

Telling the dead man's tale

Bridging the gap between the living and the dead



Photo by Felix Nash

Tony Walter BA PhD

Reader in Sociology, University of Reading, UK

THE WESTERN GUNSLINGER KNOWS that 'Dead men tell no tales', but dead men, and women, do tell tales. They tell them in autopsies, in inquests, in spiritualist church meetings and séances; and we tell their tales, often in public, in the register office, in obituaries, in funeral eulogies. How does the mourner make sense of these public or official tales and incorporate them into their own account of the deceased's life and death? And how do those employed to produce these official narratives go about their, sometimes distinctly macabre, sometimes surprisingly life-enhancing, duty?

Making sense of the deceased's life and death is a need felt by many mourners¹. They may talk, to themselves and others at length about the deceased's life², or recount over and over the details of the death. Bereavement support and counselling increasingly may include a degree of narrative therapy, in which the client works out a story about the deceased and what the deceased meant to them. The aim of such therapy is not to produce a story that is objectively correct about the past, but one that helps the client get through the present^{3,4}.

This approach to bereavement support, however, faces a problem. The client is not the only person working up a narrative. Apart from narratives produced by the deceased's other friends and family, there are official or other public narratives – those told in press reports of the death, in obituaries, in funeral tributes, in death certificates and pathologists' reports, in inquests, and occasionally in spiritualist séances. If these public accounts match the client's private narrative or provide useful information that help flesh out the private narrative, then mourning is made that much easier. If the public account disturbs the private narrative, mourning is made that much harder.

In this article, a much abridged version of one published last year⁵, I

sketch the work of those professionals who produce these public accounts, and discuss in whose interests they are working and what this can mean for mourners. This work operates on very different principles from those of a counsellor-client relationship.

Mediator deathwork

Mediators are people who bridge the gap between two different parties or two different worlds. The gap between the living and the dead is huge, especially in a largely post-Protestant and secular English-speaking world in which there are no formal religious channels for communicating with the dead (unlike in Catholic countries, or in places like Japan that venerate the ancestors). The work of the professionals who tell the dead men's tales is best characterised as mediation, for these professionals carry messages from the dead, or about the dead, to the living. It is no coincidence that we use the same word for a 'medium' (one who brings messages from 'the other side') and the mass 'media' (which bring news, often about the dead, to an audience). Pathologists also dig around, literally, among the dead to bring news of the cause of their demise; they too mediate between the dead and the living. Funeral celebrants, though they do not actually 'interview' the dead, increasingly these days interview

EDITOR'S NOTE

It is the role of sociologists to throw light on the way society works. In this paper Tony Walter enables us to recognise that professionals as diverse as coroners, spiritualist mediums, pathologists and funeral directors are all mediators between the dead and the living. He makes a distinction between 'mediator deathwork' and 'counselling deathwork', which helps us to clarify the roles we take and their functions. CMP

survivors to gather material for a eulogy or tribute, in which the celebrant speaks about the dead. All these professionals are doing what I term 'mediator deathwork', and it is very different from the listening or 'counselling deathwork' with which readers of this journal are familiar.

Contours

The contours of mediator deathwork are as follows. My examples are from funeral celebrants, pathologists, coroners, and spiritualist mediums (though these last are not normally recognised as 'professionals', they illustrate the argument well).

- **In human societies contact with the dead is often feared and always regulated.** Certain occupations and roles are reserved for this dangerous work, and those engaged in it may attract

either status or stigma. The modern mediator has a familiarity with the dead, denied to and/or shunned by the rest of us. The pathologist has a familiarity with corpses; the spiritualist has a familiarity with spirits; the funeral celebrant and obituary writer know how to glean information about the dead immediately after the death when others may not want to talk.

- **The mediator is instructed to find out about the dead.** The corpse awaits the pathologist's scalpel; the funeral celebrant or obituarist is commissioned to write about the dead; the medium opens herself to receiving messages from the other side. Whether they like it or not, the dead are about to be interrogated.

- **The mediator receives information about, or a message from, the dead.** The pathologist finds an enlarged liver; the medium hears the name 'Ethel', and feels love; the funeral celebrant talks to the family and discovers the deceased has triumphed over a difficult past.

- **The mediator then edits the information into the form that is expected.** From the enlarged liver, along with information about the deceased's lifestyle, the pathologist diagnoses alcohol poisoning. The medium concludes that this is Ethel's continuing spirit on the other side and that she is sending love to those on the earth plane. The funeral celebrant writes a personal tribute, encapsulating the deceased's life and character.

- So far the mediators have been working in private – the celebrant interviewing the family, the pathologist conducting the autopsy, the medium silently communing with the other side – but must now (and in the spiritualist's case, in a matter of micro-seconds) turn themselves into stage performers. **They must perform their edited story in a ritual setting:** the pathologist is interrogated by the coroner in a public inquest, the celebrant performs the tribute at the funeral, the medium must pass the message on to the congregation in the spiritualist church or to the sitters in the séance.

- In each case, **the public rite is potentially tricky.** The pathologist's diagnosis may be challenged; the celebrant must perform a tribute recognisable by all those present at the funeral, including ex-spouses and

workmates as well as the family members who were interviewed; the medium's message may not be 'taken' by the sitter. In each case, the authority of the mediator is vulnerable.

- **The public rite is tricky not only for the professional mediator, but also for others present.** At the inquest after a road traffic accident, the little boy's family find themselves within touching distance of the driver whose car killed him; at the funeral, wife and mistress meet for the first time; in the spiritualist meeting, some in the congregation are sceptical. Inquests and funerals can be highly charged, so the professional mediator needs to be skilled emotionally as well as in the more cognitive area of marshalling and presenting evidence.

- After the public rite, members of the audience may go through the mediator's performed story informally with each other. Whereas for the mediator the case is now over, this is not so for mourners. The coroner seeks closure in the form of a verdict as to cause of death, but **mourners need information about the death 'in order to compose the last stage of the deceased's biography** and to map that narrative onto their own continuing biographies⁶. For them, this is a continuing process. One counselor accompanied two parents to the inquest of their dead child so 'they could check out with me whether their memory was similar to mine of what was said and what was done'. Funeral tributes may give permission to mourners to continue talking about the deceased in more informal settings in the days and weeks to come. In the UK, after humanist or civil funerals, the celebrant normally hands the family a written version of the tribute; according to one experienced celebrant, some families have used this as a starting point to develop their own scrapbook of memories. On my first visit to a spiritualist church, I was accompanied by a friend who chose to take notes when I was picked out by the medium; afterwards, she gave me the notes so I could remember what the medium had said and we discussed it together. Mediums often tape-record private sittings for the sitter to take away afterwards.

- Finally, **the focus** in both the private gleaning of information and the public performance of the edited story is **not**

the bereaved, but the deceased. As Davis *et al* note of the inquest, 'The deceased is the focus of the proceedings, rather than being a shadowy figure in someone else's story'⁷.

In sum, the process is one in which information flows like this:

the dead → the mediator → public rite

This triadic relationship between the dead, the mediator, and a public performance is very different from what happens in most bereavement support:

client ↔ counsellor

(→ refers to a one-way flow of information, ↔ to a two-way flow.)

Other kinds of professional deathwork, outlined in my longer article⁵, include intercessory deathwork (praying for the dead), barrier deathwork (protecting the living from the dead), and witness deathwork (facilitating the relationship between the mourner and the deceased) – this last being practised by a number of therapists and bereavement supporters.

Often the flow of information in mediator deathwork has more than three stages. The public rite of the inquest may determine that the deceased committed suicide, but this is not the end of the information flow. The verdict is then reported in the local newspaper, which is then read locally, and the news filters down into the school playground, where the deceased's seven-year-old boy learns the news that shatters the story his mum told him of how his dad died. Private stories that make sense of the death may have to come to terms with official accounts.

Skills

The skills and values required of bereavement supporters, counsellors and therapists are appropriate for their particular two-way relationship with the client. 'Active listening', 'empathy', 'unconditional positive regard' and 'confidentiality' are the norms in these relationships. Such norms are relevant to mediator deathworkers in so far as they have to relate to mourners, but they are peripheral to their main task, namely relating to a dead body, a dead person, or a dead spirit. A funeral celebrant who listens actively to the

feelings of the surviving members of the family, but does not get to the heart of what made the deceased tick, is not going to produce a good funeral. An obituarist who is empathetic but gets his facts wrong may lose his job. So, what values and skills do mediators between the dead and the living require?

Respect for the dead

First, they do need to show unconditional positive regard – to the dead. Showing respect to the dead is at the heart of mediator deathwork. The pathology professor instructs his students that, however indigent and drug-addicted the deceased may have been, throughout the autopsy they are to treat the corpse with respect⁸. Funeral celebrants need to take such an interest in the deceased that they get to feel they knew them, even if they had never met. At the end of an inquest or funeral, mourners will know that this death was taken seriously by the coroner or celebrant – a symbol that society takes this death, takes any death, seriously⁹.

Marshalling the facts

Second, mediators need to be competent in gathering information, marshalling evidence, drawing conclusions from that evidence (about the cause of death, the deceased's character), and presenting it. This ability to marshal evidence and draw conclusions is more akin to the work of a scientist than a therapist. It is rational, cognitive labour rather than emotional labour¹⁰ – though death mediators also need to do emotional labour in the presence of mourners who are massed together in an unpredictable emotional mix. But holding the emotions of such a diverse crowd needs more the skills of the actor than of the therapist.

Unlike narrative therapists, mediator deathworkers seek to construct a story that all present can recognise, that can go on the public record and that can stand the test of time. (These three aims can be contradictory, which is why the story does not always satisfy all parties and the occasion can be stressful.) It is the story's very public authority that may be helpful for mourners in validating the deceased's life and death – or unhelpful if they cannot integrate it into their own more subjective, private stories.

Telling the tale in public

Third, mediators need to be able to perform on a stage, to project their voice, to hold an audience, while keeping their own personality out of the performance. Of the two full-time marriage and funeral celebrants I interviewed during a visit to Australia in 1987, one had previously been his town's mayor, the other a journalist; each knew how to produce and edit a story to a deadline, and to perform it on stage.

'Mediators need to be competent in gathering information, marshalling evidence, drawing conclusions

...more akin to the work of a scientist than a therapist'

None of these skills are core to counselling or other forms of bereavement support, indicating how different mediator deathwork is from counselling deathwork. This is not to say that a public telling of the dead (wo)man's tale may not be therapeutic for mourners. But it will be therapeutic only if therapy is a side effect rather than the aim, and if two conditions are met that are very different from the therapeutic encounter: that the focus be on the deceased, not the bereaved, and that the story be public and/or official.

In whose interests?

Mediator deathworkers vary in who they are working for. Pathologists (when conducting coroner's post-mortems), coroners and registrars are commissioned by the state to find and record the deceased's identity and the time, place and cause of death. Their job is essentially legal/medical/bureaucratic. They are not paid to help the bereaved family. That said, many of them go beyond their core duty and go out of their way to provide information to the family with sensitivity, or (in the case of registrars) allocate half an hour for the informant to talk about the death when ten minutes would be ample to extract the legally required information.

Others, though, can appear notoriously unfeeling. Families can be upset by a coroner who speaks in legal

jargon or who mumbles, leaving them less rather than more clear why the person died. In the UK, the Alder Hey and related scandals, in which pathologists retained children's organs without gaining parental consent, led to distress among thousands of parents.

It is arguable whether pathologists and coroners should be required to take account of the family's as well as the state's interest in gaining information about the death. There is much merit in this argument, but it too can be abused. I think of an inquest in which the coroner gave a verdict of accidental death in order to protect the family, but the train driver left the court totally confused and unable to create any sense out of his trauma: he knew a suicide when he saw one just yards ahead of him on the tracks. Maybe the coroner helped the family's grief, certainly he helped their standing in the local community, but he made the train driver's grief that much more traumatic.

The funeral celebrant is commissioned and paid by the family. Celebrants have to produce a story that works not just for them but also for friends, colleagues and neighbours. Different family members may have different perceptions of the deceased. Some may idealise the deceased; others may be glad they have died. Yet everyone in the funeral has to recognise the picture painted. Not an easy task, which is why funeral celebrants get a huge amount of thanks when they get it right. One merit of the traditional Christian funeral, concerned to pronounce forgiveness of sin rather than to celebrate a life lived, is that no such supposedly definitive picture need be painted. Each member of the congregation can read what they individually like into 'Forgive us our sins, as we forgive those who sin against us'. For better or for worse, talk of sin and worms has largely gone, even from Christian funerals, and celebration is what many now want. And celebration requires a narrative, not about Christ but about the deceased¹¹.

Working together

I hope this article has clarified for bereavement workers how public and official stories about the dead are produced (I have not considered here

the news media^{12, 13, 14}), and how these stories can help or hinder mourners in creating their own narrative. In Britain, the 'Understanding Bereavement' courses that many Cruse Bereavement Care branches run for volunteers may include sessions led by clergy, a coroner's officer, or other mediator deathworkers. At the same time, there can be input by a experienced bereavement volunteer into the training of clergy, doctors and coroners. These interactions help clarify the particular work of bereavement supporters of all kinds and other professionals. I hope that this article has further clarified the different principles on which counselling deathwork and mediator deathwork operate, and that this in turn will aid co-operation between the various professions involved. ●

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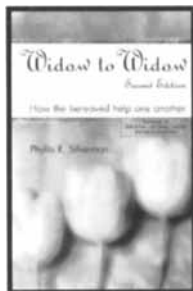
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NEW EDITIONS

Widow to Widow (2nd edn)

How the bereaved help one another

Phyllis Silverman



New York/Hove,
E Sussex, UK
Brunner-Routledge,
2004
240pp
\$37.91/£20.99 pb
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For over 30 years Phyllis Silverman has been an indomitable champion of widows. The intervention uniquely associated with her, widows supporting widows, is an authoritative call to community to engage in an enterprise of bereavement care. As in the first edition, this book focuses upon the powerful possibilities for mutual care. Silverman includes the findings of the original research into widow-to-widow programmes, and these form the background rationale for the continuing, practice-based evidence of the human capacity to use a personal experience of loss to sensitively support others in a comparable situation.

The book is divided into two sections. The first puts the mutual help concept in context by looking at the changing dimensions of widowhood from a theoretical perspective. Traditional and contemporary concepts are described very fully. The second section explores the helping process in spousal bereavement, focusing on disbelief, confrontation with uncertainties, and future perspectives shaped by a redefinition of self and choices about new life direction. Family dynamics, where there are dependent children, and the needs of older widows and widowers are addressed in separate chapters. The book concludes with ideas about how to develop an intervention for the widowed. There is also a directory of USA organisational resources.

Widow to Widow powerfully links theory and practice perspectives through the extensive use of case illustrations. However, the book does not look critically at the difficulties which might be encountered in peer support, eg boundaries, mismatched expectations, and the unaware needs of the helper and helped. Nevertheless, its comprehensive knowledge base and the challenge to the professional monopoly of bereavement care, makes this an important text for all carers, new or experienced, who are offering support to the widowed.

Gift of Tears (2nd edn)

A practical approach to loss and bereavement in counselling and psychotherapy

Susan Lendrum, Gabrielle Syme



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New York
Brunner Routledge
2004, 247pp
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This second edition of *Gift of Tears* substantially updates the original text (1992). Like the first, it explores a broad spectrum of theoretical and practice issues.

It is divided into five parts: Part I provides a theoretical context, 'Loss and nurture'; Part II focuses on 'Death as a particular form of loss'; Part III explores engagement with bereaved adults and children, 'Working with the grieving'; Part IV addresses the complexities of grief, 'Anger and guilt'; Part V examines the processes necessary for bereavement care, including emphasis upon the important role of supervision, 'Professional implications'. The appendices are a rich resource for organisational addresses, websites, training material and further reading.

There are new chapters on adult attachment, tasks of mourning and complicated grief. The new perspectives contained in the dual process model of grief and the notion of continuing bonds are included. Contemporary tragedies are used illustratively to explore the dynamics of personal grief and the wider implications of mourning within society. Revised exercises and new ideas, eg on time-limited counselling, anti-discrimination issues etc indicate the detailed attention to developments in current thinking and practice.

Counselling is the approach taken to bereavement care in this book, but a wider practitioner group will be helped by the clearly described theory, the detailed case examples and the suggested interventions. This new edition builds on an existing text of merit. It is an important book both for students and practitioners familiar with the old edition, as well as new readers.

Linda Machin

Honorary Research Fellow, Keele University