



Stonebridge

LOSS AND SOCIAL WORK

DIPLOMA COURSE

Sample Pages

☒ THE SOCIAL AND CULTURAL CONTEXT OF LOSS

Introduction

The pain of loss is such that it seems to be an intensely lonely and individual experience. Even when the loss we suffer is one that affects others too, it is often the case that we are very aware of our own responses and feelings, and feel that these are different from those of others. Yet loss is in many ways a social experience. We know from research that factors such as ethnic background, gender and class affect not only the ways in which we express our grief, but even the likelihood of suffering loss, and perhaps also what we feel. We know too that societies all have expectations of those who grieve, as well as rituals and customs that often offer some comfort in grief, but that also define the socially acceptable behaviour.

These ideas have already been touched on in the previous session, where some of the dimensions of loss identified were social factors, such as the degree to which the particular loss is seen as acceptable, or whether the particular situation is rare or more common. For example, visiting a country churchyard gives eloquent demonstration of the greater frequency of child deaths in Victorian times. That society was one in which there were clear guidelines about behaviour in bereavement, and the demographic realities of a high infant mortality rate even became enshrined in the art of the period, with a preponderance of angelic cherubs in paintings. It is not hard to see that the death of a young child – whilst still a painful individual event – was a different experience then compared with now, when this event is comparatively rare. Society offered guidelines concerning behaviour, some well-worn interpretations of the meaning of the sad event, and many other people who had experienced it too.

This session looks at the social and cultural context of loss. The study of social patterns in human behaviour is the province of sociology, whilst anthropologists focus upon comparisons across different ethnic and cultural groups. We will draw upon work from both disciplines in seeking to understand the ways in which the individual experience of loss is socially structured and managed. All of these questions have important implications for social work practice if we are looking to understand both service users' own responses and those of their relatives or friends. Gender, race and class all affect both the experience and responses to it. Understanding such variations is an important aspect of anti-racist and anti-oppressive practice. Understanding the function of rituals can help us to appreciate the need on occasion to facilitate attendance at events such as funerals, as well as perhaps leading to the development of alternative rituals in social settings such as a Day Centre or residential home.

Evidence concerning social variations in the experience of loss

You may remember that in the last session, I referred to the work of a sociologist called Peter Marris, and his early work on change (originally 1974, revised 1986). In a more recent paper (Marris 1991), Marris has argued that the experience of uncertainty in life is socially structured: in other words, not everyone experiences the same amount of uncertainty and disruption in their lives. Essentially, it is power (often through resources, whether financial or other) that makes the difference. Those people who are in powerful positions have greater ability to control their own lives, as well as those of others. Uncertainty and lack of control are connected to vulnerability to loss.

The first activity in this session asks you to explore the links between powerlessness and vulnerability to loss in relation to the experience of service users. Giving specific examples is a good way of making theoretical ideas 'come alive', and also of asking whether they actually work in situations familiar to us.

Q **ACTIVITY 9: QUESTION**

Using your own area of practice as a starting point, identify a particular loss (not a bereavement) experienced by a service user. Consider why the loss occurred, and

- note how their vulnerability may be partly caused by powerlessness or lack of resources, and in what ways, and
- how someone in a different social position might have averted this loss.

For example, you might work in a mental health service. Suppose a client has recently found a job in a supermarket. She is late for work on three days running and loses the job as a consequence.

- She is vulnerable to this situation for a number of reasons. Firstly, the service user has no car, and is reliant on a bus. Secondly, she lives in a rural area and the bus only runs once an hour. She has to catch the 6.35am bus to be at work for 8am, even though the journey only takes 40 minutes. Thirdly, because of her history of mental health problems, her employers attribute her absence to her history of mental illness. Even when she explains that she missed the bus, this is not seen as bad luck but as lack of planning.
- An employee with a car could be at work in much shorter time. A normal ‘slippage’ of 5 minutes could be easily accommodated without disastrous consequences. Someone living in an area with better public services would have a more frequent bus service, and if she had no history of mental illness, her explanations might have received a more sympathetic hearing.



ACTIVITY 9: ANSWER

The examples that Marris himself offers are very simple everyday matters. He points to the way in which a ‘boss’ may keep an administrator or secretary waiting around with little to do all day, and then give them some urgent work at the end of the day. This may result in the person in a subordinate role being expected to work late, and disrupt their plans. There is a gender dimension to the examples in Marris’s paper – both in this instance, where the administrator is female, and in his other examples.

You may have thought of the very many ways in which someone without a permanent home or address is disadvantaged in many other ways – or of the ways in which people with a disability may be kept waiting or find their plans to be in the hands of other people. Greater financial resources give us the ability to control our lives more easily – to take a taxi if the car breaks down, for example. As in the example above, someone without their own car has to calculate the uncertainties of bus timetables (and maybe two or three changes) in order to keep a relatively simple appointment. Add in a pushchair and a time constraint in a child to be picked up from school and the uncertainties and constraints multiply! This is very different to the situation of someone with a reliable car, money for petrol and a live-in ‘au-pair’. At a different level, the older person with money may not have to leave his or her home, but be able to buy in some nursing care when it is needed. On an international scale, the person living in a shantytown in a flood area of Bangladesh risks daily loss of property and of life, whilst others even in the same part of the world do not.

Most of these things are fairly obvious to us, yet the link between uncertainty and loss – and therefore the fact that the experience of loss is itself socially structured – is less commonly brought into the picture. We can easily forget not just that loss is harder to deal with if you are socially powerless, but that it is **more likely to occur**. This may be because thinking about loss has been closely associated with thinking about death and bereavement. Whilst vulnerability to other losses may be socially patterned, vulnerability to death is surely not? We all die. Death is ‘the great leveller’, is it not?

This illusion is fuelled, for example, by hearing of cancers that lead to death even for those who are rich and famous. Of course the fact of tragic and sometimes untimely death is not an illusion, but the statistics tell a different tale from the glossy magazines. Social inequalities persist in death as in life. Let us look at a few facts.

Class

Differences in mortality by **class** are striking. They are also not new. Writing in London in 1842, Chadwick reports the average ages of death as follows:

Gentlemen and persons engaged in professions	45 years;
tradesmen and their families	26 years;
mechanics, servants and labourers and their families	16 years;

(Chadwick 1842, cited in Scambler, 1991).

This pattern is remarkably unchanged, despite a general improvement in health and longer life expectancy overall. Thus, 1988 figures confirm that over twice as many men aged between 20 and 64 years die per year from lower class groups than those in the highest class bracket, and this is true for women too. Babies born into social class V are nearly twice as likely as those born into social class I to die in the first year of life, despite a great overall reduction in infant mortality in this country. Self reported health and even more objective measures of illness such as breathlessness, show similar comparisons (Nettleton 1995).

The issue of inequalities in health by class has been recognised even by Government sources in documents such as the Black report in 1980 (Townsend and Davidson 1982) and the later Whitehead report (1987). Whilst sociologists debate the reasons for the persistence of such inequalities (for example – to what extent is this due to material deprivation and to what extent to poor preventive health behaviours amongst people of a lower class), few dispute the reality of such associations. There are clear links between this well-established literature and the argument put forward by Marris.

Gender

Gender differences in age of death are readily observable both in the community and in any residential care home. Whilst just under 20% of men live to over 85years, nearly 40% of women do so. (1998 statistics, cited in Curren 2001: 27). You may argue, however, that this tells a different story to the one argued above. It is now widely acknowledged Western societies are patriarchal – power has tended to reside with men. Yet here we see that this has an inverse relationship to life expectancy. Does this undermine the argument that power and the experience of loss are connected? Certainly, in this instance it seems to be so. Yet the morbidity statistics (measuring patterns of ill-health, rather than of death) show a reverse trend; women are subject to more ill health than men are. In relation to gender, therefore, the picture seems to be complex: there are social patterns, but they cannot as easily be linked to relations of power.

Ethnicity

Ethnicity has a much less clear association with ill health and mortality. Whilst there are clear differences, these are more often related to particular diseases (Scambler 1991). Yet it is not hard to show that certain other negative life events are strongly associated with ethnicity. Black people are treated more harshly within the criminal justice system and the figures for diagnosis of serious mental illness are in many instances alarmingly greater for black people (Thompson 1997). Many would argue that these comparisons tell us more about the social relations in diagnosis than about mental illness. Whether what we are seeing in these figures is mental distress or the effects of labelling, either way there is loss and distress involved for the service user and their family, however. Clearly such distress is socially patterned by ethnicity. In terms of Marris's analysis of the human need for certainty and belonging, many black people have experienced prior loss through migration (either their own or that of their parents), and also ongoing reminders (through racist attacks) of their alien status in the eyes of others. My own research into the mental health of a group of Asian mothers in Bradford (Curren 1986) tells an eloquent story of ongoing loss of significant others as well as of reduced fulfilment and happiness in daily life. How does this affect the pain that accompanies difficult changes or unwelcome life events in the present?

You may by this time be rather impatient of statistics. As we know, they can be used to support a variety of arguments. What is their importance for the practitioner or policy maker? Statistics showing social patterns are, sociologists would argue, a very important starting point from which to ask questions, the answers to which can importantly affect social policy (and subsequently, social work practice). An example will help to make this clear.