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'Inside' grief

Bereavement in a prison environment



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During a period of custody in prison, inmates may well experience the death of someone who is important to them. This loss, coupled with many others resulting from the confinement, presents the prisoner with a

very challenging set of circumstances. Custodial conditions can be unfavourable to the expression of grief and difficulty in coming to terms with bereavement is not uncommon.

There is an increased possibility of a poor outcome to a bereavement in a prison environment because some of the 'at risk' factors classified by Parkes¹ are often present, such as low self-esteem and separation from family, and because the emotional support required by the bereaved individual is not always forthcoming from internal sources. No social workers are employed within prisons, though there are links with social services, particularly on issues concerning children. Probation officers, seconded full-time to the prison service for periods of about three years, may offer support to bereaved prisoners and provide links with the outside world. However, most welfare work is the province of the prison officers, with a 'personal officer scheme' operating in all establishments, intended to foster relationships between officers and the prisoners in their charge

In practice, officers and other support staff may not recognise a bereaved prisoner's needs because they have a limited understanding of the grieving process and its length, or because they may have few counselling skills to help them respond and heavy workloads which limit the time available to do so. When an officer does offer support, role conflict can make it difficult for a bereaved inmate to confide intimate emotions to a custodial figure. Although there will be a chaplaincy team within the prison, prisoners may not use this source of help because it is not compatible with their beliefs and value systems.

In some or all of these circumstances, the services of a bereavement counsellor

may be requested. In this role, I have worked with male prison inmates for almost seven years, and their particular struggles with the expression of grief are the subject of this paper. To illustrate the issues which can often present I have chosen to use the grief model of J. William Worden² which outlines the tasks of grieving to be accomplished by a bereaved person:

- To accept the reality of the death;
- To work through the pain of the grief;
- To adjust to an environment in which the deceased is missing;
- To emotionally relocate the deceased and move on with life.

EDITOR'S NOTE

Prisons are forbidding places which most of us try to avoid, yet they contain some of the most vulnerable members of society. Margaret Potter explains why prisoners who suffer bereavements are often in special need of help and indicates how a counsellor can give that help.

Her paper has been seen and approved by representatives of the UK prison service who welcome the help of bereavement counsellors and representatives of other voluntary agencies. See also the paper by Ken Dolman and Rufus McGinty (*Bereavement Care* 1997; **16**(1): 29-31) which highlights the special problems of prisoners who have killed a member of their own family, and the report on deaths in prisons by Sir David Ramsbotham, Chief Inspector of prisons in the UK, who criticises the treatment of families at such times and makes recommendations for improving their support (*The Guardian* 1999; May 20: p16).

TO ACCEPT THE REALITY OF THE LOSS

The death of a loved one can be a major blow to a prisoner, who will already have experienced the considerable losses which result from a custodial sentence. If there is forewarning of the death, the inmate will be allowed to make a home visit during the final stages of life. This does provide some opportunity to confirm visually the reality of the situation but repeat visits or lengthy periods of time with the dying person, as would normally be the case for relatives, are less likely.

The news of a death may be broken by a family member during a home telephone call. More frequently, and in the case of sudden, traumatic and unexpected death, the prisoner will be given the news by an officer or the prison chaplain. Following this, the bereaved individual will instinctively want to establish more details of the death and to be with their family, but the compromise has to be telephone calls. Family members cannot ring in directly to someone in prison, increasing the isolation of the inmate who may already feel extreme guilt for not being present to support vulnerable relatives. Prisoners may also wish to be involved in making decisions about the care of the body and funeral arrangements, but at best this can only be achieved through brief telephone contact. At worst, the families may decide that the presence of a prisoner and custodians at the funeral could be 'an embarrassment' and news of the death may be suppressed by them until after the funeral event, making it very difficult for the prisoner to take in the situation and creating conditions which may complicate grieving later.

From the studies of Cathcart³ and Hodgkinson⁴, we know that viewing the body can help to make real the fact of death. Limited resources for outside visits coupled with security issues make this an uncommon practice, and participation in rituals such as body washing or other ceremony will not be possible. These omissions can raise problems, particularly for certain ethnic groups. The opportunity to say goodbye to a loved one is also denied in these circumstances; this can add to the difficulties of accepting what has happened and of creating a physical image of the death, and may be a major hurdle in coming to terms with the finality and irreversibility of the event. In some ethnic groups, taking photographs of the dead person is accepted practice, and if the prisoner has copies of these they can be invaluable later in counselling. It is regrettable that this practice remains a taboo in western culture.

The funeral

Participation in funeral rituals also provides an opportunity to confirm the reality of the death. Bereavement counsellors and others involved with the family may make representations on the family's behalf that a prisoner be allowed to go to a funeral or other culturally-prescribed ritual, but prisoners may not always be allowed to attend these important events. Security, staff availability and the family relationship of the deceased may all dictate whether permission is granted. When it is granted, bereavement counsellors, personal or probation officers may be allowed to attend also, but the security escort to the funeral may well be the responsibility of officers not known to the prisoner and this may inhibit personal disclosure or the expression of emotion. Although waived on rare occasions, the need to be handcuffed makes it difficult to embrace other relatives at the service and to make gestures such as throwing soil onto the coffin or offering a floral tribute. Such restrictions, while vital to ensure the custody of prisoners, do interfere with, and limit the responses they might wish to make, and this can result later in manifestations of guilt, anger or resentment.

Following the funeral service, the inmate will be returned immediately to the prison, without participating in the wake, which precludes another form of post-death ritual. The sense of bewilderment which often ensues is complicated further by the nature of prison life in which the inmate must cope with his grief response.

TO WORK THROUGH THE PAIN OF THE GRIEF

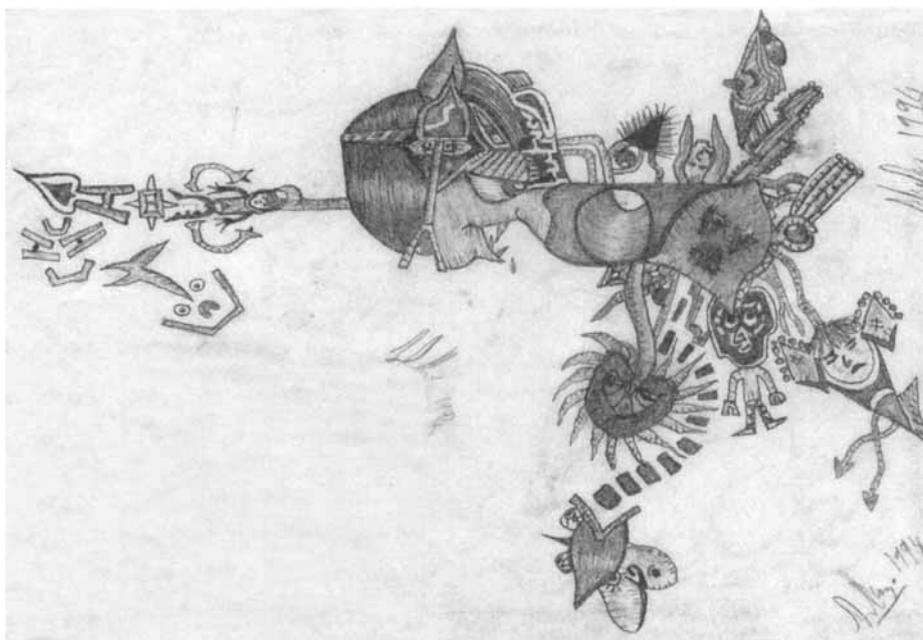
The shock and disbelief reaction following a bereavement is often compounded by being in a custodial situation. Day-to-day routine has an artificial quality and the inmate may feel very distanced from people on the outside. The prisoner may not previously have experienced grief or may have little understanding of what are normal emotional and somatic responses. The heightened sensory activity, particularly smell, which often accompanies grief, cannot easily be relieved by access to personal items belonging to the deceased. Prisoners may seriously doubt their own sanity if hallucinations occur or when powerful and intrusive thoughts present, and considerable fear may be generated. There is often a reluctance to check out these experiences with anyone within the prison system for fear that this may be interpreted as mental illness, but they are commonly shared within the safety of counselling sessions.

Frequently there is no opportunity for the inmate to participate in decisions or actions relating to the deceased's estate. Possessions may be distributed without the inmate's permission or involvement which can activate a great deal of anguish in some circumstances. Prisoners may feel acutely anxious about vulnerable family members, such as a bereaved mother, and one aspect of the guilt often experienced is their failure to be available to such a relative, especially if they are the oldest sibling with a 'duty' to provide care. Guilt is often intense and can be related to a perception that the death was a consequence of their imprisonment. Many bereaved inmates believe that the worry their crime and sentence has caused to their parent or other relative may have been the precipitating factor for the fatal illness. Where their crime has involved the killing of another person, they can also feel that the death of their own loved person is in some way a retribution for their crime, and they too are now being exposed to the pain which their victim's family experienced.

Grief is further complicated in cases of domestic killing when the inmate has been convicted of the murder or manslaughter of a wife, partner or child. The pain of the loss of someone so close is great enough without the burden of knowledge that they were responsible for the death⁵. Chronic depressive illness, lowered self-esteem, self-worth and confidence are all likely outcomes in these circumstances.

Opportunity to express feelings

The expression of anger can also raise problems, as many inmates will have attended courses while in prison to learn how to 'manage' their anger. To accept the normality of this emotion in grief, and to ventilate the feeling in behavioural terms, presents constraints and challenges, and there is the additional worry of loss of privilege or remission should personal control be lost. Working out in the gymnasium is a common method, and activities in education or workshops can provide a temporary diversion. Anxiety about the ability to contain emotions and not display anger is often shared during counselling sessions. Other ways of gaining solace and expression can come from writing poetry, prose or letters to the deceased and this can be encouraged by the bereavement counsellor. For some, the need to relieve their distress may lead to the use of illegal substances, especially where this has been a previous coping mechanism. Similarly, resorting to various forms of self-harm is a way of indicating inner distress. Bereaved prisoners may not always choose to avoid or suppress their pain, but physical



Sketch by a bereaved prisoner in his mid-twenties. At the author's suggestion, this prisoner used art work to release some of his emotional torment during the many hours he was locked in his cell. His mother had been killed by his step-father who then himself committed suicide.

isolation for long periods and a reluctance to display overt emotion may contribute to this outcome.

Later responses

A grief response may be delayed for months or occasionally years until triggered by another loss such as a broken relationship. This problem may be identified by an astute prison or probation officer when engaged on an activity with the prisoner, such as sentence planning or other conversation, or when a change or disturbance in behaviour draws attention to the emotional distress. Once a grief response is activated fellow inmates can be supportive initially, but in a macho environment such expression may not be well tolerated.

Anniversaries, known to renew painful feelings, can also present difficulties in an environment where the bereaved individual is separated from other family members. Tearfulness or emotional volatility around the time of the anniversary may be misconstrued both by other inmates and prison officers who may be unaware that this is a difficult time. The bereaved person may also choose not to disclose the significance of his feelings for fear of being judged or misunderstood by those around him.

TO ADJUST TO THE ABSENCE OF THE DECEASED

The physical separation from friends and relations is an inevitable consequence of a term of imprisonment. Prisoners have to largely relinquish their family roles and responsibilities. Contact with those they love is through visits, letters and telephone calls, all of which may vary in frequency.

Following the death of a relative, it can be difficult for the inmate to know what is happening to surviving family members, as the family may choose to conceal information or their true emotional status.

If the prison is a substantial distance from home, relatives who are elderly, infirm or ill are not seen for periods of many months. Financial constraints may also limit visiting and the inmate then becomes accustomed to living in an environment with little ready access to those he loves. When someone significant dies, it can be very difficult for a prisoner to adjust to the finality and irreversibility of the death because of this separation. Searching activity is usually not evident and denial may result from the firm belief that the deceased remains in the location normally visualised. If telephone calls and letters have been a regular form of communication with the dead person, the bereaved inmate has to make some immediate cognitive adjustment to the absence of this form of contact.

The impact of the death may be felt most when the family visits without the deceased person, but the artificial nature of these limited exposures do little to help prisoners to adjust to role changes incurred by the death. These adjustments only become feasible once there is parole or release at the end of the sentence, when this 'unfinished business' can be addressed. If a sentence of many years is being served there are inevitably considerable changes to the world of the prisoner's family on the outside throughout that time; adjusting to the missing physical presence of the deceased will be only one small, but

significant, part of the process of readjustment which has to take place.

TO EMOTIONALLY RELOCATE THE DECEASED AND MOVE ON

The concept of the withdrawal of emotional energy from the deceased remains a source of much debate amongst modern grief theorists. In Worden's² modified approach to this he states that this process can be hindered by holding on to past attachments, rather than going on and forming new ones. Worden considers that for many people, this task is the most difficult one to accomplish.

For those serving a prison sentence, it is a rarely achieved outcome. The assumptive world of an individual, described by Parkes⁶, is substantially challenged by a custodial sentence. Previous norms become suspended and personal identity and autonomy are difficult to maintain. Intimate and social relationships are placed under immense strain, and there is a gulf between the day-to-day function of the prison and the outside world in which relatives of bereaved inmates are meeting the challenge of their grief response.

This creates potential conflict for bereaved inmates grappling with the reality of the death event. They can feel bewildered by the apparent coping mechanisms of other family members who may be seen as moving forward in a life without the deceased while, to the prisoner, the death may be experienced as incomprehensible.

Even when the reality and finality begin to penetrate at an intellectual level, the inmate may have considerable difficulty in making emotional adjustments. The emotional energy invested in the deceased person often seems to remain at a similar level to that experienced before the death, with limited evidence of detachment behaviour. Those activities which would help with the expression and transition of grief such as reminiscing with the family, visiting the grave, and contact with linking objects, will be extremely limited. The assimilation of new roles such as husband to widower, cannot take place in circumstances so divorced from the prisoner's life on the outside, and the formation of new relationships is a further example of a progression which has to remain suspended until release.

For the prisoner serving a life sentence, the effects of the death of someone close can be even more problematic, with remote prospects of dealing with the challenges of grief by external activities because release is many years ahead. As a result of long sentences, prisoners may also become alienated

from some family members who would normally be part of a network to support them through this phase of their grief.

COUNSELLING BEREAVED PRISONERS

The opportunity to share the emotional impact of the death and to express emotion overtly in the safety of a counselling session is valued by many inmates. The non-institutional and objective role of a bereavement counsellor gives permission and freedom for the inmate to reach into inner feelings in circumstances which normally do not readily permit this.

To be effective the counsellor must also enable the bereaved inmate to talk at length and in depth about the deceased person, what that person represented to them and the life that was shared in the past, and this is consistent with the findings of Walter⁷ who advocates a biographical approach in the support of the bereaved. For many bereaved individuals serving a custodial sentence, there is a gradual acceptance of the finality of the death and the missing physical presence of the deceased, although this transition may take a much longer and more problematic course than would be the case in normal social circumstances. For others, the grief response remains in limbo with no environmental adjustment or restoration activity taking place. Both the bereaved individual and counsellor have to acknowledge that a point will often be reached where grieving remains suspended: progress towards final acceptance and adjustment can only be resumed once the prisoner is released and can return to family, friends and home, minus the deceased person. BC

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The sick child



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The greatest unnameable fear for all of us who are parents is that of losing a child. We hear about it in others, we read about it in the papers and a cold chill touches us. The most common deaths are

sudden in accidents but many parents have to cope with the long drawn-out trauma, alternating hope and fear, of sickness. No-one can ever know if or when or where they may experience the policeman at the door or the embarrassed compassion in the doctor's face.

If any bereavement can be likened to amputation of part of ourselves the death of a child attacks the very soul. For parents it is an amputation not only of an adored individual but of our posterity, our sexuality, our genes, our future hopes and a million memories that turn in an instant from pleasure to torment. The most beloved partner, friend or lover has been grafted onto us at a later stage and somehow we sense deep down we could, perhaps, survive their loss. We know at the deepest level that we could not survive the loss of a beloved child. And yet – people do survive. Most somehow get through the experience as best they can. Often they wish they did not need to survive, but parents like the mother who killed herself recently after the suicide of her son are the exception not the norm, if only because there are usually other children to care for or look after, however inadequately.

The death of a brother or sister also resonates in a unique way. They are a childhood companion, a sort of mirror, and the repository of fierce and ambivalent feelings. Edvard Munch, the Norwegian artist, lost his mother to tuberculosis at the age of five and nine years later his 15-year-old sister to the same illness. He painted the first versions of *The Sick Child* in the 1890s and returned to it obsessively over the years. (The cover of *Bereavement Care* shows a version painted in 1896 when Munch was 33.) He described the picture as 'a breakthrough in my art, most of my later pictures derived from this painting.' More than any of his other pictures it aroused huge controversy and he describes the opening day of the exhibition: 'A crowd of people milling round the picture. You could

hear screams of horror and laughter.'

The colours appear to be mostly a reddish brown contrasting starkly with green. The patches of light and dark are fragmented and the dark areas are composed of brown and blue, appearing almost black. The shadows seem to menace behind the body of the woman and solidify within her, passing across the bed in harsh lines to join the green of the girl's jacket. There is darkness also behind the head of the bed. Everything focuses on the girl's pallid face. Her hair flames with life and streams onto the pillow like blood in contrast to the absolute stillness and immobility of the figures. The painter's agitation is shown in the scribbles of paint and harsh brushstrokes. The reddish glow is picked up in the bedside table on the left and the medicine glass on the right and in the woman's hand and neck, which is all we can see of her flesh. This is a stark painting of emotion frozen at a point of unbearable pain. One senses the closeness between the two figures, whether child with mother or with nurse. Perhaps at an earlier stage there was much mutual communing between these two; dozens of tiny details of intimacy, sharing and even pleasure. In sickness the daily routine is reduced to a miniature palette and to an immediacy which can be mutually rewarding. Even the times of anger, whining or impatience are part of the living network. At this moment all these things are swept away. We know that this girl is going to die, not because she is so ill – many people who look as bad as this survive – but because she herself knows it. The woman is not bending her head in resignation. In another context it might