Laura : A Jamaican Bereavement

Elizabeth Morris (Sister Anita)

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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

weekly sessions for six to 12 year olds and was co-led by a professional and an adolescent or young adult who had lost a sibling by death. This was a structured group experience aimed at relieving current grief and trauma. Unfortunately it was not evaluated. In this field we are perhaps not yet ready to do proper evaluation but it must come soon.

There was little new in most of the American big-name presentations but they did a competent job of summarising the current state of knowledge. Elizabeth Kubler-Ross's presentation was a *tour de force*. She started at 7 p.m. after we had already had six or seven hours of presentations and were all tired and she continued for an hour and a quarter without stopping. Her talk could be termed inspirational rather than scientific. She had started to work with the children of AIDS patients who are themselves AIDS sufferers and her theme, that of unconditional love transcending all obstacles, left few people unmoved.

To me, work from the Netherlands' University of Gronigen by Humphrey and his colleagues was the most useful. They are looking at the factors that help children to cope with terminal care in cancer, and in particular examining the effects of the child participating in decisions about his or her own care. They concluded that the child and the family coped relatively well with the disclosure of the beginning of terminal care. The children understood their declining health and decided on what kind of terminal care they should have, either alone or with the family. Severe depression and severe behavioural problems rarely occurred during terminal care and the communication between the parent and child increased. Humphrey and colleagues' findings have important implications for those who work in oncology and haematology units.

The British contingent accepted the task of organising the next conference on Children and Death to be held in Great Britain in 1992. As in all conferences the exchange of ideas, the stimulation of seeing other people struggling with the same problems and sometimes finding solutions, and the stimulus of hearing about new research and techniques makes these conferences worthwhile. Greece was particularly beautiful and interesting in the lead-up to the general election. The fact that air pollution in Athens had reached such high levels that the children were not allowed to go to school was especially poignant at a gathering considering children and death.

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REVIEW

BEREAVEMENT COUNSELLING TRAINING VIDEOS

1989. Produced by Northern Ireland Cruse. Price £200 (special rate of £100 to Cruse personnel and Cruse Branches). Available from Cruse, Cruse House, 126 Sheen Road, Richmond, Surrey TW9 1UR, England (Tel. 01-940 4818).

As a trainer I have mixed feelings about the use of videos. I think that they can be helpful as trigger points; however, there is no substitute for learning by experience. It was with some hesitance, therefore, that I agreed to review four videos which I thought might be used as 'How to do it' training.

Overall I think that the videos have been made with sensitivity and thought. The simulated counselling sessions were staged over a period of months. It was a believable situation and it was difficult to tell whether Kate, the client, was a bereaved person or role-playing! Watching the sessions unfold as an on-going process was particularly beneficial.

Ruth, the counsellor, demonstrated the core qualities needed for counselling and allowed Kate, the client, to move at her own pace. She gave Kate space and time to explore her feelings about what had happened to her. It illustrated how client-centred counselling works. There were things which could have been done differently: these would make good discussion points.

The videos were introduced by Charlie Warmington who also gave the theory of client-centred counselling practice and a summary and review. This was succinctly put, in a way which I think will be understandable and helpful to those supporting the bereaved.

The weakness for me were the supervision sessions. Supervision does not necessarily need to model the philosophy and approach of the counselling, which in this case was client-centred. The sessions certainly did not mirror in any way the safer environment and reflective process of the counselling sessions.

On reflection the word that comes to mind is 'busy'. The supervisor did most of the talking, asking a lot of questions, sometimes one followed by another, and at times answering himself. I found it authoritarian and directive. There was little time for reflection and the counsellor's own feelings were barely touched upon.

At one time the counsellor asked how to confront Kate's feelings of anger. The supervisor did not answer and pointed out later that he did not tell her 'how to do it'. I do not think that one can be told 'how' to do that; there are techniques which one can learn. However, firstly one needs to be comfortable with one's own feelings. This needs to be explored in both supervision and training. Both the counsellor and supervisor deflected feelings. This is the main limitation of most training—i.e. how to work with feelings is talked about but not addressed.

I think the videos have a place and will be of value to bereavement counselling training. So many videos reflect a bias towards the south of England that it was a refreshing change that these were made in Northern Ireland.

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