'I needed to know': imparting graphic and distressing details about a suicide to the bereaved

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Abstract: Suicide often involves traumatic death which can result in significant injury to the body of the deceased. Despite this some bereaved people want to know the details of what has occurred, including the extent of their loved one's injuries. This article describes a collaborative process between counsellors from two different agencies in Melbourne in the state of Victoria in Australia (one a specialist suicide bereavement counselling service, the other a counselling service attached to the Coroners Court of Victoria) to attempt to ensure that those who want to know such details can have them imparted to them in a sensitive, caring and thoughtful way. This article reviews relevant literature and provides contextual information on the two services involved. This collaborative process is then illustrated by two case scenarios and its underlying practice principles described in detail. The article concludes with a discussion of the broader practice implications of this process.

Keywords: traumatic suicide, viewing distressing material

Introduction

Suicide commonly involves someone dying traumatically, and can result in significant injury to the body of the deceased, particularly if the suicide involves jumping from a high place or in front of a train or death by gunshot. Despite this, some bereaved people want to know the details of what has occurred, including the extent of their loved one's injuries.

This article describes a collaborative process between counsellors from two different agencies in Melbourne in the state of Victoria, Australia (one a specialist suicide bereavement counselling service and the other a counselling service attached to a coroner's office) to try to ensure that those who want to know such details can have them imparted to them in a sensitive, caring and thoughtful way. This article will firstly review the relevant literature and then provide contextual information on the two services involved in the collaborative process. The collaborative process will then be illustrated by two case scenarios and its underlying practice principles will then be described. The broader practice implications will conclude the article.

Background

Suicide, being an unnatural and untimely death, automatically means that the coronial process is invoked to investigate the circumstances of the death. For those bereaved by the suicide of someone close to them, this means that they are required to engage and interact with a legal process which will be unfamiliar and alien to most people. In a legal sense, the state, through its coronial services, comes to 'own' the deceased body (for a period of time), and the family may perceive that they are being deprived of access to it.

In contrast to those bereaved by other forms of traumatic death, those bereaved by suicide are confronted by the fact

 DOI: 10.1080/02682621.2013.854542

that their loved one's trauma was self-inflicted in their efforts to take their own life (Jordan & McIntosh, 2011; Ryan, 2012). They experience the grief and trauma generally associated with traumatic death, but also have to wrestle with the stark fact that someone close to them chose to take their own life. Seeking an explanation for the suicide is often a common feature of suicide grief (Jordan & McIntosh, 2011). As well as attempting to deal with the complexities of dealing with the loss and trauma of the suicide of a loved one, the bereaved (usually the next of kin) have to negotiate their way through the coronial process. For those supporting the bereaved, important tasks include providing information and support about coronial processes, as well as information on the impact of bereavement and traumatic stress as ways of helping to normalise people's experience (Ford, Giljohann & Bateman, 2009).

As well as information about the coronial process, some of those bereaved by suicide will want to learn about graphic and sometimes distressing details about their loved one's death through viewing photos and/or CCTV footage, and reading coronial reports, including autopsy reports.

Based on the anecdotal accounts of some of the authors' clients at Support After Suicide, funeral directors, emergency workers and others may discourage a person from viewing the body of a loved one, or viewing photos etc. on the grounds that the sights could upset or distress them. Whilst this may be a legitimate issue, the decision about whether and how much to view should be a decision that the bereaved person makes. Whilst this may be a very traumatic or stressful time for the person, such viewing will be something that will stay with them for the remainder of their life. It is therefore crucial that they be provided with the best assistance that will help them in undergoing this process (Baugher & Jordan, 2002).

Similar activities to this are seeing/viewing the deceased's body and/or visiting the site of the suicide. Some overriding practice principles for those engaging in such activities have been suggested by Jordan (2011) in relation to seeing the body of the deceased. He suggested that it be done not at the time of the death, but rather later when the body has been prepared more fully for viewing. He goes on to suggest that it is better to do it than not to do it. He thinks, based on his clinical experience, that those who choose not to do it may later regret it. For those who want to visit the site of the suicide, some people feel compelled to see it and almost always feel better as a result. He noted that others never want to see it, and it is certainly not necessary to do so.

Why do some people feel they want to engage in such activities? First, it may be a way of confronting the reality and finality of the death. Second, it may serve as a means of confronting and mastering their trauma, whether it is sensory or informational. Third, to do this seems to hold particular meaning and significance for parents, particularly mothers. They feel they are bearing witness to their child's last moments and it also can represent for them a final act of caring for their children. Such activities have received the support of well respected writers in the field such as Rando (1984), Raphael (1984), and Worden (2009).

The available research on such activity seems to relate solely to viewing the body after death. Mowll (2009) in a study done in Sydney of 25 people whose loved one died suddenly and unexpectedly, found that all of the 19 who viewed the body after death had no regrets at all about doing it. Of the six who did not view their loved one's body, three regretted this, two had no regrets about not seeing the body, and one regretted not doing the identification. Mowll's conclusion was that it was important for the bereaved to see the body of the loved one in the event of sudden and traumatic death, including from suicide.

More recent studies (Chappell & Ziebland, 2010; Harrington & Sproul, 2011-12) have also researched the experience of viewing a body. Chappell & Ziebland concluded, after interviewing 80 people following suicide or other traumatic death in a UK qualitative study, that:

> 'Seeing a damaged body is inevitably distressing, but in this study was rarely regretted. Those who had mixed feelings or regretted seeing the body felt they had lacked choice or preparation' (p.10)

Harrington & Sproul (2011-12), in a Canadian study of 16 suddenly bereaved people who had lost a family member and most of whom had viewed the body, confirmed the intrinsic value of viewing following sudden death. The value for them of viewing gave them reality, peace, and they felt they needed to do it. This study also confirmed that participants valued preparation, choices and supportive direction prior to viewing, in the event of sudden death.

Context

Two separate agencies were involved in the collaborative process to be described in this article. They were: 1) the Support After Suicide program and 2) the Coroner's Court of Victoria's Family and Community Support Service. Some background information on each of these agencies will now be outlined.

Support After Suicide program

Support After Suicide is a program of Jesuit Social Services designed to provide assistance and support to those bereaved by suicide in Melbourne and the state of Victoria through:

- counselling
- family work
- group work
- community education
- an online presence
- an active volunteer program
- secondary consultation.

It has been operating since 2004 and is funded by the Commonwealth government as a part of its Suicide Prevention

Program. It employs six counsellors, most working on a part-time basis. It is able to provide free counselling, without a limit on the number of counselling sessions.

Coroners Court of Victoria's Family and Community Support Service

The Family and Community Support Service offers assistance to relatives and anyone else affected by an unnatural or unexpected death and investigation, including:

- free short-term counselling and referral to other agencies for ongoing support
- support for individuals and families after exposure to a death occurring in traumatic circumstances
- assistance with understanding the court's processes
- advocating on behalf of individuals and families with letters of support eg. to employers and schools.

Staff are also available to assist health professionals in the areas of education, training and consultation.

A range of information is collected in the course of coronial process including a medical examiner's report (which includes a physical examination of the body, and possibly autopsy results and toxicology results), a brief of police evidence (which could include photos of the deceased and of the scene of the death), as well as statements from witnesses. The senior next of kin is entitled to such information provided they complete the requisite formal request form (the so-called Form 45). Other interested parties are also able to make request for such information from the coroner provided that they complete a Form 45 and such access is approved by the coroner.

Some evidence, including suicide notes and photos, will only be released at the discretion of the individual coroner assigned to investigate the death of a particular person. Suicide notes may sometimes be returned during the investigative process, whereas as at other times they would only be returned at the end of the process. With photos, a coroner would make an assessment as to whether they would grant permission for the next of kin to view all photos. A coroner may consider that some photos would be too distressing for the person to view. If the next of kin wanted to view all of the photos, a case to do so would need to be made to the individual coroner. If they wanted to have copies of the photo, this would generally require the support of the person's counsellor and/or medical practitioner for a Coroner to release them.

Collaboration

In 2011 at one of the regular meetings of Victorian bereavement practitioners in Melbourne, two counsellors from the Coroners Court of Victoria presented an account of the process of presenting graphic and disturbing photos of a traumatic death to next of kin. This was described in a general way in a set of broad principles. Subsequently, the two authors of this article were seeing clients at Support After Suicide who wanted to see photos of their deceased loved ones taken at the scene of their death. They then approached counsellors at the Court to work collaboratively to facilitate these clients' wishes.

This article presents the results of that collaboration via two case scenarios in order to illustrate that collaboration. This was not intended to be a formal research or evaluative study. Whilst there were broad practice principles in place before these two case scenarios took place, as a result of the collaborative work with these two clients, the authors were able to further flesh out these broad principles in a more detailed way. A description of these two case scenarios is presented here, followed by the redeveloped set of practice principles.

Case scenarios

The collaborative process between the two agencies will be illustrated initially through two case scenarios. Both were suicides with the designated client in each case being a mother who had lost an adult son. Both died violently, one through cutting his neck with a saw, and the other by standing in front of a train. These scenarios involved two different Support After Suicide counsellors (1st and 2nd authors) and two different Coroners Court counsellors.

Scenario one

Client (X) presented to Support After Suicide after having been referred following the suicide of her adult son. He had suicided at home by placing his neck against a saw. He had died whilst his mother was interstate for three days. She had difficulty understanding how he died. X did not see the extent of his injuries as they had been covered when she had viewed his body in the coffin. The deceased's sister had taken photos of him in the coffin, but subsequently deleted them as she thought they were too distressing to keep. X wanted to view photos to 'help believe he was really gone' and to understand exactly what happened. All these factors made her want to see the photos that were taken by police of the scene of the suicide and of her son's body. This was against the wishes of the family, but she was determined to view them.

The second author found out what was available through liaison with a Coroners Court counsellor and then made arrangements for her to view the pictures. It is also a requirement for the Coroners Court counselling team to make direct contact with the person seeking access, as part of their ethical duty of care, to make sure they are fully aware of what they are coming to see and that they are fully supported. X wanted the second author to accompany her to the court meetings which she subsequently did on two occasions.

She took with her a photo of her son smiling and happy which was taken some time before his death and placed it on the table next to her. Then the scene photos were shown to her in a planned and ordered way which helped her clarify the details of his death and make sense of it. X said afterwards that she was relieved. For her, seeing the reality of the injuries helped her to

understand that he must have been terribly distraught to have done this, and she kissed the photos and said she could forgive him. She had expected the process to be worse than it was and she said that it was more shocking in her imagination than in reality.

Some months later she asked to see the photos again, and a similar arrangement was made.

Since then, X has asked the Coroner for permission to have copies of the photos to keep. This permission has subsequently been given on condition that they are stored in a secure way, so that no-one will accidentally find them, and that X has the ongoing support of her counsellor.

Scenario two

Mother (Y) was seen by the first author on a number of occasions following the suicide of her son by train. It became clear as sessions progressed that she still had a number of questions about the circumstances in which her son had actually died, even though she had visited the site of his death on a number of occasions. She had never had any of her son's clothing returned to her and had not seen his body at all after his death. This meant for Y that she had no way of knowing if it was really her son's body. She wondered about the state of his body and how he had exactly positioned himself in relation to the oncoming train. She also wanted to try and envisage what his last minutes of life were like.

It seemed that a way to resolve some of these issues was to see the photos available at the Coroners Court. The first author liaised with a Coroners Court counsellor regarding this and subsequently organised a visit to the court to view these photos. The coroner had barred access to Y seeing all of the photos given the extremely distressing nature of some of them, but gave permission to see others eg. those featuring her son's distinctive tattoos which would enable her to identify him with certainty. At Y's request, the first author went with her to the Coroners Court to view this material which was shown to her by a counsellor at the Coroners Court. Viewing the photos was a distressing experience for Y, but she did now know with certainty that it was her son from the distinctive tattoos and also knew exactly what had happened. She reported that she was glad she had done it. The first author rang her a few days later to check how she was doing and give her a chance to debrief about the experience. He also saw her for a face-to-face counselling session a fortnight later to discuss her reactions and thoughts in more depth.

Practice principles

In engaging in this collaborative process, the authors have developed the following practice principles to try to ensure that the process of viewing and exposing people to such distressing material is done in a sensitive, caring way to try to minimise any possible long-term harm. All of these principles at each stage are utilised by the counsellors at Support After Suicide, whilst the counsellors at the Coroners Court have a particular focus on adhering to them during the process of the bereaved viewing the photos.

These principles are divided into: 1) *preparation* for the viewing and information sharing; 2) *during the process itself*; and 3) *follow-up* after the viewing session.

Preparation

The counsellor with ongoing contact with the bereaved person (external counsellor) should *liaise with coronial staff* to determine what material is available. Are there photos? What do they show? Are there any restrictions on viewing photos and information being imposed by the assigned coroner? It is important to discuss with coronial staff in advance as to what will be the process involved in viewing and information sharing.

The counsellor should endeavour to find out in advance what *bereaved family members* want to know. What do they want to get out of this? If they expect to find the 'magic answer' to their questions they may be setting themselves up for disappointment. The counsellor therefore should try to set some realistic expectations in terms of outcomes from the process. It is stressed that even if they do find out additional, valuable information, they may still find that this additional knowledge will not take away their pain and grief. They perhaps should be warned that it may actually intensify in the short term.

Do they have particular concerns/limits eg. are there things they do not want to see or know? They are advised to bring at least one 'good' photo of the deceased. We have found it beneficial to have this to look at either during or afterwards to remind them of what the person actually looked like when they were alive.

It is important to make practical arrangements about the exact location of the court, how to get to it, the availability of parking, meeting them, and being able to reach the counsellor by mobile phone, if necessary. Arrangements should also be made in advance for the counsellor and bereaved person to meet immediately afterwards in a suitably private location for debriefing. Sufficient time should be allowed to do this.

Preparation for counsellor: What is the counsellor prepared to see or hear? This should be discussed with a trusted colleague or supervisor. The counsellor should also ensure that there is debriefing available for afterwards.

During process

It should be ensured that the photos are shown carefully, slowly and with sensitivity. In advance of the meeting, the Coroners Court counsellor looks at the photos and reports, and arranges them from the least graphic and distressing through to the most graphic. Once this has been done, the meeting begins with the Coroners Court counsellor describing what is in a photo without showing them as a means of preparing the bereaved person. This gives them the opportunity to change their mind if they wish. The photo is then turned over and shown to them. This process is done slowly and carefully in order to enable the person to view and absorb the contents, and then to have an opportunity to discuss and ask questions about the content of the photos.

Monitor bereaved person's responses/reactions. We would suggest that the external counsellor should sit next to the person, as the Coroners Court counsellor is likely to be seated opposite them. This seating arrangement manifests that the counsellor is literally 'with' the bereaved person and is alongside them during this process.

The counsellor will be familiar with the bereaved person as a result of their prior counselling involvement, and so is in the unique position of having knowledge of the bereaved person, their emotional responses and expectations from the viewing process. During the process, the counsellor will be asking themselves: How are they overtly responding? What are they not saying or asking during the viewing process? Is this too overwhelming for them? The counsellor needs to be aware of the person's emotional responses eg. displaying signs of anxiety, crying, or even disassociating. If it appears to be overwhelming them, the counsellor may suggest a break. And when necessary, when they have recovered, may ask them if they want to continue. In some circumstances, the process may have to be discontinued altogether.

Be flexible and responsive to the unexpected. The counsellor, based on their previous experience with the person, will have a good idea of their expectations and knowledge of what they think will be in the photos. The person themselves may say something is surprising or unexpected in the photos. On the other hand, they may not do so and the counsellor may consider it is appropriate to ask something like: 'Is that what you expected?' in order to give them an opportunity to talk about it.

*Ensure the person/family gets what **they** want from the process.* The external counsellor should be clear about what the person wants from the viewing based on preparatory discussion. The counsellor may have to advocate for their client with the Coroners Court counsellor to ensure that this is achieved eg. particular photos being shown to them.

Ensure clear and simple explanations. The Coroners Court counsellor should be aware of doing this, but the external counsellor should ensure that the explanations are provided at the level of the bereaved person's capacity and understanding. Due to the emotionally charged nature of the process, it may be necessary to ensure that explanations are repeated, if necessary.

The external counsellor should be prepared to intervene or advocate for their client, if necessary. The bereaved person may possibly be intimidated by the court surroundings or overwhelmed by the viewing process and therefore may not be capable of speaking on their own behalf. If the counsellor realises this is the case, they may well need to intervene on behalf of, or advocate for, their client.

Follow-up

The external counsellor and bereaved person should try to meet immediately afterwards to debrief/discuss. This should be suggested to the person by the external counsellor prior to the viewing and the person's agreement obtained to do this. During the viewing process, they will be aware that this debriefing will be occurring afterwards and they will not be immediately going home carrying with them a whole array of feelings and thoughts about the viewing. Such debriefing could be carried out in a quiet cafe or coffee shop, or another suitably private location. The key condition is that the person feels safe and undisturbed, whilst doing this. The counsellor should preferably select an appropriate location for this in advance. This debriefing should proceed in an unhurried way until it has run its natural course.

Follow up points they want clarified with coronial staff. It may be that not all issues or questions have been addressed in the viewing process. If this is the case, and such questions have been identified, the person themselves or their external counsellor should contact the Coroners Court counsellor to try to have them answered.

Give coronial staff feedback about the process. Feedback to the coronial staff may be able to be established fairly quickly, particularly if the person is dissatisfied in any way with the process. With a person's permission, the external counsellor should provide feedback (whether positive or negative) to the Coroners Court staff.

Follow-up with the family a few days afterwards. In addition to immediate debriefing after the viewing, it is also advisable for the external counsellor to contact the person/family a few days afterwards to gauge their emotional response at that point. Short-term distress as a result of the viewing would hopefully have settled, but that may not be always so.

Get debriefing for the counsellor. The counsellor should be mindful of the emotional impact of the process on themselves. Debriefing from a clinical supervisor and/or trusted colleague should be sought out, even if there appeared to be no immediate negative impacts from the process.

Practice implications

The process described in this article should only be undertaken:

1) With those who really want to do it and feel it would help them, and also put these needs into concrete terms eg. answer questions they have, or as a means of confronting the reality of the death and the loss. As Gordon (2012, p.103) has noted, such information 'helps to reduce the scope for imagination which can be a major source of distress when things are imagined as worse than they actually were.' It helps them to get a better idea of the complete picture of exactly what happened.
2) Where the bereaved person's external counsellor, based on a considered assessment of their client, thinks that exposure will be likely to have positive outcomes, particularly in the long term. The risk of re-traumatisation will certainly be present, but it can be lessened by thorough preparation and support, particularly in the aftermath.

Relatives and friends of the bereaved, as was the case with X in the first scenario, can inadvertently, or deliberately shut off access to information because they want to be protective. Consequently,

bereaved people may be left with many unanswered questions, for which they will seek clarification for themselves, often filling gaps with inaccurate and unhelpful assumptions or imaginings. This might lead the bereaved person's external counsellor to advocate with their relatives on their behalf to try to gain access to more accurate information.

This process could have applicability beyond those bereaved by suicide eg. to those who have lost someone to other forms of sudden and traumatic death such as murder, road trauma, or industrial accidents. According to information received by the authors from Coroners Court counsellors, this collaborative process is already being applied more widely to cover other types of death.

The process outlined in this article is based on only two case studies, and would benefit from an evaluation with larger numbers of bereaved people, preferably also incorporating both before and after measures of trauma.

Conclusion

Some people who have lost someone close to them through suicide will feel the need to see photos of their loved one's body and gain access to more detailed information. The procedure described in this article involves cross-agency liaison; gaining coronial permission to access sensitive material; careful client preparation and in-session support; and an unhurried approach. Debriefing for all parties also forms an important component of this process.

This article has outlined a collaborative process for people bereaved by suicide that involves preparation, compassionate support and follow-up. The case studies described here provide examples of how this process can be handled to help to ensure positive outcomes for those bereaved by suicide.

Acknowledgements

The authors would like to thank the following for their participation in the collaborative process described in this article and for their contribution in the writing of this paper: Brighid O'Reilly (formerly Counsellor, Family and Community Support Service, Coroners Court of Victoria); Carolyn Gillespie (formerly Manager, Family and Community Support Service, Coroners Court of Victoria); and Kat Jenkins (formerly Counsellor, Family and Community Support Service, Coroners Court of Victoria).

This manuscript is based on a paper presented at the 3rd Australian Postvention Conference, Sydney, NSW, June 28-30, 2012. ■

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