

EDITORIAL

In this day of financial accountability, those who are attempting to provide service to the bereaved are often asked to justify themselves. How do you know that the service you are providing achieves its aims? What is the benefit of the service in relation to its cost?

If we were selling toothpaste it might be easy to answer these questions. Sales figures and profits to shareholders would soon tell us whether the product was selling, and these would soon drop if it failed to clean teeth. When the 'product' is something as complex and emotionally charged as support to the bereaved, the answers are less easy.

Bereavement Care is committed to publish information about all worthwhile evaluations of bereavement services, but the Editors have no illusions about the difficulty and expense of carrying out such studies. We know of no simple tests that can be built into the routine information-gathering of bereavement services that will enable them to evaluate themselves, and we strongly oppose 'window-dressing'. Gushing letters from satisfied customers are of little value, although complaints should be solicited and impartially investigated. Beyond this, the best assurance that people can have that a service is worthwhile is the esteem in which it and the people who run it are held by their clients and colleagues.

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Viewing the bodies following disaster: Does it help?



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Deaths which are sudden, violent, untimely or in horrifying circumstances, such as in disasters, are known to cause problematic grieving¹. It has been suggested that the relatives of those who die in such

tragic circumstances may be helped to grieve if they see the remains of the deceased^{2,3}.

GRIEVING AFTER A DISASTER

The circumstances of a death in a disaster will be particularly important to the bereaved. They will search for information about the cause of death so that they can work out how it occurred, or they will try to find out details about what was happening at the time, for example whether the loved one was attempting to rescue others, which might give some meaning to their loss.

Establishing certainty of death

Viewing the body of the deceased, which in the first part of this century was a common custom, is an important part of accepting the 'certainty of death', especially in sudden, unexpected loss. Usually, natural disbelief after a death is gradually eroded by the reality of the absence of the deceased, and undeniable in the presence of a dead body. The transformation of the body, the pallid colour, coldness, unyielding texture, fixed limbs and immobility, provide incontrovertible evidence of death. Although in general a majority of people (73%) choose not to view the corpse of a loved one⁴, there is usually a knowledge that someone, such as a relative, has actually done so.

In some bereavements by disaster, no body is recovered. In the

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After death the facial muscles relax and this gives an appearance of peace, consequently many people look better dead than they did during the hours before death. This simple occurrence, plus the way in which viewing the body of a dead person helps to make real the fact of death, mean that it is usually thought to be a good idea to encourage people to view.

But what if the body is mutilated, and the last memories of the dead person have been of someone fit, healthy and happy? Is viewing likely to spoil that image?

In this article Peter Hodgkinson, author of *Coping with Catastrophe*⁵, reviews the evidence and reports on his own experience as a member of a team who visited bereaved people after the Zeebrugge ferry disaster.

absence of a body, this certainty of death, an absolute necessity for effective grieving to begin, may never be established. If the body is recovered, but not seen, this may in some circumstances lead to a failure to accept this certainty, and, in others, to a delay in doing so. For some, the sight of the body is an important image which establishes that the familiar, palpably-alive, physical presence of the person no longer exists in the real world and that memories are all that remain.

This will be particularly important in the absence of preparation for death. In the normal course of events, physical deterioration, heralding death, may have been

evident from previous hospital visits. But in sudden, violent death this element is rarely present. One widow, whose husband died when the Zeebrugge ferry sank, did not see his corpse and described the conceptual problem that this created for her. 'I cannot accept that he is dead – he left home vital, strong ... not seeing him again, I just cannot imagine him dead, his body without life'².

Identifying damaged bodies

Unfortunately, the badly damaged body may bear no resemblance to humanity, much less the normal physical appearance of the deceased. The Bradford fire left welded bones in pools of melted human fat. The relatives did not see these sights. This is how one family identifying effects was described.

'A constable carefully placed the contents of a plastic bag on the table. There was an assortment of charred, blackened articles; a watch strap, a small piece of string vest, a corner of shrivelled cardigan, a silver ring, indistinguishable from any other. In slow motion the relatives fingered the remains. When they got to the end, they started again. There was some nodding and shaking of heads, some whispers, sighs, staring. There were no tears – it was silent. Twenty minutes later they agreed he was dead. "He did wear a cardigan ... he had a watch ... he always wore a string vest." We left in silence.'⁵

After the Zeebrugge disaster, bodies recovered immediately were mostly identified visually by relatives. Two patterns were apparent: one small group of relatives made premature identifications of bodies that were in fact not those of their loved ones. Others had to make repeated visits, even when the physical damage to the corpse was not extensive, allowing subtle changes in the body to block acceptance of reality. Thus some relatives need immediate certainty of the death, at the cost of the truth, whilst some prefer to postpone this certainty to allow room for hope.

The anguish associated with viewing the mutilated remains of a loved one is reflected in the words of a bereaved parent in the USA Buffalo Creek disaster: 'My son was crushed up so bad, I went about four times trying to identify him.

His head was just smashed to jelly. He had just a little bit of sideburn left, where you could tell it was him. All the bodies had swelled up so bad, you had to just keep looking and looking ... '⁶.

In many circumstances relatives may be prevented by well-meaning others, notably relatives, from seeing such sights. One woman who lost her son in the Zeebrugge disaster was advised by the undertaker not to see him, but was not told why. In addition, the vicar, a family friend, first suggested but later declined for 'hygiene reasons' to have the coffin in the church prior to the service. After the burial the mother began to wonder 'if he was that badly damaged, how did they know it was him?'. She visited the grave regularly, but after a while began to think that possibly she had buried an empty coffin. She regretted not seeing his body. 'He was my son – whatever had happened to him he was still my son'. Wondering, 'Who was in that coffin?', or 'Was there anything in that box?' is not uncommon. This is more than denial, this is doubt. Whereas denial gainsays the facts, doubt has a conscious, logical edge.

She rejected the scientific detective work presented at the inquest on which his identification had been based, and readily accepted an invitation to view photographs of her son's corpse. She looked first at a picture of his face after repair by a mortician. After a while she said 'Well, that is his chin, and that is his hairline ...', but seemed uncertain. She was then shown a full-length picture of his body, just after its recovery, damaged and covered in oil. Immediately she said, 'That's my boy ... he could just be asleep in the garden now'. Her unnecessary anxiety had been put to rest.

Outcomes after viewing the body

Following the 1977 Australian Granville train disaster, in which several carriages of a coach were crushed by a falling bridge, 36 out of 44 bereaved who were interviewed had not seen the body. The majority of those who had were widowers, and of eight, one regretted this. Those who viewed had more satisfactory outcomes on a number of measures of psychological recovery than those who did not⁷. Of the 36

who did not view, 22 regretted this, countering the argument of 'Remember him how he was' with the assertion that 'Nothing could be as bad as my fantasies of how he looked'. (It must be recognised, however, that reality may sometimes be worse than fantasy.)

A conflicting picture emerged from interviews in the first year after the 1987 Zeebrugge disaster⁸. Interviewed between three and 12 months after the disaster, the group of bereaved relatives (19%) who said that they had viewed the bodies of the deceased were significantly worse off on measures of general distress and anxiety. However, the difference may possibly be that the two sets of interviews were carried out at different times (Zeebrugge, in the first year and Granville, in the second).

Indeed, a different picture did appear for the Zeebrugge bereaved at 30 months⁹. The bodies recovered immediately, on the first night, were largely unchanged in appearance, but others, that had spent six weeks under water before recovery, were changed. However the reactions of the relatives of both groups proved similar: those who had viewed the more-damaged bodies were not psychologically worse off. Also, whilst there were no real differences in overall psychological symptoms or measures of grief between those who viewed and those who did not, significant differences were found on measures of trauma. Intrusive symptomatology (unpleasant, intrusive images and thoughts) was significantly lower in those who had viewed, and as were symptoms of mental avoidance.

It would appear therefore that the one thing that might be feared – an increase in intrusive imagery or thoughts about the death and the events surrounding it – did not occur in those who viewed. The notion that trauma and grief are separate entities is supported by these findings. Viewing had a positive effect on the psychological impact of trauma, but not on grief. When contrasted with the picture for the Zeebrugge disaster in the first year, it seems possible that those who view may be more distressed in the short term, but less distressed in the long term.

Following the Granville disaster, less than 10% said they regretted

viewing, and nearly two-thirds regretted not viewing, though the bodies recovered from this crushed train were often badly damaged. Two and a half years after the Zeebrugge disaster, 11% regretted viewing on the first night as against none at six weeks, whereas of those who had decided not to view on the first night, 40% regretted it, and of those who made the same decision at six weeks, 52%. It seems therefore a consistent picture that the decision to view is rarely regretted (particularly when there has been an opportunity to think it through, as was the case with decisions to view bodies recovered at six weeks) whilst the decision not to view is regretted by roughly half.

It cannot be assumed that it is the process of viewing which leads to the lower levels of psychological symptoms. It may be that those who are more 'hardy' request to view and would have fewer symptoms anyway. However, for practical purposes, those who choose to view can do so with little psychological risk in the majority of circumstances. One important qualifier is that currently we know little of the effects of viewing bodies which are so badly damaged that they bear little resemblance to human beings at all. Is this an individual matter, in that a bereaved person might be just as happy to view a relatively undamaged arm, whilst the remainder of a severely damaged body remains covered?

Helping relatives decide

Clearly what is needed is the allocation of time and good-quality input in the decision-making process from some sort of helper. Such helpers are not always allowed to be part of the mortuary process after disaster. Those who advise not to view are often those least able to help the bereaved to come to a decision, in terms of either time available or expertise. Some pathologists or police may be quite uncomfortable with emotional distress, either viewing such distress as harmful rather than natural, or being so personally uncomfortable with it that they choose not to expose themselves to it.

A relative may be told, 'There is no need for you to identify, we must do that'. However, it must of course be remembered that people

view bodies not primarily to identify them to the authorities, but rather to reassure themselves that it is indeed their loved one and, more simply, to say 'goodbye'. These reasons, and the process of viewing, would be familiar to those who work in casualty departments, or on maternity wards where babies may be stillborn, sometimes deformed¹⁰.

Some relatives may simply want to know that a certain type of damage has not occurred and may be happy with this knowledge alone. One group of relatives, after the Zeebrugge disaster, had formed the belief that their loved one's chest had been eaten away. Perusal of photographs by the helper showed this was not the case. The relatives did not ask whether the body was damaged in any other way, and the helper did not volunteer the information that it was indeed otherwise decayed in a rather unpleasant way.

PRINCIPLES FOR POLICY AND PRACTICE

Firstly, no one should be encouraged to view because of the blind enthusiasm for the process on the part of the helper. It must be accepted that there will always be some individuals who will suffer as a result of viewing. What must be ensured is that those who wish to do so are not prevented.

Five steps in the process can be elaborated:

- **The bereaved should be enabled to go through their reasons for wanting to see the body, as well as their fears. It is here that the helper can assist by giving weight to different aspects of the decision.**
- **Helpers should first view the body by themselves and be able to give preliminary feedback on its state. At this point, those who would later regret viewing may make the decision not to view. Some may simply want a description of the body, or some part of it.**
- **The bereaved and the helper should view the body together, bearing in mind that the bereaved may be very sensitive to what they perceive as disapproval. Even a little**

cough, as a relative reaches towards the deceased, may be seen as discouragement of something unacceptable. Positive encouragement may be given¹¹, such as:

'You can hold his hand if you want to.'

'Feel free to talk if you have things to say.'

'I am sure you want to say goodbye.'

- **Afterwards there should be a debriefing, in which the relatives are allowed to talk about the experience, or to pose any questions about the reasons for the state of the body (eg signs of damage from a post-mortem).**
- **In case decisions not to view are regretted later, photographs of the deceased should always be available, for later viewing.**

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