The use of clients' names

Except where absolutely necessary, the names of clients should not be used in discussions or communications with Cruse workers.

4.4 Casual conversation

Casual conversation about individual cases is to be avoided. There is always a real risk that a breach of confidence may occur, however unintended.

4.5 Privacy

If possible, clients should not be asked to state the nature of their enquiry in the presence of others. Where possible, all sessions should be held in privacy, including telephone enquiries between a client and a Cruse worker. An appropriate balance must be struck between considerations of counsellor and client safety, and client privacy. All referrals to other appropriate services within Cruse or outside can only be made with the client's consent. (*Please refer to the Exceptions, section 3.*)

4.6 Social support, therapeutic, counselling, and training groups

Those attending Cruse groups should be reminded not to discuss personal information about other group members with people outside the group. This agreement is to be a condition of group membership.

4.7 Calling the police

There may be rare occasions when clients behave in ways which alarm, distress, or threaten Cruse workers or other clients. It may be possible to discuss this behaviour with the client or to examine the problems that cause it, in the context of a normal session. If this is not possible, it may be necessary to call the police. Wherever possible, a clear warning should be given that if a particular behaviour continues, or is repeated, the police

may be called and given the client's name and address and the nature of the complaint. In these circumstances there is no breach of confidentiality in calling the police and giving that information. Further information about the client's involvement with Cruse, if given without the client's consent, would be a breach of confidence. Where possible, the Cruse worker will consult with other Branch personnel before such action is taken.

Other clients present should always be informed so they can choose to leave before the police arrive if they so wish. When the police arrive, the policy on confidentiality must be explained, so that the police understand that Cruse will not give details of any other clients who may have been present, without their expressed permission.

5 SUPERVISION AND THE USE OF CASE MATERIAL

5.1 Supervision

As a general principle, supervisors must not reveal identifiable confidential material concerning the supervisee or their client to any other person without the express consent of all parties concerned, except when the supervisor considers it necessary to prevent serious emotional or physical damage to the client, the supervisee, or a third party.

5.2 Supervision should support Cruse workers in maintaining the principle of a confidential service to clients. As far as possible, any breach of confidentiality will be a joint decision between worker and supervisor.

5.3 Using cases for training purposes, external presentations, or publication
Cruse workers should not base illustrative material on actual cases unless the identity of their clients (or others known through branch work) is certain to be obscured, or the client has given free and informed consent. Cruse workers have an obligation to ensure that, when presenting material in any form, it is stated publicly that the above condition has been complied with.

5.4 Course material (for Cruse counsellors attending external courses)
In order to present material in college for supervision, the client's written consent must be obtained *before* the student commences counselling work. The counsellor remains responsible for maintaining confidentiality on behalf of Cruse. The client has the right to veto any areas of work or particular sessions from the college presentation.

6 RECORDS AND CASE NOTES

6.1 Records

When contact is first made by a client, some form of record will be started. This will show the name and address of the client, the case number, and the name of the Cruse worker and when counselling commenced and terminated. It may also contain some other matters, such as the name of the client's doctor and date of bereavement. It should not include details of the client's problems or the counselling. This record should be securely filed, and kept separately from any case notes. At the client's request, information should be given about the content, security, and the client's right of access to this record.

6.2 Case notes

Case notes which record details about a client or an account of counselling should not contain the client's surname or address and should contain as little identifying matter as possible. Case notes should be seen by no one other than the counsellor and the supervisor. Case notes should be kept in conditions of security. When the notes are in

the Cruse worker's custody; he/she must be sure that they are not left where others may have a chance to read them; the Cruse worker should keep them separately from any note about the client's name or other identifying particulars. Case notes are the property of Cruse Bereavement Care. When the case is closed, they should be kept by the branch and shredded after two years.

6.3 Use of case notes

Should evidence of work (other than for supervision) be required, new notes should be prepared. These should ensure the obscurity of the client unless free and informed consent has been given by the client.

6.4 Break-ins

If confidential records or case notes are stolen, the theft must be reported to the police, branch committee, regional office, and Head Office. The report to the police must stress the confidential nature of the records and the importance of their being returned unread if they are found. Where case records have not been stolen, but an intruder might have examined them, a similar report should be made to the branch management committee.

6.4 Access to records by third parties

A relative or a solicitor acting on a client's behalf may only have access to branch records with the client's written permission, which should be filed with the case record. Copies of any document supplied must be retained in the files. Requests for information should be made to the branch chairman.

6.5 Data management and the keeping of computerised records

Information on computer is covered by the Data Protection Act 1984. This gives the right to individuals to have a copy of all details about them stored on computer or word processor, the right to have inaccurate personal data erased or corrected, and, when appropriate, to seek redress for any damage caused. Legal advice should be sought before information is provided to anyone requesting it. A child, if it fully understands the request it is making, has the same rights as an adult to ask for information. A parent does not automatically have the right to a child's records (*see section 2.4*).

6.6 Other legal implications of record keeping

Cruse workers ordered by a court to produce confidential information, may find refusal could result in imprisonment or other penalties being imposed for contempt of court. In this situation, legal advice should be taken as soon as possible. The police have certain powers to search for and seize documents with or without a warrant. There is some degree of protection for confidential records in the Police and Criminal Evidence Act 1984, though this protection is not unlimited (*see section 7.4 (b)*). If police ask to see such records, legal advice should be sought before disclosure and the Director of Cruse informed.

6.7 Warrants to seize files

The police have powers to seize confidential files if they have obtained a warrant (called a production order) from a circuit judge. Obstructing the police from taking them in these circumstances may be an offence.

7 LEGAL REQUIREMENTS

Cruse workers are required by Cruse-Bereavement Care to work within the law.

7.1 Liability

Cruse Bereavement care will take all reasonable steps to make workers aware of current law affecting their work. Cruse could be liable for any negligent advice given to clients. A Cruse worker's ignorance of the law is no defence against legal liability.

7.2 Solicitors' enquiries

There is no legal obligation to answer a solicitor's enquiry or to make a statement for the purpose of legal proceedings, unless ordered to do so by a court.

7.3 Requests to attend court

In general, Cruse counsellors should not voluntarily appear in court on behalf of clients. If they wish to, legal advice should be sought and the director of Cruse informed.

There is no legal obligation to attend court at the request of parties involved in a case, or at the request of their lawyers, until a witness summons, or subpoena is issued to require attendance to answer questions or produce documents. Once in the witness box, there is a duty to answer questions honestly when instructed to do so by the court. Refusal to answer will usually amount to contempt of court. Legal advice should be sought about the implications of answering questions.

7.4 Police enquiries

(a) Responsibilities

Cruse workers are, other than as set out below, under no obligation in criminal law to disclose information, confidential or otherwise, to the police or to another agency, even when information relates to serious crimes such as murder. Refusal to answer police questions is not an offence, although lying could be. In general terms, the only circumstances in which the police can require an answer about a client, and when refusal to answer would be an offence, relate to the prevention of terrorism. It is good practice to ask police personnel to clarify their legal right to an answer before giving one.

The Prevention of Terrorism Act states that anyone with information about acts of terrorism which may be of material assistance, who withholds such information "without reasonable excuse", is guilty of an offence. "Reasonable excuse" would be determined by the courts.

The Prevention of Terrorism (Temporary Provisions) Act 1989 makes it an offence to fail to give information that may help to prevent acts of terrorism connected with Northern Ireland or to apprehend a terrorist.

(b) Special statutes

There are some specialised statutes under which the police and other officials may require particular kinds of information - statutes relating, for example, to driving offences, social security, and the employment of children. If a Cruse worker were asked under one of these statutes for information about a client, refusal to answer would be an offence. The duty under such a statute prevails in law over the undertaking of confidentiality. In such cases, the branch chairman should be informed and legal advice should be sought.

7.5 Disclosure of crimes

If, during the course of an interview, a client begins to give information about criminal activities, it is advisable to warn the client of possible consequences, if, later, the counsellor were to be summonsed as a witness. In such circumstances, legal advice should be sought immediately and the director of Cruse (or nominated deputy) informed

(see 3.2(c)). Cruse workers have different responsibilities in cases of child abuse and neglect. (See section 3.2(b).)

7.6 Procedures in the event of police visits

Police officers visiting a branch seeking information about clients should not be allowed into any room where confidential records are kept, and should immediately be told about the confidentiality policy as an explanation for not answering questions. No questions about clients should be answered. If the police persist in their enquiries, or allege that an offence is being committed by the Cruse worker refusing to answer questions, the matter should immediately be referred to Head Office. The reason for not giving access to rooms where records are kept is that Section 19 (3) of the Police and Criminal Evidence Act 1984 (PACE) and, in Northern Ireland, Article 21 of the Police and Criminal Evidence (NI) Order 1989, give general powers to police officers, lawfully in any premises, to seize anything that they reasonably believe is evidence in relation to an offence under investigation, which might otherwise be concealed, lost, altered, or destroyed.

7.9 Powers of Social Security inspectors

Social Security legislation - including the recent Child Support Act - gives wide powers to inspectors to make enquiries and to examine records. These powers, in theory, extend to the examination of case records. In fact, these powers have not yet been used in this way in Social Security investigations, and the Child Support Agency confirms that there is no intention to do so in their investigation procedures. In the very unlikely event that an inspector asks for access to case records, the Cruse worker should check that the inspector's certificate specifies the branch and the premises correctly, and contact Head Office for advice before allowing access.

8 CONCLUSION

Cruse believes that the above policy is necessary for the protection of the rights of clients and counsellors. However, it is not our wish to advocate an excessively secret form of counselling and there may be times when there would be significant benefits in working with a child in a family setting or encouraging a client to share information with family members, friends, or carers.

Approved by Council February 1994
Amended May 1995

Appendix 2

POLICY ON CHARGING

1. No charge is made to clients for counselling.
2. All branch counsellors are volunteers and do not charge for their services. Once selected as counsellors, they are trained and supervised free of charge by Cruse, and their expenses are met by the organisation.
3. When any Cruse group meets, charges may be made to those attending to cover the expenses directly incurred by the group, e.g. rent and heating, and for refreshments.
4. Cruse meets its expenditure, including volunteers' expenses, administration, salaries, and fees, from grants, contracts, training course fees, and fund raising. Such arrangements may include charges to a funding organisation for counselling services.
5. Donations from those counselled are welcomed, provided it has been made clear that such contributions are entirely voluntary.

Approved by Council: June 1995

Implementation Date: June 1995

Appendix 5

CONTRACT BETWEEN BRANCH AND COUNSELLOR

THE BRANCH WILL:

1. Consult with you prior to placing you with a referral.
2. Provide you with access to publications relating to bereavement.
3. Give you regular one to one supervision support to discuss casework and, where necessary, provide practical information, e.g. about benefits.
4. Help you finish in a planned way if you wish to stop counselling a client.
5. Organise regular group sessions for counsellors which will give you an opportunity to discuss topics relating to Cruse counselling.
6. Provide regular on-going training sessions.
7. Reimburse you for expenses incurred on Cruse business, e.g. telephone and travelling expenses.
8. Provide a means, through discussion with the chairman of the counselling subcommittee, or the branch chairman, for resolving any difficulties which may arise, which cannot be resolved through supervision.

THE BRANCH EXPECTS THAT YOU WILL:

1. Contact clients referred to you within three working days, by telephone or letter, to make the first appointment, and carry an ID card to be produced on request.
2. Notify a client as soon as possible beforehand if you cannot visit at an arranged time.
3. Respect each client's right to confidentiality, in accordance with the Cruse confidentiality policy document, which you will be required to sign.
4. Record all sessions on the *statistics of counselling form*.
5. Notify the referral secretary of completion of counselling.
6. Attend regular supervision sessions.
7. Attend at least seventy percent of on-going training sessions.
8. Work within Cruse UK and branch policies and standards of counselling, so that your work will be covered by National Cruse insurance policy. (*See Appendix 15, page 47.*)
8. Inform the chairman and the referral secretary if you resign, and hand in your identification badge and all records and case notes.

Signed (Counsellor)

Date:

Signed (Chairman)

Date:

Appendix 6

SAMPLE CONTRACT BETWEEN SUPERVISOR AND COUNSELLOR

The sample contract between a supervisor and a counsellor is a personal agreement that will be worked out between them at the first or second meeting. It will include such points as:

- 1. We will normally meet at X place on day at such and such a time.
- 2. If an arrangement needs to be changed, then X days notice will normally be given to the other person.
- 3. The counsellor may contact the supervisor at a given telephone number between and.....hours in times of difficulty.
- 4. We will strive for openness between us, and any difficulties within the supervision relationship or situation will be discussed between us in the first instance.
- 5. We agree that notes of what was agreed at our supervision sessions will be kept by both of us, in accordance with the Cruse confidentiality policy and the standard on records, and brought to each session.
- 6. We both agree to abide by the Cruse standard on supervision.
- 7. We will review the effectiveness of our sessions after the first three months, and then annually thereafter.
- 8. We will review the supervision contract after Z months.

Signed
(Counsellor)

Date:

Signed
(Supervisor)

Date:

Appendix 7

SAMPLE CONTRACT BETWEEN BRANCH AND SUPERVISOR

THE BRANCH WILL:

1. Provide a structure for the recruitment and training of supervisors and provide supervision of your supervision in line with the Cruse standard on supervision.
2. Meet the expense of training, and of any travel incurred through your work for Cruse.
3. Insure you through the branch's affiliation to Cruse UK, so long as you adhere to Cruse policies and guidelines. (*For details of insurance cover, see Appendix 15, page 47.*)
4. Ask you to supervise between one and four counsellors on a monthly, one to one basis, in line with the branch's practice.
5. Inform you when counsellors assigned to you undertake new cases.
6. Provide a means, through the counselling subcommittee, to resolve any difficulties which may arise between you and counsellors assigned to you.

THE BRANCH EXPECTS THAT YOU WILL:

1. Adhere to the Cruse standard on supervision.
2. Attend for supervision of your work as a supervisor, as arranged for you by the branch.
3. Attend on-going training sessions arranged for you by the branch.
4. Establish a contract with counsellors assigned to you, to cover such matters as when you will be available to them, if necessary outside scheduled supervision times.
5. Fully exercise your responsibilities with regard to work undertaken by counsellors assigned to you, and act on them in accordance with the standard for supervision.
6. Inform the counselling subcommittee if a counsellor fails to attend for supervision, making recommendation as to whether the counsellor should cease counselling for Cruse.
7. Work within the policies and guidelines set out by Cruse Bereavement Care.

Signed
(Supervisor)

Date:

Signed
(Chairman)

Date:

Appendix 8 : REFERRAL/ENQUIRY FORM

Reference number.....Date of enquiry.....

Name of enquirer.....

Address.....

.....

Telephone number (home).....(work).....

Times to contact.....

1. What kind of enquiry? general info. 3rd party self referral tel. couns. only

2. How did the enquirer hear about Cruse?.....

GP hospital church school CAB relative/friend

Cruse HQ press/media Social services other unknown

3. Action taken following call.....

.....

4. Enquiries on behalf of someone else:

Relationship/involvement with bereaved person.....

Request for: counselling information/literature group support

Date client confirms consent to the referral.....

5. Information about the bereaved person:

Name.....

Address.....

.....

Telephone number(home).....(work).....

Times to contact.....

Date of bereavement.....

Name and address of GP.....

.....

Times available for visiting.....

Location.....Is privacy available?.....

6. Risk assessment.....

7. Referral allocated to.....Date:.....

8. Information relating to the referral

(a) When allocated immediately

Date of allocation.....
Date counsellor makes first contact with client.....
Have the criteria for response times been met?.....

(b) When there is a waiting list

Estimated waiting time.....
Literature sent to client.....
.....
Date when this information is sent to client.....
Dates of subsequent contacts made with client.....
(Or name of counsellor designated to do this).....

(c) When the waiting time is over one month

(Regional Officer and Cruse House require notification)
Date when literature and National Help line number are sent to client.....

(d) Allocation details after a waiting period

Date of allocation.....
Date counsellor first contacts client.....
Length of waiting time.....

(e) Any other relevant information (but see Confidentiality Policy section 6.1)

(f) Date case is closed:.....
(g) Date referral secretary is informed.....
(h) Date case notes shredded.....

Appendix 16

CRUSE BEREAVEMENT CARE STANDARDS,
POLICIES AND PROCEDURES

Minimum standards were issued in 1987 as part of the Training Handbook for Cruse branches, and set out as Cruse policy in 1992. Cruse council has recently restated its commitment that all branches should adhere to these standards and has set a deadline of January 1996 for the implementation of The Minimum Standards of Counselling.

To complement these minimum standards, Cruse is now producing a new and more detailed standard for each aspect of its work, or relating issues. They contain an introduction, a list of aims and objectives, a framework for their implementation, a list of tasks and how they should be carried out, and finally a deadline for the standard to be implemented by local branches.

The following standards have now been issued. They are reproduced here in full.

<u>Title</u>	<u>Issue date</u>	<u>Implementation date</u>	<u>Page</u>
Standard on referral procedures	11/94	1/97	50
Standard for supervision	6/95	10/97	54
Standard for drop in centres	6/95	9/98	59
Standard for bereavement support groups	6/95	9/98	61
Standard for friendship groups	6/95	9/98	64

Coming in the near future:

A complaints procedure

Referred to in the above standards and presumably in the pipe line somewhere:

A health and safety policy

A standard on record keeping

Appendix 17

STANDARD ON REFERRAL PROCEDURES**INTRODUCTION**

For most potential Cruse users, their first contact with the organisation is through the branch telephone number. It is therefore vital that a dedicated number is available to members of the public and that, as far as is practicable, the number does not change.

Often the caller to a Cruse branch is in distress, and it may take courage for that person to telephone for help, information or advice. So it is important that the person answering the branch telephone is, and sounds, caring and sensitive.

It is also necessary that the branch referral secretary is well-trained and well-supported by the branch, and that the counselling subcommittee recognises the particular stresses of that job. The branch should devise a system which does not overburden an individual volunteer.

As well as having a good knowledge of the Cruse branch, its policies and services, the referral secretary will need to have access to information about other agencies in related fields, so that enquirers may be directed there, if Cruse is not the appropriate agency.

In addition to providing a system for answering incoming calls, the branch must ensure that an appropriate response is made within an acceptable time. At the same time, the branch will want to collect a basic amount of information about callers, so that they can be aware of changes and developments in the calls on the branch's services. This same information, with due regard for confidentiality, can be used to compile local and UK statistics.

This standard will help branches to provide a competent and reliable service which will ensure that bereaved people are not further distressed by an inefficient or insensitive response to their calls, and that both the branch and Cruse as a UK organisation, are held in high regard because of the quality of response to callers.

AIMS

1. To establish and maintain a structure for referrals.
2. To ensure a high quality response to all referrals within an acceptable time scale.

OBJECTIVES

1. To provide an appropriate approach for dealing with referrals throughout the organisation.
2. To provide a mechanism against which performance in dealing with referrals can be measured.

STRUCTURE FOR REFERRAL PROCEDURE

1. A referral secretary or rota of referral secretaries.
2. A selection procedure and training programme for referral secretaries.

3. Standard referral forms.
4. Dedicated telephone line and answering machines.

PROCESS FOR REFERRAL PROCEDURE

1. Acceptance and allocation of referrals

- 1.1 Referrals to be taken by a referral secretary.
- 1.2 Referrals to be allocated by a referral secretary or allocations secretary.
- 1.3 Where applicable, the referral secretary to pass on the referral to the allocations secretary within two working days of the referral being received.
- 1.4 The person making the allocation to be well informed about the counsellors, eg, agreed case loads, areas of expertise, etc., and with their supervisors.

2. Assessment of referrals

- 2.1 The referral secretary to be trained in telephone assessment in order to discuss with the potential client how best his/her needs may be met.
- 2.2 The referral secretary to provide information about any possible alternative sources of help when the branch is unable to meet the needs of a particular person.

3. Sources of referral

- 3.1 Self referrals are preferable.
- 3.2 Third party referrals to be accepted only with the free and informed consent of the the client, which is to be established by a letter or a return call to the client from the referral secretary.
- 3.3 The Cruse referrals policy as above to be made clear in branch publicity or liaison with other agencies.

4. Referral forms

- 4.1 The standard form to be used for all referrals.
- 4.2 The form to be in duplicate, with the original being retained in a secured file by the referrals secretary and a copy sent to the counsellor (see the standard on record keeping).
- 4.3 The counsellor's supervisor to be notified of the allocation by the allocations secretary.
- 4.4 On completion of counselling, the counsellor to fill in any missing information, such as: duration of counselling, number of sessions etc. and return the form to the referrals secretary. The referrals secretary to complete the statistics analysis and destroy the counsellor's copy.

5. Response time

- 5.1 An initial response from the allocations secretary to be made to the client within two working days.
- 5.2 The counsellor allocated is to make contact with the client within two working days of receiving the referral and arrange an appointment.
- 5.3 If this contact cannot be made within five days of receiving the referral, the counsellor to inform the referral secretary and record reasons.
- 5.4 The referral secretary to write to the client if they are still not available on the phone.
- 5.5 When counselling is required, but a counsellor is not available, a response to the effect that a counsellor will be allocated as soon as possible, to be made within two working days.
- 5.6 Where it is necessary to maintain a waiting list, an explanation and suitable literature to be sent to the client and an estimate given of the waiting time.
- 5.7 Persons on a waiting list should be contacted regularly by the referral secretary, or a counsellor designated for the purpose.
- 5.8 If the waiting list is over one month and the branch is unable to accept any more referrals, the National/Regional Officer and Cruse House to be notified and any new referrals sent out suitable literature and given the National Help line telephone number.
- 5.9 Waiting lists to be avoided if at all possible.

6. Telephone

- 6.1 Each branch to have a dedicated telephone number which is listed in the phone book.
- 6.2 Where the phone is at a private address, that address should not be publicised.
- 6.3 The telephone to be located in a suitable place, free from distractions.
- 6.4 The message on the answering machine to indicate when the phone will be personally staffed and that messages from it will be processed daily. The phone to be staffed for a minimum of two hours twice a week. (Preferably one session in the evening.)
- 6.5 Message to be taken off the machine daily (by remote control facility if necessary) and the enquirer responded to within twenty four hours.
- 6.6 The telephone number of the local Samaritans' Branch to be included on the answering machine message.

7. Training and supervision for referral secretaries

- 7.1 All referral secretaries to take part in the basic training course (Parts I & II) and have additional training in telephone skills, information giving, and knowledge of

other agencies.

- 7.2 Referral secretaries to have training in assessment skills.
- 7.3 Referral secretaries are to have monthly supervision with a named supervisor. (See the standard on supervision.)
- 7.4 Referral secretaries to understand that, whilst recognising the need for supportive listening to some callers and for supporting people on a waiting list, their function does not involve counselling all callers.
- 7.5 Referral secretaries to be full members of the counselling subcommittee and to present a report at each meeting on the number and nature of calls.

Approved by Council: November 1994

Implementation date: January 1997

Appendix 18.

STANDARD FOR SUPERVISION**INTRODUCTION**

Supervision is that process through which counsellors are helped to explore all aspects of their counselling work in order to ensure that the needs of their clients are being met; that the counsellor's skills are being developed, and that counsellors are supported through physical or emotional stresses incurred by the work.

AIM OF SUPERVISION

The primary function of counselling supervision in Cruse is to provide the means by which counsellors are accountable for the work that they do on behalf of Cruse. Clients approach Cruse for help, and Cruse remains responsible for these clients. Supervision enables the organisation to monitor counselling work; to ensure that the work is being done to a sufficiently high standard, and that neither client nor counsellor are harmed by the relationship.

OBJECTIVES OF SUPERVISION

1. To safeguard the client.
2. To ensure the quality of counselling.
3. To provide a structure for the accountability of the counsellor to Cruse.
4. To provide regular space for counsellors to reflect upon the content and process of their work.
5. To develop understanding and skills.
6. To enable the counsellor to receive information and another's perspective concerning their work.
7. To validate and support the counsellor, both as a person and as a worker, irrespective of origin, status, gender, sexual orientation, age, belief, or contribution to society.
8. To ensure that the counsellor is not left to carry difficulties, problems, and projections alone.
9. To have space to explore and express personal distress, restimulation, transference and counter transference.
10. To plan and utilise personal and professional resources to the full.

STRUCTURE OF SUPERVISION

1. A counselling and training subcommittee.
2. A named supervisor for each counsellor.

3. A forum for supervisors to meet as a group.
4. Counsellors' record book.
5. Training course for supervisors.
6. Training for counsellors in the use of supervision.
7. Contracts between branch and supervisor, and supervisor and counsellor. (*See samples in Appendices 1 & 2.*)
8. One to one supervision.
9. Group supervision: between 2 and 4 counsellors meeting with one supervisor, who is responsible for the group and allocates the time, ensuring that the counsellors present all their cases at each meeting.

PROCESS FOR SUPERVISION

1 Probationary counsellors

- 1.1 All probationary counsellors to have one to one , face to face supervision at least monthly.
- 1.2 Provision to be made at the initial phase and at times of particular difficulty for contact between counsellors and supervisors after each counselling session.

2 Accredited counsellors

- 2.1 Monthly one to one, face to face supervision is the preferred option. Where a branch cannot arrange this, provision may be made for monthly group supervision, as in 9. above.
- 2.2 Where counsellors are in group supervision, one to one, face to face supervision to remain available, and be used *at least* three times per year.
- 2.3 Accredited counsellors who are beginning to work with children must initially receive supervision after each session in order to determine their suitability for this work.
- 2.4 Counselling supervisors to work with different counsellors every 2-3 years, in order to provide the counsellors with a range of supervision experience.

3 Contracts and records

- 3.1 Branches to establish a contract with supervisors. (*See Appendix 7, page 30.*)
- 3.2 Counsellors and supervisors to establish a written contract covering such areas as frequency and place of meetings, agenda for meetings, arrangements for contact between meetings, and how records of meetings will be kept. This contract to be reviewed at least annually. (*See Appendix 6, page 29.*)
- 3.3 The contract between counsellor and supervisor to contain an element of two way review and appraisal of the effectiveness of supervision.

- 3.4 Records of supervision sessions to reflect the areas discussed in the sessions and any actions decided on. These records to be kept in accordance with the standard of records.
- 3.5 Both counsellor and supervisor to retain copies of such records.
- 4 Training and selection
 - 4.1 Training in the importance and purpose of supervision to be part of the basic training course for all counsellors.
 - 4.2 All probationary counsellors to be required to demonstrate an appreciation of the use of, and need for, supervision.
 - 4.3 All people recruited as supervisors to have 150 hours of counselling experience, as distinct from counselling skills.
 - 4.4 All supervisors to be currently engaged in counselling, as distinct from counselling skills, and have experience or receiving counselling supervision.
 - 4.5 All prospective supervisors to have experience of counselling clients from varied backgrounds and ages, including clients who have been bereaved.
 - 4.6 All prospective supervisors to be able to demonstrate a knowledge of relevant theories of counselling.
 - 4.7 All prospective supervisors to be willing to learn about, and be open to, various relevant theoretical models of counselling and supervision.
 - 4.8 All prospective supervisors to be able to offer an agreed commitment of time to supervising for Cruse.
 - 4.9 External supervisors invited to supervise for Cruse to submit a c.v. to the satisfaction of the counselling and training subcommittee.
 - 4.10 All prospective supervisors to complete part I of the Cruse counselling supervisors course, being of not less than 18 hours, before starting to supervise.
 - 4.11 The counselling and training subcommittee may, after consultation with the regional/national officer, waive part I in individual cases, where external qualifications and experience in counselling supervision have been gained.
 - 4.12 All prospective supervisors to undertake induction training into the work of Cruse bereavement care, the organisation of the local branch, and the training and management of Cruse counsellors.
 - 4.13 All prospective supervisors to complete a probationary year, during which they will undertake a further 18 hours training (part II of the Cruse counselling supervisors course). after the probationary year has been successfully completed, accreditation may be given by Cruse.
 - 4.14 Where supervisors are undertaking group supervision, they are required to have training and experience in group work skills.
 - 4.15 Where supervisors are supervising counsellors working with children, they are required to have training and experience in the issues relating to this area of work.

5 Commitment and sanctions

- 5.1 Branches to fund training as in 4.6 and 4.7 above.
- 5.2 Branches to provide counselling supervisors with supervision of their own supervision work, in addition to, and separate from, supervision of their counselling.
- 5.3 Supervisors to offer the branch a minimum of two hours per month for supervision of counsellors.
- 5.4 Supervisors to remain practising counsellors, not necessarily within Cruse, but with sufficient focus on bereavement.
- 5.5 Where a supervisor has concerns about the ability of a counsellor to work effectively, for whatever reasons, these concerns to be addressed, in the first place, in supervision.
- 5.6 If it is not possible to resolve the issue in this way, the supervisor to report to the chairman of the counselling and training subcommittee, who should take the matter up with the counsellor.
- 5.7 The counsellor to be kept fully informed about such reporting.
- 5.8 Where a counsellor is dissatisfied with her supervisor, for whatever reason, the same procedures as in 5.5 to 5.7 to be followed.
- 5.9 Where the counselling and training subcommittee is unhappy with the quality and process of supervision, the issues to be discussed with the supervisor, and, if necessary, the matter to be reported to the branch committee, which has the authority to take appropriate action with the individual(s) concerned.

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Appendix 19

STANDARDS FOR

DROP-IN CENTRES, BEREAVEMENT SUPPORT GROUPS
AND FRIENDSHIP GROUPS

INTRODUCTION

Cruse branches have used various names to describe the groups that they have operated: drop-in centres, social groups, or social support groups. Groups that have performed similar tasks in different branches might have different names. Paradoxically, groups performing very different functions in other branches might use the same name ¹.

In addition to this, most branches had only one group, whatever it was called, and experience has shown that, where a group is effective in meeting the needs on one section of bereaved people, that it is at the expense of other users. In other words, a group most effectively meets the needs of bereaved people when the range of users catered for is not too diverse.

To meet the needs of a wide range of bereaved people, a Cruse branch will ideally need a variety of different kinds of group. Where a branch can only provide one group, this should be a bereavement support group, in order to meet the needs of fragile, recently bereaved people. These people, rightly, have priority when a branch is allocating its resources.

The three standards following need to be read together in order to understand how the range of services offered meets the requirements in the mission statement for social support.

(Note: the document outlining the principles underlying social support provision is in the policy document in Appendix 3, on page 23.)

1 Please note that the names used to describe groups in these standards may not equate with similar, current, or previous usage.

Appendix 20

STANDARD FOR DROP-IN CENTRES

INTRODUCTION

The effectiveness of a branch of Cruse in serving the needs of the bereaved people in the community will depend to some extent on the visibility and ease of access of its services. It is not compulsory for a branch to provide a drop-in centre. However, if a branch believes a drop-in centre would be of benefit to its clients, the following pages indicate the standard which must be applied to the establishment and running of a drop-in centre.

The drop-in centre is a means by which members of the public can find out more about Cruse services - counselling, social support groups, leaflets and literature, training courses - and how to access them.

Those using the drop-in centre will be people wanting to make contact with Cruse because of their own bereavement, as well as friends, relatives, and colleagues of bereaved people seeking guidance in how they can offer support to a bereaved person. While some people may need/wish to use the drop-in centre on more than one occasion, it does not operate as a regular social venue.

The drop-in centre makes use of Cruse services more visible and more available, either in a community where there is already a Cruse presence, or where a branch wishes to provide outreach into a community on a regular but not continual basis. A comparison might be with a mobile library's visits to a rural village.

The term *drop-in centre* has been used by Cruse to describe a wide variety of services. Here the term is specific to an outreach of the referral and help line system: it is not intended to offer opportunities for mutual social support on an on-going basis. A caller goes to a Cruse drop-in centre for information, support, and to access other services offered by Cruse or other appropriate agencies.

This standard is intended to support branches in operating drop-in centres in a way which is safe for staff, and which enables the services offered by the branch to be better known and more widely available in the community.

1 AIMS

- 1.1 To provide information about Cruse and the services offered by the branch and other appropriate agencies.
- 1.2 To assist a caller in deciding, if Cruse is the appropriate agency, how to initiate help, or how to assist the branch as a volunteer.
- 1.3 To further Cruse's commitment to community outreach.
- 1.4 To provide an opportunity for the assessment of the needs of the client.

2 OBJECTIVES

- 2.1 To provide a "shop window" for personal callers, either for themselves or for a bereaved

third party, by providing information in branch and national literature, or by informal discussion with a drop-in centre worker.

- 2.2 To provide an opportunity for potential users, enquiring via the telephone referral system, to discuss their needs more fully in an informal, face to face meeting.
- 2.3 To enable potential volunteers or potential Friends of Cruse members to take their first step towards helping the branch.
- 2.4 To enable an immediate assessment of the needs of a client by an accredited Cruse counsellor.

3 STRUCTURE

- 3.1 A counselling and training subcommittee.
- 3.2 Accommodation with easy access, facilities for tea and coffee, and a private area for personal callers to talk to drop-in centre workers or counsellors to carry out a client assessment.
- 3.3 Publicity material for the drop-in centre.
- 3.4 A team of workers, led by a coordinator.
- 3.5 Local and national Cruse literature.
- 3.6 Access to a telephone for emergencies.

4 PROCESS

- 4.1 The drop-in centre to operate on regular days and times at a stated venue of venues.
- 4.2 Callers to be met on arrival, offered tea or coffee, and given the opportunity to talk and/or pick up appropriate literature.
- 4.3 Staff to include an accredited counsellor, trained in assessment skills, and support staff with appropriate knowledge and good interpersonal skills.
- 4.4 Support staff to attend a Cruse "Understanding Bereavement" course and receive written instructions and training on working at the drop-in centre.
- 4.5 The drop-in coordinator to be a member of the counselling and training subcommittee.
- 4.6 Records to be kept on the same basis as those required for telephone enquiries.
- 4.7 The counselling and training subcommittee to train and provide supervisors to ensure that drop-in workers are supported and that the needs of the client are being met.
- 4.8 Conditions at drop-in centres to comply with Cruse's Health and Safety Policy.

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Appendix 21

STANDARD FOR BEREAVEMENT SUPPORT GROUPS**INTRODUCTION**

Cruse bereavement support groups form an integral part of the work of a branch.

The role of a bereavement support group is to provide a safe environment in which someone who has become isolated as the result of a bereavement can find a supportive group in which to regain social confidence and competence, make new friends, and so begin to make the first steps back into the wider community. It is not intended to be a long-term group.

It also enables those who have been bereaved to offer support and help to those more recently bereaved within a framework which will prevent excessive demands being made on them.

In order that the bereavement support group can do this, it needs to be an appropriate group for "fragile", grieving people to make that first step. The focus of the group must therefore be on the needs of new participants.

It is important that branches give a high priority to the establishment of bereavement groups in order to meet the needs of these bereaved people, and that bereavement support groups (along with one to one counselling) are recognised as a basic service which all Cruse branches strive to offer.

The following standard sets out the machinery for establishing and running an effective bereavement support group in a branch, and ensuring that it continues to meet the needs of bereaved people.

1 AIMS

- 1.1 To assist bereaved people to regain social confidence and competence.
- 1.2 To equip people to address isolation and loneliness caused by bereavement.
- 1.3 To enable bereaved people to use their experience to support and help others.

2 OBJECTIVES

- 2.1 To provide a safe environment in which bereaved people can find emotional support by the sharing of feelings and experience.
- 2.2 To encourage group users to provide mutual support, especially for those who have joined the group more recently and/or are at present in greatest need.
- 2.3 To provide a window into a range of activities in the local community which group users may wish to enjoy.
- 2.4 To encourage group users to share existing hobbies, skills and interests with each other and to facilitate their organisation of social activities outside the bereavement support group meetings.

- 2.5 To provide education and information on practical issues of concern to the users.
- 2.6 To ensure that group users are aware that the aim of the bereavement support group is to assist users to progress through their bereavement and re-establish a purpose in life.

3 STRUCTURE

- 3.1 A bereavement support group subcommittee.
- 3.2 A bereavement support group chairman who will be a member of the branch management committee.
- 3.3 Bereavement support group coordinators for each group, who will be members of the bereavement support group subcommittee.
- 3.4 Accommodation, preferably "neutral", i.e. library, community centre, rather than hospital, church, private home, etc.
- 3.5 Written information for potential (and actual) users, setting out the aims, objectives, and ethos of the group, as well as contact numbers.
- 3.6 Written guidelines for bereavement support group workers.
- 3.7 A training programme for bereavement support group workers.
- 3.8 A means of recording attendance.
- 3.9 A means of evaluation for those who have left the group - a client satisfaction and evaluation system.
- 3.10 Information on the range of branch services available.
- 3.11 Information about a range of community services and activities.

4 PROCESS

- 4.1 Newcomers to join the group only through the branch referral system, the recommendation of their counsellor, or of the group coordinator, so that their suitability for the group can be determined before the first visit.
- 4.2 Users to be given, on their first visit, written information on the aims, objectives, and ethos of the group, and that the group is a transition group to be verbally reinforced.
- 4.3 Group workers to have attended an "Understanding Bereavement" course, provide references, attend a selection interview, and satisfactorily complete a group workers course.
- 4.4 The counselling and training subcommittee to train and provide supervisors to ensure that the group coordinators and group workers are supported and that the needs of the clients are being met.

- 4.5 Groups to have a minimum of two trained group workers present at each meeting.
- 4.6 Groups to meet at least twice a month.
- 4.7 The group coordinators' course to follow the guidelines issued by Cruse UK training committee and the draft course programme to be approved by the Regional/National Officer.
- 4.8 The group to assign specific roles to the group workers to ensure that enough workers are available to meet new users and to integrate them into the group.
- 4.9 The group coordinator to decide, in consultation with the individual concerned, how and when it is appropriate for them to move on.
- 4.10 The group coordinator to ensure that records of attendance and all other administrative work is carried out.
- 4.11 Group users leaving the group to be given a *Friends of Cruse* leaflet and asked to complete the satisfaction questionnaire.

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Appendix 22

STANDARD FOR FRIENDSHIP GROUPS

INTRODUCTION

A Cruse friendship group provides a means by which people can support the work of the branch and at the same time maintain social contact with those they have met at bereavement support groups. Others may have received counselling from the branch, but may wish to join a group which alleviates the long term effects of bereavement on their lives, such as isolation and loneliness.

In addition to social contact and social activities, the friendship group would assist in fund raising activities organised by the branch Friends of Cruse, and would offer positive help to the branch in both support of bereaved people and promotion of Cruse work.

In this way, those attending a friendship group will be benefiting from the social contact, but will also be contributing to the activities and future well being of the branch and those it serves in the community.

1 AIMS

- 1.1 To provide an opportunity for people who have been helped by Cruse to support the work of the branch.
- 1.2 To assist in the promotion of the work of the branch in the community.
- 1.3 To assist the work of the branch Friends of Cruse.

2 OBJECTIVES

- 2.1 To provide opportunities for former bereavement support group members, and those who have received counselling, to maintain contact with each other and with the branch.
- 2.2 To organise fund raising activities, in order to ensure sufficient funds are available to cover the cost of the group's social activities.

3 STRUCTURE

- 3.1 A Cruse friendship group subcommittee.
- 3.2 A Cruse friendship group chairman.
- 3.3 A Cruse friendship group membership secretary.
- 3.4 Written information for Cruse friendship group members.
- 3.5 "Bulletin" and branch newsletter.

4 PROCESS

- 4.1 An information leaflet containing the aims and objectives of the group to be given to all members.
- 4.2 Information about Cruse friendship groups to be given in the branch newsletter and within counselling and bereavement support group evaluation forms.
- 4.3 The Cruse friendship group chairman to be elected at the branch AGM and to be member of the branch management committee.
- 4.4 The Cruse friendship group membership subscription to be calculated to include the cost of:
 - (a) branch newsletter
 - (b) bulletin
 - (c) administration
 - (d) national capitation.
- 4.5 The Cruse friendship group to raise sufficient funds to be financially self supporting; these funds to be banked into the branch account and all legitimate expenses to be reimbursed by the branch treasurer.
- 4.6 Bulletin and branch newsletter to be distributed to all members.
- 4.7 The friendship group to cooperate with the branch Friends of Cruse in assisting, as required, with any Friends of Cruse fund raising activities for the branch.
- 4.8 The friendship group to cooperate with the branch management committee to support the work of the branch by assisting with the promotion of Cruse in the community and the support of bereaved people.
- 4.9 Access to the membership of the friendship group to be:
 - (a) following membership of the bereavement support group and in consultation with the bereavement support group coordinator.
 - (b) following one to one counselling and with the recommendation of the individual's counsellor,
 - (c) direct from the community, but having been first assessed by a branch counsellor.

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