Laura : A Jamaican Bereavement

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In a predominantly white English society in which youth and intelligence are prized a black, old lady with dementia is very likely to end up on a back ward, ignored and neglected by the community to which she belongs. In this short paper, Sister Anita reminds us of the simple courtesies which every person deserves in the face of bereavement. The sad thing is that we need to be reminded. Editor

Laura is an elderly Jamaican lady whom I nursed when I was a ward sister in London's East End. She suffered from slight dementia, augmented by a stroke, which made her appear more demented than she really was. It was difficult for her to talk, and she usually did not bother. We discovered that the way to help her to speak a little, for instance to enunciate 'yes', 'no', 'please', was to ask one of the male nurses to talk to her. This always did the trick. He would squat down at her chair level and she would flutter her eyelashes at him and giggle delightedly. A mild flirtation would ensue during which the male nurse elicited the necessary information from her.

Laura dearly loved her husband, James, but it became increasingly apparent that James was very ill, and his visits were more and more infrequent.

The day came when James died, and against all that we would have expected from a closely-knit Jamaican family, Laura's relatives refused to allow her home for the funeral. We fought this decision and eventually they agreed that, as long as they needed to take no responsibility for her, Laura could go to the funeral service.

The ward staff really went to town for Laura. She was kitted out in mourning dress, coat, shoes, black stockings and a black and white silk scarf for her head. Her hair was re-plaited, Afro-Caribbean style, and one of the hospital cars drove her, a staff nurse and I, together with a wheelchair, to the block of flats from where the funeral cortège would leave. Some of the relatives peered through our car window, rather as one would gaze upon an interesting and puzzling exhibit, and sadly shook their heads. Laura appeared oblivious to them all. Every now and then she rocked gently and made a 'keening' sound, sure evidence that she had understood all that had been told her, and the reason for the preparations which had taken place.

When we reached the cemetery we parked the car and hurriedly sat Laura in her wheelchair, the staff nurse moving swiftly in order to get her to the chapel on time. It was already full, making it easier to position Laura's chair at the front, beside the coffin, in her rightful place.

The family had been unable to obtain the services of their own preacher. The white Anglican minister blanched even whiter and backed gently towards the wall as his prayers and homily were punctuated by vociferous 'Amens', 'O Lords', nods of agreement, and 'Hallelujahs', together with stifled sniffs, sobs and groans. Many interrupted to say their own little piece, either a prayer or an anecdote in appreciation of James. Meanwhile Laura sat motionless, apart from her occasional rocking, a pathetic, lonely little figure.

We wheeled her right to the graveside. The minister asked if she was a relative and, on hearing who she was, gravely shook her hand and murmured words of sympathy. Laura watched as the young male members of the family filled in the earth over the lowered coffin, the women also occasionally taking a spade. All the time hymns were sung spontaneously. The bunches of flowers were opened, and each blossom planted on the fresh mound until it was a little hillock of blooms.

After the Funeral

We felt so sad that Laura was not invited back to the flats for the funeral meal with her relatives, and it was obvious that she noticed the rejection. On returning to the hospital, I contacted all the black porters, domestics and nurses, and asked them if they would come to a party to mourn with Laura and console her. I felt that she would receive comfort from her own people, and, as she was slightly confused, that she might even take some of them for relatives, whereas she would definitely know that our white faces were the wrong colour.

Laura obviously grieved and obviously worked through her grief in a much healthier way than she would have done had she not attended the funeral. One of the porters continued to make a special point of befriending Laura every week, bringing her an ice cream to the ward. No matter where Laura happened to be, Thomas handed her her ice cream with a flourish, and she received it as regally as any queen.

As the years progress, there will be more elderly patients in our wards from ethnic minorities, whether for short- or long-stay care. Their cultural needs are different from ours and their emotions require different outlets from those of us who are used to the reserved, stiff upper lip mentality. We need to be aware of these varying cultural, physical, emotional and spiritual needs.

We have a responsibility to prepare ourselves to meet the needs of these people. Not only do many of them suffer unnecessarily, but we lose untold wealth if we are unable to recognise the richness of the diverse cultures which now enhance the life of this nation.

CONFERENCE REPORT

Report of the International Conference on Children and Death Athens 1989

This first International Conference on Children and Death was organised by Dr. Papadatos, Consultant Paediatrician at the Aghia Sophia Hospital, and Dr. Papadatou, Clinical Psychologist. The majority of the keynote speakers were from the United States and there were three invited speakers from Great Britain—Sue Jennings, a Drama Therapist, Dr. Derek Steinberg, an Adolescent Psychiatrist, and myself. There were speakers from Greece, United States, Israel, France, Canada, Norway, West Germany, Italy, Belgium, Denmark, Finland, the Netherlands, Engand and the Soviet Union.

It was both a frustrating and a very rich experience for me. Frustrating because the size of the conference (400 people) and the venue (the Hilton Hotel) as well as the plan of the conference (mainly prepared papers to large groups) made a real exchange of ideas quite difficult. It was extremely encouraging to hear good quality papers given by nursing colleagues. In the U.S.A. and Canada, in particular, nurses are active in research projects, were able to present their findings elegantly and have made a real contribution to the literature.

Dr. Davies from Canada, for example, has studied the responses of siblings to the death of a child, comparing them with normal children three years after the death and again about nine years after the death. Even as late as nine years there were differences between the two groups. The bereaved children were lonelier, had more dreams and were sadder. Those who had reached adulthood were more mature and had, on the whole, been able to integrate the experience. They showed an impatience with trivial matters and those where the family cohesiveness was high had a good outcome. The overwhelming feeling that the siblings of dead children displayed was the feeling that they could never satisfy their parents and that they could never be good enough to replace or compensate their parents for the loss of their brother or sister.

Another paper from Canada by Fleming and Balmer, a psychologist and psychotherapist working at York University, described group interventions with bereaved children. This consisted of seven one-hour