

Concern and Cruse Bereavement Care in the UK, may be able to advise on practical problems as well as offer bereavement counselling and social events. Wardens should be aware of the available resources catering for the physical and emotional needs of the elderly.

THE WARDEN'S NEEDS

The results of a questionnaire completed by nine wardens from several different agencies showed that despite the very great demands made upon them at the time of a death, there was a disturbing lack of support. The wardens had all experienced deaths among the residents of their housing schemes during the previous 12 months, and six had been present either at the time of death or immediately afterwards.

Four wardens had had no previous experience of death, while the others did have some experience from other jobs, eg nursing. None of the employing agencies provided any training for bereavement care, but three wardens had themselves undertaken some form of training. Not one had received any support from their agency in this area and seven felt they would appreciate more back up.

In my experience as a warden for over 10 years, I have had 38 deaths, of which seven were sudden and the deceased was found by me, and two were deaths at which I was present. They were all my friends; I visited them in their own homes almost every day, and each one holds a special place in my heart.

After discussions with other wardens, the most noticeable common experience was that other people generally assumed that, because of the nature of the job, wardens would 'be used to death'. However, we all felt that we too needed to mourn, to be understood, supported and listened to, so that we in our turn could give our support, comfort and ears to our residents.

'They don't need advice or comfort – there is none. They need to talk endlessly. They need to hear anecdotes and stories about their loved one, and most of all they need to cry whenever and wherever it comes over them. Don't be embarrassed and don't block it – it might be your turn next.'²

References

1. Bowlby J. Processes of Mourning. *International Journal of Psycho-Analysis*, 1961; 42: 317-40.
2. Guild J. Death duties. *She magazine*, June 1987: p52.

Releasing the past to help the present

Malcolm Williams, BA, CSQW

Principal Social Worker, St Christopher's Hospice, London, UK

Faced with an operation for cancer at 75 years of age, a mother shared this memory of the death of her young son, Jimmy, offering an opportunity for understanding her own fears. She had not talked about her own condition but had literally taken to her bed.

'I walked with Jimmy to the hospital early in the morning. He needed his tonsils done, you know. Frank blamed me. I don't think it was my fault.

He had to get straight into bed – not with my help but the nurse's. I heard him laughing as I hovered outside the door, before going home. They let me see Jimmy briefly before that.

He said, "Dad would laugh at these socks I got on." He had to put socks and a gown on for his operation. Broke my heart to leave him. But I don't suppose I could have stayed, could I?

I was home when the police came... told me there had been some difficulties during the operation. I tried to tell Frank; he looked at me and closed the door. He wouldn't come so I went on my own, in the police car.

As I walked towards the ward I heard Jimmy calling, "Mummy, Mummy".

"Can I go in to him?" I said. "No, not yet", they said. He was wheeled past me in the ward and had to go down to the operating theatre again.

I think a lot about that (pause). Joan – who used to work on the ward as an orderly – told me that Jimmy had spoken to her. He told her about his socks.

I remember walking to the hospital. Jimmy in his blue cap, blue overcoat with its buckle belt. Said his dad was going to drive him, but didn't. He said he didn't like the hospital as we got near. He died during the operation. I said to Joan she was the last person to speak to him, you know ... that knew him.

Frank came to the mortuary where we could see Jimmy. He was on the second shelf up and Frank kept telling me it was my fault while I climbed the ladder. Jimmy had his eyes open and I closed them.

No-one knows how I felt. When I told the consultant who is seeing me now about Jimmy he said, "But that was 45 years ago!". I had hidden all Jimmy's pictures away. My GP told me to get them out. He said it wasn't Jimmy's fault that he died. So they've been up on the wall ever since.

He was a good boy, "never any trouble",

EDITOR'S NOTE

Memories of traumatic events do not seem to decay as other memories do and may be recalled, with great vividness, many years later. Malcolm Williams' report from an elderly woman ill with cancer illustrates this.

the neighbours would say. But he put up with a lot, covering his baby sister when Frank was hitting me, just like his older brother covered him. He bled to death you know; that's why they didn't want me to see him, I expect.'

After telling this story and reliving its detail, she said, 'People can bleed to death in operations, can't they?' The fear for her own life and the vivid revisiting of her young son's death had combined to freeze her in her own decision making. The metaphor of her story gave permission not only to discuss her fears for her own future and treatment, but also to release a deeply felt grief and to disclose ways in which people could support her now.

Two weeks later she was admitted to hospital for major surgery which involved the removal of a tumour, leaving a deep and extensive wound. She told me she had felt very disorientated a few days after the operation and in her delirium had worried about her potential for healing. She needed consistent reassurance that she was doing well, and on the occasions when her wound did bleed, felt some panic and asked repeatedly for medical and nursing attention.

Following four weeks of in-patient care, she was able to return home to the care of her family and make slow but steady progress as the wound healed. We talked again of her young son and she concluded our discussions by saying:

'I still vividly remember him, but I can talk about him now.' ■