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Special Book Review

BEREAVEMENT: STUDIES OF GRIEF IN ADULT LIFE

BY COLIN MURRAY PARKES

NEW YORK: INTERNATIONAL UNIVERSITIES PRESS, 1972. Pp. 233, WITH INDEX, APPENDICES, AND BIBLIOGRAPHY. \$10.00.

Strengthen my widow, let her dream on me thro' tranquil hours
less and less.

Abrupt elsewhere her heart, I sharply hope. I leave her in wise
hands.

—John Berryman
(from "Eleven Addresses to the Lord")

This is a readable, useful, good book. Dr. Parkes is a British psychiatrist who is innovative in theory, as most psychiatrists are not. However, he avoids being so seriously in rebellion against Freudian dogma that he ignores its virtues; many other *enfants terrible* in psychiatry are less restrained. He is open to experimental evidence,¹ to the innocent wisdom of unsophistication in psychology, and to the importance of communication in a book which can be—as this book is—important to laymen and other professionals.

Bereavement is built upon Parkes' and John Bowlby's work in the broader context of attachment, loss, and major changes in life—what Parkes elsewhere writes about as "psycho-social transitions."² The broader field is of no small importance to lawyers; most of our clients see us within the context of major transitions—birth, death, marriage, investment, crime, loss, and outrage. In a more narrow frame, a probate client comes to us in a mourning context, and a will client comes in the context of his death and, often, in reference to the recent death of one whom Evelyn Waugh taught us to call the "loved one."³

¹ C. M. PARKES, *BEREAVEMENT: STUDIES OF GRIEF IN ADULT LIFE* 119 (1972) [hereinafter cited as PARKES]:

Relevant data can be obtained from detailed studies of a few people or from statistical studies of larger samples. Ideally the two types of study should complement each other, for it is only by studying large numbers of people that we can generalize, and only by intensively studying a few that we can evaluate the significance of the mathematics of many.

Number in parentheses in the text following quotations indicate the page on which the quotation appears in the book.

² Parkes, *Psycho-Social Transitions*, in 5 *SOCIAL SCIENCES & MEDICINE* 101 (1971); J. BOWLBY, *ATTACHMENT* (1969); and other works cited in PARKES, *supra* note 1, at 221-26.

³ T. SHAFFER, *DEATH, PROPERTY, AND LAWYERS* (1970); T. SHAFFER, *PLANNING AND DRAFTING WILLS AND TRUSTS* ch. 1 (1972).

Death, loss, and personal crisis have a lot to do with the practice of law; lawyers should read books like this.

Parkes writes well and clearly. He places his narrow topic (grief) into a series of broader considerations of the way people are—commitment and the cost of commitment; sorrow; alarm; searching; mitigation; anger and guilt; new identity; pathological grief; the art of being helpful; and types of loss other than death. His index is thorough (12 pages for 196 of text); his references are a helpful bibliography; and his appendices include empirical evidence from a wide array of published and unpublished studies of reaction to death—especially among widows.⁴ I will, for the remainder of this review, suggest a somewhat more counseling-oriented analysis of what he, and a few other authors,⁵ suggest for those who propose to help the bereaved. I see four principles as central to the discussion:

1. Feelings are a vital part of the personal practice of legal counseling.
2. Openness in dealing with feelings is the most effective and most comfortable strategy for legal counselors.
3. Lawyers are counselors in the bereavement transition, whether they want to be or not.
4. The grief reaction brought to lawyers is deep, serious, and dislocating.

Feelings are vital. A widow (to take Parkes' prototype case) is within two weeks of the loss of her husband when she first sees a probate lawyer. She is, the evidence says, in the midst of deep feelings of *searching* and *finding*; both feelings come and go. "The most characteristic feature of grief is not prolonged depression but acute and episodic 'pangs.' A pang of grief is an episode of severe anxiety and psychological pain. At such a time the lost person is strongly missed and the survivor sobs or cries aloud for him." (39) She (or to get beyond the prototype, he) is yearning and protesting, in a pattern of behavior that lies deep in our biological history. Parkes alludes to Lorenz' aggression studies,⁶ especially to the behavior of a greylag goose which has lost its mate. The situation is characterized by aimless search and verbal calls for help. "The value of such behavior

⁴ Some additional data, drawn with specific reference to the probate situation, is in M. SUSSMAN, S. CATES, & D. SMITH, *THE FAMILY AND INHERITANCE* (1970); see my review at 18 U.C.L.A.L. Rev. 844 (1971).

⁵ C. ROGERS, *CLIENT-CENTERED THERAPY* (1965); J. SIMONS & J. REIDY, *THE HUMAN ART OF COUNSELING* (1971); E. PORTER, JR., *AN INTRODUCTION TO THERAPEUTIC COUNSELING* (1950); *THE MEANING OF DEATH* (H. Feifel ed. 1959); *DEATH AND IDENTITY* (R. Fulton ed. 1965); T. SHAFFER, *supra* note 3 (both books); M. SUSSMAN, S. CATES & D. SMITH, *supra* note 4.

⁶ K. LORENZ, *ON AGGRESSION* (1967).

for the survival of both individual and species is obvious, crying and searching both making it more likely that the lost one will be recovered." (41) The cry is also a cry for help—help in searching, help from pain and danger, help even from oneself.⁷ The emotions involved are grief (at loss), fear (at danger, because the protector is gone), and a restlessness that leads to hyperactivity.⁸ The experience may also be characterized by a sort of visual memory in which the lost person is "found" when he (she) can be "seen"; these may go so far as clear, waking hallucinations, and will often include visual images in dreams. The feelings are typically accompanied by a physical sense of dread, loss of appetite, sleeplessness, and a compulsion to return and remain at physical sites where the lost person often was, and where, somehow in the psyche, he might again be found.⁹

The searching part of the normal grief reaction tends to become a search for mitigation, for some relief from the pain of loss. Searching may be expressed in strong attachment to things—photographs, furniture, even (some widows report) a bolster or pillow which can be touched or held, as the lost person was. There is also a tendency to "find" the lost person in intensified religious practice or spiritualism. This "finding" may be accompanied by an exhibited sense of guilt. Guilt, according to traditional Freudian theory, follows from the fact that intense relationships are love-hate experiences. "The wish to drive out or hurt the other is often present and even the death of the other person may, from time to time, be consciously desired. When that death wish is gratified . . . the survivor is left with a burden of guilt which is hard to bear." (134) Where guilt is a significant factor, the more intense social indicia of grief may last an abnormally and disablingly long time.

Openness is the best strategy. Parkes is a sensitive and compassionate man. Despite the pull of scientific curiosity in him, he tended—as

⁷ CLUES TO SUICIDE (E. Shneidman & N. Farberow eds. 1957).

⁸ PARKES, *supra* note 1, at 47, quoting Lindemann, *The Symptomatology and Management of Acute Grief*, 101 AMERICAN JOURNAL OF PSYCHIATRY 141 (1944); this article is also published in DEATH AND IDENTITY, *supra* note 5, at 186:

The activity throughout the day of the severely bereaved person shows remarkable changes. There is no retardation of action and speech; quite to the contrary, there is a rush of speech, especially when talking about the deceased. There is restlessness, inability to sit still, moving about in an aimless fashion, continually searching for something to do. There is, however, at the same time a painful lack of capacity to initiate and maintain normal patterns of activity.

⁹ This resembles what Parkes calls "home valency." The individual who has lost one source of emotional security is likely to remain near or return to other havens of safety, be they people or places to which he is attached. PARKES, *supra* note 1, at 52 n.1.

I would have¹⁰—to resist the *practice* of interviewing recent widows and widowers, and parents who had lost children, to learn about their feelings. But he was able to do it because he found that bereaved people *want* to talk about their feelings:

At the outset I had some misgivings about the entire project. It was not my wish to intrude upon private grief and I was quite prepared to abandon the study if it seemed that my questions were going to cause unnecessary pain. In fact, discussion of the events leading up to the husband's death and of the widow's reaction to them did cause pain, and it was quite usual for widows to break down and cry at some time during our first interview; but with only one exception they did not regard this as a harmful experience. On the contrary, the majority seemed grateful for the opportunity to talk freely about the disturbing problems and feelings that pre-occupied them. The first interview usually lasted from two to three hours, not because I had planned it that way but because the widow needed that amount of time if she was to "talk through" the highly charged experiences that were on her mind. Once she found that I was not going to be embarrassed or upset by her grief she seemed to find the interview therapeutic and, although I took pains to explain that this was a research project, I had no sense of intrusion after the first few minutes of the initial contact. (26)

Acceptance and understanding, and empathy for these difficult feelings, seemed to help. As a matter of fact, there is good evidence to the effect that bereaved people who are inhibited from free expression of their feelings are more inclined to suffer the worst effects of bereavement—depression, deterioration in health, prolonged disability.¹¹ The idea that proper behavior for a mourner is control, and avoidance of contact with mounting sorrow, is a stupid idea and a harmful convention. It robs our "civilized" funeral rituals of much of their psychological value. Of more significance to lawyers is the fact that these feelings are not as intense at the time of ritual (in our culture) as they are when the bereaved person gets involved in "settling the estate":

The funeral often precedes the peak of the pangs of grief, which tends to be reached during the second week of bereavement. The "bold face" put on for the funeral can then no longer be maintained and there is a need for some close relative or friend to

¹⁰ The most difficult moment I had in several years as a part-time newspaper reporter was to call at the home of a young man who had been killed in a motorcycle accident in order to obtain a picture of him from his mother.

¹¹ Parkes cites a study reported in Maddison, *The Relevance of Conjugal Bereavement for Preventive Psychiatry*, 41 BRITISH JOURNAL OF MEDICAL PSYCHOLOGY 223 (1968), which demonstrates that widows who suffered most were those who were not permitted to talk freely about their feelings.

take over many of the accustomed roles and responsibilities of the bereaved person, thereby setting him or her free to grieve. The person who is most valued at this time is not the one who expresses the most sympathy but the person who "sticks around," quietly gets on with day-to-day household tasks and makes few demands upon the bereaved. Such a person must be prepared to accept without reproach the tendency of the bereaved person to pour out feelings of anguish and anger, some of which may be directed against the helper. In fact it may be necessary for the helper to indicate to the bereaved that he or she expects such feelings to emerge and that there is no need for them to be "bottled up." The helper should not "pluck at the heartstrings" of the bereaved person until breakdown occurs any more than he or she should connive with the bereaved in endless attempts to avoid the grief work. Both probing and "jollyng along" are unhelpful. The bereaved person has a painful and difficult task to perform which cannot be avoided and cannot be rushed. True help consists in recognizing this fact and in helping the bereaved person to arrange things in whatever way is necessary to set him or her free for the task of grieving. (161)

Not all of these feelings will be conventional mourner's feelings. If the atmosphere the counselor provides encourages free expression, the bereaved person may demonstrate anger and protest, even at the dead person, and strong aggressive feelings at almost anybody.¹² "Restless widows were likely to 'flare up' at any time. . . ." (79) They may exhibit a "generally irritable mood. When tension was severe, an irregular fine tremor was often present and sometimes a stammer." (80) The feelings include fear, resentment, and even blame. "If he'd known what it was like," one widow said, "you'd [sic] never have left me." (81)

These feelings may take a dangerous turn. Freud,¹³ taking account of the guilt feelings in mourning, identified sadistic impulses which, in bereavement, are turned inward. "In order to defend himself against . . . the 'triumph' over the dead, the bereaved person turns his anger against himself. . . ." These feelings can become what psychiatry calls pathological; they can, clearly, lead to danger of suicide. But even here the best evidence recommends an accepting atmosphere, an

¹² The aetiological (developmental) explanation for this in psychiatry is that the child punishes his mother for deserting him; this experience may be so stark for the mother that she refrains from leaving the child again. "Hence," Parkes says, "the phase of protest has survival value and effectively strengthens the bond between mother and child. As an integral part of the normal reaction to separation it is also to be expected following bereavement in adult life." There is some further conjecture on the connection between dread of death and anticipation of bereavement in survivors—especially children—in T. SHAFFER, *DEATH, PROPERTY, AND LAWYERS* 83-87 (1970).

¹³ S. FREUD, *MOURNING AND MELANCHOLIA* (1917).

opportunity to talk about even the darkest, most "unworthy" feelings,¹⁴ and the freedom not to be judged because one feels the way he (she) does:

Help derives . . . from the quiet communication of affectionate understanding and this can be conveyed as well by a squeeze of the hand as by speech. Into such a warm silence the bereaved may choose to pour the worries and fears that are preoccupying them. It is not necessarily a bad thing if they become upset, for they may be glad of an opportunity to express their feelings. "Give sorrow words," says Malcolm to Macduff. "The grief that does not speak, knits up the o'erwrought heart and bids it break." (163-64)

The evidence also indicates that someone outside the family (*e.g.*, a probate lawyer) may be more effective at this time than a relative—probably because the outsider is not able so easily to add to the hurt of loss by expressing his own grief, or feelings of competition which center around the dead person.

The more appealing psychotherapeutic theory¹⁵ suggests that a non-directive, accepting, empathizing climate works best at moments of personal growth. Bereavement is a period of significant social risk as well as an opportunity for growth; all significant relationships are more or less up for re-evaluation, and the pain of loss can be directed toward oneself (destructively), toward the world¹⁶ (antisocially), or toward other survivors (hatefully).¹⁷ The risks are violence to important relationships, withdrawal, or even the loss of one's ability to function. The opportunity is nothing less than a new—and probably necessary—social, economic and personal identity. It is no time for useless, conventional counseling strategies which do more harm than good.

Lawyers are, inevitably, counselors. The best reason for lawyers to see to their counseling skills—in this or any intensely personal client context—is the reason Hillary climbed Mt. Everest. The client is there;

¹⁴ Parkes is fairly orthodox on the subject of suicide; he believes in referral to psychiatrists. PARKES *supra* note 1, at 165:

Caregivers should never be afraid to ask direct questions about suicide. It is common enough for a bereaved person to say "I wouldn't care if I died tomorrow," and such remarks need not cause alarm, but a person who has thought seriously of killing himself or herself should always see a psychiatrist.

¹⁵ See C. ROGERS; J. SIMONS & J. REIDY; and E. PORTER, JR. (all *supra* note 5).

¹⁶ Shoor & Speed, *Death, Delinquency, and the Mourning Process*, 37 *PSYCHIATRIC QUARTERLY* 540 (1963); also in *DEATH AND IDENTITY*, *supra* note 5, at 201.

¹⁷ Stern, Williams, & Prados, *Grief Reactions in Later Life*, 58 *AMERICAN JOURNAL OF PSYCHIATRY* 289 (1951); also in *DEATH AND IDENTITY*, *supra* note 5, at 240.

his (her) need is there. A lawyer who chooses not to open himself to feelings harms his clients, diminishes the humane range of his own professional usefulness, and declines an opportunity to contribute to the growth and dignity of another person. Parkes' evidence underlines how clearly this opportunity and choice are present in the case of bereaved clients.

The normal period of intensity for the bereaved begins about two to six weeks after the death of the lost person and continues for six months to a year. Many of the indicia of grief—most notably the visual image of the dead person—increase during most of this period. The period of grief occurs after the usual officers of bereavement—undertaker and clergyman—have come and gone, and after immediate medical attention has been withdrawn. Probate lawyers are then more likely to be around than any other professionals who preside over death in our culture—because the probate time frame (from death to a year or more after death) fits the temporal frame of bereavement, and because post-mortem property concerns are intense.

It is during this period—the probate period—that the bereaved person has finally to accept the fact of death.¹⁸ Until an initial period of numbness passes—several days in most cases—the client is likely to *deny* death. "I just didn't want . . . to talk about it," one of Parkes' widowers said, "because the more they talked the more they'd make me believe she was dead." (63) This period of numbness is chronologically over at about the time the probate lawyer appears; I suspect the material realities of death—need for financial support, bank accounts, registration of automobiles, and early probate procedures—may even have something to do with the dawning clarity of the consequences of death.

Defenses come into play in this period and, with them, the need for patient assistance from whomever is in contact with the bereaved person. Counseling is a matter, Parkes suggests, of companionship *through* these defenses, companionship which does not oppose them but at the same time provides support in the struggle to overcome dependence on them:

The widow, whose world has suddenly changed very radically, withdraws from a situation of overwhelming complexity and potential danger. Lacking her accustomed source of reassurance and support, she shuts herself up at home and admits only those members of her family with whom she feels most secure. She avoids stimuli that will remind her of her loss and attempts, . . . to

¹⁸ See T. SHAFER, *PLANNING AND DRAFTING WILLS AND TRUSTS* ch. 1 (1972); I wish I had had the benefit of Parkes' book when I was describing the significance of feelings toward property.

regain some part of her lost spouse. At the same time, and to an increasing extent as time passes, she begins, little by little, to examine the implications of what has happened and in this way to make familiar and controllable the numerous areas of uncertainty that now exist in her world.

Thus we have two opposing tendencies: an inhibitory tendency, which by repression, avoidance, postponement, etc. holds back or limits the perception of disturbing stimuli, and a facilitative or reality-testing tendency, which enhances perception and thought about disturbing stimuli. At any given time an individual may respond more to one of these tendencies than to the other, and over time he will often oscillate between them, so that a period of intense pining will alternate with a period of conscious or unconscious avoidance of pining.

Viewed thus, "defence" can be seen as part of the process of "attacking" a problem, of coming to grips with it in a relatively safe and effective way. That it may not always enable the individual to succeed in mastering the problem, and may at times become distorted or pathological, does not detract from its biological function which is the maintenance of appropriate distancing. (71-72)

Economic planning—marshalling of assets, provision for support, payment of debts and taxes, and all of what we lawyers talk about as "post-mortem estate planning"—are intrinsically involved here. Part of the loss of death is a loss of economic security. About half of all bereaved families undergo a drop in income, often a drastic loss. Many widows are forced into the employment market. And even where means are adequate, most widows are forced to assume unaccustomed responsibilities of management. What occurs is an entirely new system of territoriality.¹⁹

In broader sociological perspective, survivors have to fashion a new community, and find a new locus of responsibility for the functions performed by the dead person. Otherwise the community disintegrates when one of its members dies. These social realities—in families, businesses, and personal associations—are the interpersonal stuff of probate practice.

The personal side of this social reality is the arduous business of a new identity:

¹⁹ PARKES, *supra* note 1, at 97 n.1:

To some extent we choose when we place the boundaries around ourselves. In a similar way we choose where to place our territorial boundaries and how permeable we make them. It is in accord with the view presented here to regard territory as an extension of the self. It is easier to share territory, however, than it is to share more intimate parts of the self.

See also R. ARDERY, *THE TERRITORIAL IMPERATIVE* (1966); K. LORENZ, *supra* note 6; T. SHAFER, *supra* note 18; and N. TINBERGEN, *SOCIAL BEHAVIOR IN ANIMALS* (2d ed. 1965).

A major change in life, such as that produced by the death of a spouse, not only alters expectations at the level of the focal action patterns (How many teaspoons to lay on the breakfast table?) but also alters the overall plans and roles of which these form a part. A widow is no longer a wife; she is a widow. Suddenly, and always in some degree unexpectedly, "we" has become "I," "ours" has become "mine"; the partnership is dissolved and decisions must be made alone and not by a committee of two. Even when words remain appropriate, their meaning changes—"the family" is no longer the same object it was; neither is "home" or "marriage"; even "old age" now has a new meaning.

In large measure the newly bereaved widow confronts the same problems as the adolescent school-leaver. A new set of expectations and roles faces her and she must learn a new repertoire of problem solutions before she can again feel safe and at ease. Like the adolescent she may feel that too much is being expected of her and she may react with anxiety, insecurity, and irritability. She may attempt to hold on to the idea that she is still the cherished wife, protected from the world by a loving husband. Even when this assumption is given up, there will be other aspects of the new situation that she cannot accept. "I hate it when people use the word widow," said one widow. The very word implied an identity she was not willing to assume. (93)

It is not easy to re-live adolescence at age 65 or 75. Parkes believes that lay people are as effective in counseling during this "grief work" as professional psychologists are. He doesn't say anything about lawyers as counselors—which may say something about our image—but if volunteer lay grief counselors can be of help, lawyers can.

Bereavement feelings run deep. One part of this point is that the process of grief is painful and intense. It is not a good theatre for the glib, or the callous, or the merely conventional. The dominant early feelings in grief are flight/fight feelings—feelings of alarm and disorientation, such as any animal feels in the presence of danger. "Customary methods of reaction" (37) are useless. It is a trying time, a time when compassion and common sense—sound, lawyer qualities—are valuable.

The fear is probably justified. One aspect of the danger in bereavement in our culture is that the mourner is a *deviant*; he (she) is set apart from the rest of the society. The mourner is more likely to be drastically separated (into a mental institution, for instance), more likely to separate himself (by withdrawal or suicide), and more likely to be psychologically ear-marked. An everyday instance of this mourner's deviance is that many widows resent the American social convention which requires them to drop their husband's surnames, so that "Mrs. John McGregor" is expected to become "Mrs. Ann McGregor" after John's death.

The danger Parkes discusses most prominently is the danger of pathology—sickness—which is the way one would expect a psychiatrist to put it. I suspect that one might more profitably talk about these dangers in a purely psychological dimension (as feelings and behavior), or in a social dimension (as associations and acceptances or rejections in relationships). The difference would be that the *answer* to serious disturbance or to an inability to function might not be “medical care” or institutionalization. But, because I’m writing here about Parkes’ book, I will accept a medical model for these serious instances of grief behavior.

The two most serious forms of bereavement are prolonged grief and delayed grief. If depression, withdrawal, or serious restriction in activity persists for more than a year, the doctors get worried. If grief does not appear for weeks or months after loss, the medical evidence is that the bereavement will be harder, longer, deeper, and less likely to resolve itself in normal functioning.

There are several kinds of cases in which “pathological” grief appears with some frequency: loss of young children by young mothers, loss of husbands by young wives, loss of a person on whom the survivor was strongly dependent (or vice versa).²⁰ All of these cases are, of course, socially determined. Young children are not supposed to die in this prophylactic culture, nor are young spouses, nor those we are investing ourselves in. Parkes recognizes that a non-medical counselor may feel more comfortable when he can arrange for his “pathological” client to talk to a psychiatrist. I am struck, though, by the fact that conventional psychotherapy for pathological grief is also what Parkes recommends for non-medical counselors in milder cases:

The therapist, by accepting, without criticism, the anger, guilt, despair, or anxiety that the patient expresses, implicitly reassures him that such feelings, however painful, are not going to overwhelm the therapist or destroy his relationship with the patient. Having discovered that it is safe to express feelings the patient

²⁰ The prototype case is described in PARKES, *supra* note 1, at 147:

Our high-risk case would be a young widow with children living at home and no close relatives living nearby. She would be a timid, clinging person who had reacted badly to separation in the past and had a previous history of depressive illness. Closely bound up with her husband in an over-reliant or ambivalent relationship she would not have prepared herself for his unexpected and untimely death. Cultural and familial tradition would prevent her from expressing the feelings that then threatened to emerge. Other stresses occurring before or after the bereavement—such as loss of income, changes of home, and difficulties with children—would increase her burden. Although she may at first appear to be coping well, intense pining would subsequently emerge, together with evidence of pronounced self-reproach and/or anger. These feelings, instead of declining as one might expect, would tend to persist.

is now free to carry out the grief work and, as Lindermann puts it, his pathological grief is transformed into "normal grief" and follows the usual course towards resolution. (179)

Helpful hints. The first principle of legal counseling for the bereaved is to provide a place and an interpersonal climate in which feelings can be freely and fully expressed. Parkes' advice for the clergy seems to me transferable:

The role of the visiting clergyman is similar to that of any other friendly person who wishes the bereaved person well and would like to be of help. He too should be prepared to show by his manner acceptance of grief and particularly acceptance of the bitter anger against God and man that is likely to be expressed. He will not help matters by returning the anger, by meeting emotion with dogma or agony with glib assurance. He will help best by listening and, if invited to do so, by trying to collaborate with the bereaved person in an honest attempt to "get things straight." The clergyman who is "in tune" with his parishioner may be able to find the right prayer or a helpful biblical quotation, but it is tempting to hide behind such "easy" answers and avoid involvement by too readily prescribing "magical" solutions to grief. Nobody can provide the one thing the bereaved person seeks—the lost person back again. But an honest acknowledgement of helplessness in this respect may make the visitor more acceptable than a spurious omniscience. (170)

The vehicle for psychological climate is self-awareness in the counselor, and an honest desire to understand, accept, and feel. That ability won't come overnight, or from reading a quoted paragraph from a psychiatrist. It has to be worked at. Many lawyers are good at it; more lawyers should try to be.

Another principle, which Parkes says very little about, relates to the development of dependence on the counselor, to what psychiatry usually talks about as "projection," "transference," or "distortion."²¹ If the client is searching for the dead person, it seems to me logical to suppose that some "displacement" may occur—that the client will "find" the lost person in someone who can bring out feelings in the client which resemble the feelings he had toward the lost person. I believe that this often happens—and am supported in that belief, in at least a general sense, by popular psychology²² and by the curious line of litigated cases which involves a bereaved widow (or widower) who gives all of her (his) property to her (his) lawyer.²³

²¹ See T. SHAFFER, *supra* note 12, ch. 7, *Testamentary Relationships and the Transference Concept*.

²² A. WATSON, *PSYCHIATRY FOR LAWYERS* (1968); see my review at 45 *NOTRE DAME LAWYER* 382 (1970).

²³ T. SHAFFER, *supra* note 21.

Openness is probably the best solution to over-dependence. One school of thought has it that clients will not develop dependence in the first place if their feelings are expressed and accepted without being judged.²⁴ This theory turns on the difference between accepting what somebody does and approving (or disapproving) of it. Another and more conventional school has it that dependence will become less dangerous if it is kept in the open, and that would seem to involve identifying it when it is present and talking to the client about it.²⁵

Another helpful hint is that disabling grief is least likely to develop, and the bereavement experience likely to result in a new and independent identity, if the client prepares for the loss of death. Death may be unavoidable and even unpredictable, but it is often foreseeable. Parkes disapproves of our refusal to talk to dying people about death,²⁶ our false notion that they will feel better if they and everyone around them try to deny death:

The wife who has shared her thoughts and plans with her dying husband and with others, who has begun to anticipate what life without him will be like, and who has made adequate preparation for managing practical affairs, is in a far better position to cope with bereavement than one who has pretended that her husband is going to survive until it is too late for her to prepare for anything. When both know that there are others around who will help her through the period of adjustment, it is easier for them to face the situation and, having faced it, to enjoy what remains of their time together. (152)

A fourth helpful hint is to remember that the goal of counseling in this situation is competence, the formation of a new identity. Parkes identifies this sense of competence in a young widow at the moment when she said she felt she did not need to remarry in order to rebuild her life. That is the happy end of the spectrum. The more somber end occurs when she is "likely to need help with the simplest decisions." (154) The trick is to move from the helpless state to the state of competence.

Part of competence is social confidence. "Primitive" cultures, with funeral rituals which often extend for months or even years, show more wisdom than we do about the difference between physical death and social death.²⁷ Social death can occur even before physical death,

²⁴ *Supra* note 15; Shaffer, "Estate Planning" *Games*, 47 NOTRE DAME LAWYER 865 (1972).

²⁵ *Supra* note 21.

²⁶ See also Feifel, *Death*, in TABOO TOPICS 8-21 (G. W. Allport ed. 1963); T. SHAFFER, *supra* note 12.

²⁷ R. HERTZ, *DEATH AND THE RIGHT HAND* (Needham transl. 1960); J. GOODY, *DEATH, PROPERTY, AND THE ANCESTORS* (1962).

but it typically occurs long after.²⁸ It occurs only after those who were close to the dead person have made the fact of loss real to themselves and have rebuilt their relationships so that they can go on without the dead person. "Primitive" societies institutionalize this reality by delaying the final disposition of the corpse until social adjustments have been given time to develop. We don't do that, of course—although Parkes documents the custom we have of visiting graves on anniversaries of death. The best we have may very well be the probate process, and our analogue for the final funeral procession may be the probate judge's order closing the dead man's estate.

A fifth principle of helping bereaved clients is to avoid judging them—and one judges as easily when he says "that is good" as when he says "that is bad." Both imply that the client is too befuddled or ignorant to think and act for himself. Parkes quotes Shakespeare: "Well, everyone can master a grief but he that has it."

Some settled understanding of how bereaved people feel is probably a last, or pervasive hint. Parkes' book is a good place to begin, but even a good book is of very little help to the counselor who does not search his heart and attune his nerve ends so that he can, either through experience or through genuine and active listening, say with conviction "Yes, I know how that feels."

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²⁸ See Shneidman, *The Deaths of Herman Melville*, in MELVILLE AND HAWTHORNE IN THE BERKSHIRES (Vincent ed. 1966).

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