Reality and regret

Viewing or not viewing the body after a sudden death

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IN JUNE THIS YEAR, an Australian newspaper article included comments from Ms Ann O'Neill, whose two children Kyle (aged six) and Latisha (aged four) had been killed 12 years before. She said, 'When someone is murdered you can't just go in...and hug and hold them, because there's a glass partition, you can't touch them...The last hands that touched them were violent'. This statement poignantly illustrates the experience of seeing a loved one's body after a sudden death and shows how the decisions and lack of choices at the time can impact on those bereaved for years after the death.

My interest in the experience of viewing arises from my role facilitating choices about access to the body for families in the aftermath of sudden and unexpected deaths reported to the coroner. While viewing the body is only one aspect of the death, forensic and coronial processes can constrain access for families, raising questions about the choices around access and the efficacy of viewing for the bereaved.

Outline of the study

The current study is being conducted at the Department of Forensic Medicine at the University of NSW, Australia. Relatives are contacted sequentially from coronial records and asked to participate 6-10 months after reporting a sudden and unexpected death to the coroner, regardless of their viewing experience. The deaths selected are of people under 65 years old who died from homicide, suicide, accident or sudden natural causes, either at the scene or shortly after admission to hospital (usually less than 12 hours).

The study uses both qualitative data from a semi-structured interview and quantitative date from coronial records and validated questionnaires. The questionnaires used are Inventory of Complicated Grief (ICG-R) (Prigerson *et al*, 2001}, the Revised Impact of Events Scale (IES-R) (Marmer, Weiss, 1997); and the Hogan Grief Reaction Checklist (HGRC) (Hogan *et al* 2001). Consenting participants fill out questionnaires and then undertake an interview with the researcher.

The semi-structured interview covers a broad array of themes including the relatives' viewing or non-viewing experience. Data is organised so that an *ex post facto* control group who did not view can be compared with those who viewed, as well as to other variables (eg mode of death). As the study is ongoing, full analyses of the data will occur after data collection is completed (up to 80 participants). However, an initial review of the first 25 participants, revealed some early themes that are of interest. These include: whether participants viewed or not; whether they regretted viewing or not viewing; reasons for viewing, or not viewing; and how their sense of reality about the death was affected by viewing or not viewing.

ABSTRACT

This paper reports on some early results from an ongoing study exploring the experience of close relatives of either seeing or not seeing a loved one's body after a sudden and unexpected death, and how this affected them 6-10 months later. The findings are discussed in the context of the author's clinical knowledge and experience gained facilitating choices about viewing for families after a sudden bereavement, in a large forensic mortuary in Sydney.

EDITOR'S NOTE

Since one of the criteria for the diagnosis of PTSD is 'the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury' (DSM-IV, 1994), we might expect that viewing the body of a loved person who has died a traumatic death would be harmful. The research reported here confirms clinical impressions that this is not necessarily the case and that most people are glad to have had a last chance to see and to hold the person they love. This said, it is important to prepare people in advance for the experience and to avoid unexpected and horrific surprises. CMP

Brief literature review

Bereavement literature and clinicians often endorse viewing as a positive experience, usually in assisting with understanding the reality and finality of death and thus aiding normal grief (Raphael, 1984; Worden, 1991). Also many bereaved people reflect their regret and anguish at being denied viewing or experiencing an overly constrained or restricted viewing (Awooner-Renner, 1991; Dix, 1998). A follow-up of people bereaved by the Granville train crash in 1981 found those who viewed did better on Goldberg's General Health question-

naire and a health questionnaire measuring physical and mental health than those who did not. Eight people viewed and only one regretted viewing; furthermore many of those who did not view regretted this, stating that they felt imagination to be worse than the reality could have been (Singh, Raphael, 1981). Further support for viewing, even when the body is changed is indicated by a follow-up of people bereaved by the Zeebrughe ferry disaster. This study found that 30 months after the crash those who viewed where body recovery was made on the night and six weeks later scored lower on trauma measures of intrusion and avoidance than those who did not view (Hodgkinson *et al,* 1993; Hodgkinson, 1995).

However, most studies on viewing have looked at relatively small numbers and have not explored the subjective experience of the bereaved. The results of a study by Patricia Hughes and colleagues (2002) on mothers after a stillbirth, raises questions about the efficacy of viewing (for stillbirths), even in a controlled hospital setting, indicating that mothers who saw and held their baby had worse outcomes. However, overall there is lack of empirical evidence measuring the experience of viewing and the bereavement and trauma outcomes for the bereaved, especially after sudden death (Stewart, 1999).

Results and themes from the current study

The participants were parents, spouses, siblings or adult children of the deceased. The manner of death was homicide (2), suicide (5), accident (11) and sudden natural death (7). The majority (19 out of 25) saw the body and, of these, nine saw the body on more than one occasion. Viewing occurred at the scene (4), at the hospital (8), at the mortuary (6) and at the funeral home (10). All those who viewed were able to see their loved one's face and to touch them. Family or police had informed most participants of the death, either by phone or in person. Three participants discovered the death when they found the body; all of these subsequently viewed again.

The reasons given by participants for viewing or wanting to view were predominantly that seeing the body gave a sense of reality about the death.

> Seeing him....sort of finishes something.
> I think of him dead and it's real.
> It helps with the reality.
> Seeing for myself that it was him.

Other reasons included an opportunity to say goodbye.

> It was the last time I was going to see him on this earth...I hugged him
> I kissed him – once for me, and once for every grandchild.

For some it was more an instinct than a thought about reason.

> I just felt I had to...it's not a choice
> Just to be able to see her again, as her mum.

Several participants were not able to see their loved one more than once because of constraints by police or funeral staff. Viewing at the morgue or funeral home was more likely if the participant had not seen their loved one at, or shortly after, the time of death. While the deaths were sudden, and in that way 'traumatic', some deaths had additional traumatic features such as violence. In this sample most of the deceased seemed to have minimal facial injuries and appearance was mentioned by only a few participants who viewed. One woman, Mrs B, whose son had been murdered and had sustained head injuries, attended the identification with a family member, who initially had difficulty recognising him. Mrs. B then saw him and: 'recognised him straight away...it was him...but it wasn't him...he didn't have the grin...he was cold. When he was alive he was loud...a comedian...when I saw what...the forensic procedure did to him!... But my husband had a different view, he kept going back to see him. I didn't go back...I didn't want to...he was cold, he didn't feel like him'.

Two participants found their loved one after deaths by suicide (hanging). For these participants, seeing them again in a more peaceful way was important, One woman who viewed again at the funeral home said, 'it was important 'to see him looking nice'.

Six out of the 25 did not see the body. Reasons given for not viewing include, not being given an opportunity, being advised not to, deciding it was 'better to remember as they were', fears about the post-mortem or because other family members had declined.

Those who viewed

When asked if, overall, they regretted viewing, 18 out of 19 had no regrets at all. One participant, Mrs B, said she had initially deeply regretted viewing her murdered son, but she then clarified this, saying 'I did wish I hadn't [viewed] as I couldn't get that picture out of my mind...then that faded [at about two months after the death]...as I said, my imagination could have been worse'.

While the majority said that they did not regret having viewed, there were some mixed reactions to the experience: 'It was surreal - like a movie'; 'It was a shock'; 'half of my brain was [saying] he's cold... the other half was crying, "my son" '. One woman seemed to sum up this mixed reaction: 'It was dreadful, but it was not something I would not do'.

A few participants had specific regrets in relation to the appearance of the deceased and/or their lack of control. For example, one woman who saw her father at the hospital regretted that her four-year-old daughter was let into the room by the counsellor: 'I wanted to be in control and decide if she should go in'. Another woman who saw her husband at the hospital said, 'I don't regret [seeing him but]...would prefer not to see him with the tubes'. One woman, who initially saw her partner at the hospital and did not regret this, subsequently saw him at the funeral home, where his appearance had deteriorated; she said she had thought this 'was an indignity [to him]'.

Those who did not view

Of the six participants who did not see their relative, three regretted this overall. A further person regretted not being asked to do the identification because he felt responsible for this as he was the nearest relative, but he subsequently chose not to view. Two participants did not have any regrets about not viewing: one stated he would have seen his son's body if he was given the chance, but did not regret not having the opportunity. He had later had some time beside the casket which he felt made the death real for him. The woman quoted before who wished to remember her husband as he had been, had no regrets about not seeing him dead. She and her family, who were in a motorbike club, had a ceremony with his ashes two months

after the death. She said, 'The shock had worn off by then...a mate of his scattered the ashes at the race track off the back of the bike, and that was more symbolic for us than the funeral'.

Two participants decided not to view and now deeply regretted it. They had been invited to see the body by the funeral director and both (mother and sister) had said no at the time and felt that subsequently there had been no opportunity to change their minds. The sister also said that, at the funeral, 'I saw his coffin there, and...having not viewed his body, I actually really wanted to go up to the coffin, but there were so many people there, there wasn't really...time'. Both feel that their pervading sense of unreality about the death is because of not having seen the body. The mother said, 'There's still no finality to [his] death for me...I feel unbelievable because I think I should have gone to see him, rather than remember him as he was. If I had gone and seen him ..I would have put some finality to it, where as now it hasn't'.

Another mother, who was advised not to view by the funeral director, also felt that this meant the death was 'not real' and also deeply regretted not viewing. Later this woman contacted me and, as a result of the interview and attending a support group, she felt more at peace with her decision, recognising the difficulties other bereaved had, whether they had viewed or not. Nevertheless, the three participants who regretted not viewing attributed their persisting sense of unreality to the fact that they had not seen their loved one's body.

Reality and viewing or not viewing

In terms of the quantitative data, because of the relatively small number of participants, only a simple means analysis (averages) was carried out for the scores from the questionnaires. In line with the literature, those whose loved ones died from homicide had the highest scores on the questionnaires (ICG-R, IES-R and HGRC), followed by natural death and then accidents. From the average scores of the ICG-R, 11 out of 25 participants reached or were on the borderline for the diagnostic criteria for complicated grief.

Overall however, there was no difference in the average scores of the questionnaires between those who viewed and those who did not view. In the light of the qualitative reflection of the importance of viewing for providing a sense of the reality of a death, the average scores (a means analysis) were calculated on the questions that could relate to this sense of reality from the ICG-R and HGRC questionnaires. A difference was found, with the participants who did not see the body having higher scores for unreality than those who did see the body.

Reality and viewing, average scores from questionnaires

	Viewed (mean)	Did not view (mean)
ICG-R (qs, 4,8,9)	3.2	3.9
ICG-R (q8)	3.3	4.0
HGRC (q40)	2.3	3.0

Discussion

Overall in this study it was important for the bereaved to see the body of their loved one after death. It seems that viewing the body after death may be particularly important in sudden and unexpected death, especially when the bereaved was not present at the time of death. This backs up the experience of clinicians in the grief field who have supported the right of the bereaved to view (Rando, 1986; Worden, 1991).

Further analyses after final data collection will elucidate how factors like preparation and support at the viewing and the appearance of the deceased affect bereaved people. While some practitioners advocate actively encouraging relations to view the body (Paul, 2002) this study, along with my clinical practice, supports facilitating open discussion with the bereaved to allow each person to decide whether or not to view and when and how they will view. Facilitating discussion creates a space to give information, for example the appearance of the deceased, or options, such as partial or covered viewing, which allows for an informed choice. This approach has been advocated by bereaved people themselves (Dix, 1998).

Facilitating a discussion with the bereaved allows them time to reflect on their needs and come to a decision that is right for them. As McKissock has noted (2003) just asking a closed question, 'would you like to view?' may elicit a no response, as an instinct for some may be 'no, because I don't want him to be dead'. For four of the participants in this study, providing time to discuss their feelings about whether they wished to view or do the identification might have met their needs and lessened their regrets later, even if they had decided not to view. Having professionals skilled in sensitive communication, such as social workers, is an important factor in providing an informed choice for those in the crisis of sudden bereavement.

In terms of impact on grief or trauma reactions, while there was no difference in means of overall grief and trauma scores between those who viewed and those who did not, there were higher scores on questions pertaining to disbelief or unreality for those who did not view. These results need to be interpreted with caution because of the small numbers in this initial sample. However, the results could indicate a trend, suggesting that not viewing the body may contribute to a pervading sense of unreality for the bereaved. The scores on reality were lower for two of the three participants who had chosen not to view and overall had no regret about not viewing, so those who regret not viewing may attribute a lasting sense of unreality to not viewing. It is worth noting that some bereaved in the study found other ways of coming to a sense of reality, such as reflection time with the casket or talking with other bereaved people later.

The interplay between viewing and reality warrants further exploration once data collection on the full study is complete. While a sense of unreality for those who did not view was overall higher, around half of those who did view still had a marked sense of unreality. A pervading sense of unreality is part of the diagnostic criteria for complicated grief, and other factors such as attachment and kinship to the deceased are also risk factors for this (Prigerson, 1999). This sample had close kinship relationships with the deceased; however, they also suffered loss that was sudden and that could be considered traumatic. As has been noted, more research is needed into the

interplay between the manner of death (such as traumatic death) and the development of complicated grief. This research suggests that the factors around the death, such as opportunity to view the body, may also need to be taken into account. ●

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This paper was presented in part at the 7th International Conference on Grief and Bereavement in Contemporary Society, in London 2005.

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BOOK REVIEW

Death, Dying and Bereavement

A Hong Kong Chinese Experience

Cecilia Lai Wan Chan
Amy Yin Man Chow (eds)

Aberdeen, Hong Kong: Hong Kong University Press, 2006, 384
$24.95
ISBN 9 62209 787 1

The publication of this book is a reflection of the growing awareness and maturity of palliative care and bereavement support services in Hong Kong, which have been growing over 20 years of practice. The relevance of this collection of studies, with contributions from the editors themselves, is particularly germane set against the unusually taboo, mystic and superstitious attitudes to death in Chinese culture.

Readers unfamiliar with Chinese customs may find the social and cultural exposition of death, dying and bereavement in Hong Kong especially interesting (chapters 4 and 13). From a bereavement support perspective, it is worth noting that whilst some beliefs are very unhelpful, such as the superstitious fear of 'contracting' ill fortune through contact with bereaved individuals, others provide great solace in reconciling loss and fostering the continuation of bonds, such as opportunities for honouring the dead and fulfilling familial and filial duties during traditional Ching Ming and Hungry Ghost festivals.

As a wider text, the bereavement supporter may also find applications from the curative, palliative and legal, as well as socio-anthropological discourse the book contains. Whilst it is accepted that ethnically and culturally specific dimensions may not readily apply across cultures, the experienced practitioner will no doubt identify common factors affecting bereavement, for instance, perceived medical competence or negligence in the care of terminally ill patients, of particular importance to the Chinese who place great significance on dying with dignity and preserving 'face' in a personal or familial context.

The book rightly points out that 'culture shapes the bereavement experience', and it is striking to read about the psychosocial aspects and interpersonal focus of grief from a Chinese point of view. For instance, it would be fascinating to find out whether emotional repressiveness, typical in the Chinese, particularly males, contributes to higher incidences of somatic manifestation of grief. The study in chapter 20 revealed a fascinating relationship between the occurrence of somatic illness in bereaved individuals and the prevalence of emotions, such as anger, sadness, depression, loneliness and fear. Wider research would certainly be needed, not least to establish the cost-effectiveness and efficiency of bereavement support services.

As the authors would agree, there is a discernible lack of culturally specific bereavement literature in the market, especially cross-cultural studies of the likes undertaken by Parkes *et al* (1997). *Death, Dying and Bereavement* can be recommended to all practitioners and academics working with ethnic and other minority groups in the bereavement field. Indeed, it is hoped that further similar material will be developed in the future. ●

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* Parkes CM, Laungani P, Young B (1997). *Death and Bereavement Across Cultures.* London: Routledge.