

Peter Speck
Loss and Grief
in Medicine

Baillière Tindall

Loss and Grief in Medicine

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Loss and Grief in Medicine

Dedication

*To my parents
To my wife Elisabeth
and our children, David and Jane,
and all others who have assisted
my growth in understanding
and concern*

Foreword

Loss and Grief in Medicine unfolds and develops a wide understanding of loss and resultant grief in a variety of contexts.

The caring aspects of medicine are not easy to define and needs which are ill-defined embarrass and remain unmet by reason of the lack of definition.

Loss and grief are normal parts of living; anger and frustration are normal parts of grieving; and the work of grief is demonstrated in these chapters.

Teaching student doctors, nurses, social workers and clergy factors associated with clinical states all too easily obliterates the imagination and understanding necessary for total caring. The examples of loss worked through by the author illustrate situations which are common in most general hospitals and the associated community groups. The very personal examples quoted from a wide experience of needs serve the text well.

The inclusion of simple but clear teaching of the cultural and religious influences makes the book a practical reference source as well as performing its primary task of enhancing understanding of the grief caused by handicaps, the grief caused by surgical mutilation and the 'little deaths' which may precede total death leading to wholeness.

This book should contribute to enhance understanding and caring for all who use it.

June, 1978

Valerie Hunt

S.R.N., S.C.M., O.N.D., R.N.T.

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Sheffield Area Health Authority

Preface

In recent years there has been an increasing concern with learning how to meet the needs of dying patients and of bereaved people. This has led to a corresponding increase in the number of books and articles which deal with various aspects of death, grief and bereavement. Most of these focus on the reaction of people either to the loss of their own life or the loss of a loved one through death.

When I was asked if I would be willing to contribute to this field of study I was concerned that, with one or two exceptions, very little seemed to have been written about the reactions of people to other forms of loss. In my own experience, as a hospital chaplain, it has become increasingly clear that one can often observe a 'grief like' reaction in people who have experienced the loss of a body part, of a function or of their sense of usefulness. It is out of this experience, and the shared experience of others, that the present book grew.

While not claiming to be a comprehensive text the book examines the wider meaning of the terms *loss* and *grief* and looks at the relevance of these concepts in a medical setting. It is envisaged that the book may prove helpful to nurses, doctors, social workers, clergy and others involved in health care.

The book is in three parts. The first part examines the concepts of loss, grief and anticipatory grieving and support. The second part of the book considers the relevance of these concepts

in three areas of health care: obstetrics and gynaecology; general surgery; and general medicine. The final part looks at the influences of culture and religious belief on the reactions of people to their experience of loss.

The discussion topics in Appendix 1 are offered as a means of relating the material in the book to ourselves, both personally and professionally. It is envisaged that such discussions might be interdisciplinary, using examples from our own experience.

June, 1978

Peter W. Speck

Acknowledgements

The experience drawn upon in the writing of this book goes back over many years of hospital and parish life. It is appropriate, therefore, to acknowledge the many patients, families, friends and colleagues, past and present, who have allowed me the privilege of sharing and learning from their experiences of loss and grief.

During the period when I have been preparing this book I have been grateful to various colleagues at the Northern General Hospital, Sheffield, and the community it serves, who have read or discussed the manuscript with me at various stages of development. Their comments, suggestions and criticisms have been most valuable.

It is always difficult to single out particular people, but I wish to thank especially Dr A. J. Anderson and Mrs Rosemary Anderson; Mr Ernest Beer (Principal Social Worker), Mr R. T. Clegg, Mr B. J. Fairbrother, Miss Eileen Mann and Dr B. A. Ridgway.

I am also grateful to Dorothy Berrow, Denise Knighton, Glynis Mallinson, Elaine Johnston and Miss Nancy Philcox for their assistance with typing the manuscript, as well as to Mrs Kate Suggate for the preparation of the index.

Most importantly I must thank Miss Valerie Hunt for writing the foreword to the book.

All quoted sources are acknowledged in the text of the book.

Special acknowledgment is made to the United Feature Syndicate, Inc. for permission to use the Peanuts cartoon.

The two photographs in Chapter 8 are reproduced by permission of the Director of the India Office Library and Records, and permission to reproduce part of an article, *East Comes West*, I wrote about Muslim, Hindu and Sikh patients in 1976 is acknowledged to the *Nursing Times*.

All biblical quotations are from the Revised Standard Version of the Bible and are used by permission of the Division of Christian Education of the National Council of the churches of Christ in the United States of America, and the publishers, William Collins.

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Part One
The Concepts of Loss and Grief



Introducing Concepts



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A life that was all 'ups' must seem like a Utopia to many who are experiencing a 'down' period in their life. Lucy's desire to avoid the 'downs' is a strong one and a natural one. However, if the 'downs' can be approached in a positive way, with support and guidance from others, they can lead to growth and development in many directions. But this process can often be slow, and at times it may be painful.

The young child who has learnt to stand, holding onto someone's hand, has to totter forward into the unknown for a

few steps before reaching the safety of another hand. Inevitably there are falls, but the child looks to the adult for encouragement and rarely shows anxiety, unless it is conveyed by the adult. The child falls repeatedly and picks himself or herself up with determination, encouraged by the adult, and makes the attempt again. The new freedom and success are sufficient reward and the old status of 'crawler' gives way to that of 'toddler'.

This change of status is only one of many that take place during the course of our life and such 'critical events' are a characteristic of the normal growth and development of an individual. The first of these is the process of birth leading to successive stages which include learning to walk and talk, school, puberty, the first job, courtship, marriage, birth of children, illness, death of a relative or friend, advent of old age and retirement, and ultimately one's own death. In addition to such normal crises a person may also experience such events as domestic tragedy, redundancy, injury leading to a permanent disability, or disappointment in love. These events may still lead to growth if the individual can be enabled to work through the emotional disturbance and to develop his character and personality. However, as with all crises the person may regress to an earlier stage of development instead. One of the best known exponents of 'Crisis Theory' is Professor Gerald Caplan who has described a crisis as

Our concept of what happens when a person faces a difficulty, either a threat of loss or a loss, in which his existing coping repertoire is insufficient, and he therefore has no immediate way of handling the stress... what you get at the end of crisis is a new equilibrium. The new equilibrium, if the psychological work has been satisfactory, results in external adaptation and internal adjustment. If the psychological work has not been satisfactory, there is also a new equilibrium, but this new equilibrium is one of regression.¹

¹ Caplan (1969) pp. 41 and 43.

Medicine is intimately associated with crisis and members of the caring professions are in contact with people at times when they are facing new and often difficult situations. Frequently these people have had no previous experience of the events they are facing and their perception may be distorted by anxiety. The first response usually is to try to deal with it by trial and error, and if that is not effective the level of anxiety and frustration begins to rise. The person then starts to feel uncomfortable and wishes to escape from the stress-inducing situation. Assistance is needed if the person is to find an appropriate way to act and to use the experience creatively (to 'withstand'¹ it) for personal and interpersonal growth. The direction in which we move will depend upon the support we receive and the results of our previous experiences of crisis and loss. We shall, therefore, look at our understanding of the experience of loss and normal grieving.

References and Further Reading

- Caplan, G. (1969) *An Approach to Community Mental Health*. London: Tavistock Publications.
- Wilson, M. (1975) *Health is for People*. London: Barton, Longman and Todd.

¹ Wilson (1975) p. 75.

The Experience of Loss and Normal Grief

They must go free
Like fishes in the sea
Or starlings in the skies
Whilst you remain
The shore where casually they come again.

Frances Cornford

The letting go of many of our childhood attachments is an important part of our growth to maturity. Such 'letting go' frequently generates feelings of loss to which we have to accommodate. But with the passage of time, we usually find that it is less necessary to keep returning to the 'shore' from which we came and where we felt comfortable and safe, for we have moved towards a greater personal independence.

Our Experience of Loss

From birth to death we experience many losses, whether actual or threatened, and our reaction to them influences the character we develop and the attitudes we form. Birth necessitates being deprived of the security of the womb, and relinquishing the breast for solid food, losing a favourite toy and leaving home for the first time are all forms of loss with which we learn to cope. The various types of loss experienced during our life *can*