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COURSES AND CONFERENCES

Cruse—Bereavement Counselling Courses. For details of Cruse Courses in the UK in Spring 1991, contact Cruse, 126 Sheen Road, Richmond, Surrey TW9 1UR (081-940 4818).

Good Grief Training Courses to complement the Good Grief Packs for schools and colleges are available through the author, Barbara Ward, 081-560 6385. (Packs available from Cruse, 126 Sheen Road, Richmond, Surrey TW9 1UR [081-940 4818].)

Hospice: Building Bridges. 6th International Conference of St. Christopher's Hospice. 20-24 May 1991. London. Details: Avril Jackson, St. Christopher's Hospice, 51 Lawrie Park Road, Sydenham, London SE26 6DZ.

Lisa Sainsbury Foundation residential workshops for GPs and district nurses. Topics include communication skills, loss and bereavement. 1991 dates and details from The Director, The Lisa Sainsbury Foundation, 8-10 Crown Hill, Croydon CR10 1RY (081-686 8808).

Loss and the Ill-treated Child. Includes Dr. Emanuel Lewis on The Ill-treated Replacement Child, and The Impact of Adoption on a Family with a History of Bereavement and Loss. 17 May 1991. London. Details from Training Office, The Tavistock Clinic, 120 Belsize Lane, London NW3 5BA, 071-435 7111.

Feelings on the Loss of a Son after Many Years of Illness

Courage sometimes I do not have, I feel it ebbing away, failing me as it did whenever Oli was really ill and a trembling fear overtook me. I was so afraid he would die. Sometimes at home on dialysis when something went wrong, I had to muster all my strength and courage to do the right thing calmly and well; I was very afraid then. On occasions in the hospital when he was near to death I could hardly bear it, the prospect of losing him was unthinkable, terrifying; I had to try to be courageous then. The joy that followed on seeing that for the time being the crisis had passed was unparalleled—we could carry on, death was behind us, excluded from our minds. On we went, tackling his life-threatening illness by stimulating his enthusiasm for new experiences and knowledge, and, of course, by everyday love and care. Being aware that his end could come at any time was ever present, but how squarely did we face it? I suppose it came into my mind every day but it was immediately banished, too terrible to contemplate. Oli was so deeply enmeshed in my life that I could not try to imagine what the loss would be like.

Although he had been ill since infancy, the last six years became a pattern of crisis after crisis: haemorrhaging, major operations, intensive care, coma, an unsuccessful transplant and recovery, all borne with incredible courage by him. He inspired many people with his ability to retain an amazing zest for life and with his lively sense of humour in spite of pain, dialysis and illness. I was proud of him and somehow felt privileged to care for a person with so much to give.

When the last illness came, two months off his 19th birthday, he was still reluctantly dialysing and was weak and exhausted. Daily I put more and more of my energy into his life. The zest was still there but flickering. He had struggled enough, I was shocked and anguished by the speed with which he had finally taken a turn for the worse, I knew that this time it was to be. The awful inevitable was upon us. The grief was appalling but he was deeply unconscious and knew nothing of our great sorrow which he would have found terrible to bear.

He had shown great fortitude in his short life, knowing that it would be a short one. His patience and mine combined, worked well; when one of us had it, we had enough for both and usually we both had it most of the time. Fulfilment came to him in his creativity, painting, woodwork and photography during illness and during better times. Peace was at his end, complete peace, a departure from pain and suffering.

Now we are on our own the loss is immeasurable. There is a huge hole in my life that was occupied by the care and cherishing of the child whom I tried to compensate for having been born with a crushing hereditary disease. Time hasn't yet worked the wonders that I am told it will, and I must use again the patience needed so often before. Peace comes especially on reflection of Oli's life. He gave others in trouble encouragement and understanding, his life was certainly not in vain, but the time had come for him to go. His life was complete, his work done. I know that we will recover in the main, never completely. A scar will stay, a wound so deep must leave a scar. For his sake and for the very love of life we will move on, applying the same measures given to his care to our own lives, ensuring as good a recovery as possible.

BRENDA BRIDGEMAN

Viewing the Body after Death

Should bereaved relatives be advised to see the body after death? Little evidence is yet available but there are indications that viewing the body may help grieving to proceed, and that not being able to see the body may increase the difficulties the bereaved experience afterwards. Appropriate preparation of the bereaved for what they are about to see appears to be important. Further research is needed and some authorities consider that no dogmatic recommendation can be made that the body should always be viewed.

These issues are discussed in three recent papers[1-3]. Fiona Cathcart, a psychologist, in an editorial in the *British Medical Journal,* points out that after a stillbirth or perinatal death it is now normal practice in the United Kingdom for parents to be shown and to hold the baby[1]. This is often so even if the baby is disfigured, as the parents' fantasy may otherwise be of something far worse than the reality. Photographs of the baby are often taken and kept so that parents who are too upset to see the baby at the time can see them later if they wish.

In adult deaths, especially violent deaths where there has been disfigurement or mutilation, the relatives are often advised not to see the body but to remember the person as he or she was in life. However, in a study of relatives of people killed in a rail disaster, Sing and Raphael[4] found that the majority of those who had chosen not to see the body regretted their decision 18 months later. Viewing the body is also believed to help by giving the bereaved evidence that the dead are indeed dead, giving a physical image of death and allowing the bereaved the opportunity to say goodbye.

Cathcart concludes that viewing the body does seem to help grieving and that photographs should be taken and kept. But she warns that people must be carefully prepared beforehand, as the experience might precipitate post-traumatic stress disorder. It may also be that those who choose to see the body are different in their personalities and ability to cope from those who decline.

Peter Hodgkinson and Michael Stewart (United Kingdom), a psychologist and social worker, discuss the significance of the body in grieving, particularly in the context of reactions after a disaster[2]. They consider that for some it is an important but transitory image which allows the bereaved to internalise the concept that the familiar, palpably alive, physical presence of the person no longer exists in the external world and that memories are all that remain. They believe this is even more important after sudden deaths where there was no preparation.

What if the body is not recovered or is so badly mutilated as to be virtually unrecognisable? Hodgkinson and Stewart, who have experience of working with bereaved people after the Zeebrugge and Bradford Fire disasters, observe that in such circumstances not being able to view the body can lead the bereaved to doubt that the person they have lost is dead.

Modern scientific methods allow a person to be identified even from the scantiest of remains, but though the bereaved believe what the experts tell them they find it hard to accept at an emotional level. For many, a process develops which Hodgkinson and Stewart tentatively call 'Questioning Syndrome'. The bereaved person develops a set of thoughts that the

loved one has somehow escaped death or has been incorrectly identified. This appears to be a form of inhibited grief which the authors believe is more properly described as doubt than denial.

For example a mother who lost her adult son in the Zeebrugge disaster was advised not to see the body. After the burial and inquest she began to doubt that the body had been her son's. 'They said his hair was thining but it wasn't'. She accepted an offer to see the photographs and was able to satisfy herself that they were of her son and that he was indeed dead. 'So it is him in the grave', she concluded.

Children

Cathcart[1] thinks that bereaved children who ask to see a body should probably be allowed to do so, but that adults should prepare them for the questions they are likely to face from other children at school.

Dr. Elizabeth Weller and her colleagues[3], in a survey of 38 bereaved children in the USA aged between five and 12 years, found that most children were expected to visit the funeral home and attend the funeral service, and also that they wanted to do so. Most parents described the children's behaviour on these occasions as 'basically controlled', i.e. little or no crying. When the children were psychiatrically assessed two months after the death, they did not show increased symptoms of depression or other psychiatric symptoms. This is in contrast to earlier suggestions by Furman[5, 6] and Schowalter[7] that symptoms of depression and anxiety may be related to children's participation in the funeral activities (although when Furman's study was repeated with a control group, the author noted the same symptoms in grieving children who had not attended a funeral[5]). The long-term reactions of the children in Weller's study are not yet known.

The authors warn that additional studies are necessary to determine whether attending the funeral is associated with better resolution of the child's grief or with psychiatric symptoms in the long-term. One eight-year-old in the study said the worst part of the entire experience of her father's death was the funeral: 'It was really hard. But I am glad I went. I think all kids should go to their parent's funeral . . . because it's a good way to send them off'.

PATRICIA SCOWEN
Publications Editor,
Cruse—Bereavement Care

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CORRECTION

Bereavement Care, Volume 9 No. 2 (Summer 1990). The photograph on the front cover by J. Twinning should have been credited to Social Work Today and not to Community Care. We apologise to both journals for the error.

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