Grief Work with a Vietnamese Family

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Jim, then 13 years old, Frances, 10 and Fred, six, are three children born in Britain of Vietnamese parents. Social Services were asked to help when their mother, then a single parent, was diagnosed as having terminal cancer. At the time my involvement with this family started, it was anticipated that the mother, Jill, would have at least six months to live.

It was agreed between Jill and myself that we would work jointly to prepare the children for her death. Jill was extremely brave and I believe that the work we did together with the children also helped her to come to terms with her impending death. She in fact deteriorated more quickly than anyone had anticipated and needed to be admitted to hospital only one month later, and died one month after that.

At all times the children were told the truth by myself and Jill. If they were unsure of what was going on, they asked, knowing that either she or I would explain. During this period I also spent time with the children preparing them for the change they would see in their mother's appearance. Jill lost all her hair in those few weeks, and her weight had dropped to under four stone by the time of her death.

Jill's parents arrived from Vietnam only one week before she died. Her mother stayed at the hospital with her daughter until the night of her death. When I reached the hospital, Jill's mother and father insisted that I go and wake the children and bring them to the hospital to see their mother's body.

I must explain that I myself was distressed. Jill and I had become very close over the three months we had worked together, sharing many good as well as bad times. The thought of waking three young children at midnight and taking them to view their mother's body was, in my opinion, terrible and also distressing for them. However, I did not have a choice: the children's grandparents had only been in this country for a few days and therefore, at that time, I was the closest person to these children.

So I went to the children's home and woke them up. The children were a little distressed but happy to come to the hospital and see their mother. On the journey, I did my best to prepare the children for what to expect. When we arrived, we all went into the side ward and the children viewed their mother's body. The children had no fear of her body and touched her if they wanted to. No instructions were given to the children; they did as they wanted.

The hospital gave the children drinks of orange and the grandparents and children walked in and out of the room where Jill's body was, completely naturally. No fears, no tears. The children used this time to come and ask various questions, ie, 'Will mummy be lonely?', 'Can mummy feel me touching her?', 'Will mummy be cold?'.

The children spent about one hour at the hospital and then it became time for their mother's body to be removed from the ward. I explained why and how this would happen and the children completely accepted it.

On the way home in the car, the children once again talked about what they believed had happened to their mother's spirit. The family were all Buddhist and had their own beliefs about life after death.

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This made my task much easier. When the children asked me a question about death, I always asked them what they thought was going to happen, or had happened, and where their mother's spirit was now.

All the children had a good night's sleep, and then I totally involved them in the funeral arrangements. Jim chose his mother's coffin. Jim, Frances and Fred chose dates for the funeral, talked to the priest and helped with arrangements for the feast before the funeral.

The funeral was conducted in a small room at the funeral parlour. The coffin was open, the children freely touched their mother and spent some time around the coffin during the service. Frances wanted



to cover her mother (not her face) with a special sheet. This she did, with her grandmother's help.

Conclusion

In our culture our children are 'protected' from death. I now seriously question our methods.

At that time I had no choice but to follow another culture's way of dealing with death within the family. I doubt that I would ever have taken these actions in other similar circumstances.

Jim, Frances and Fred are happy, bright, healthy children who have suffered no behavioural problems because of their mother's death. Their educational studies are going well; they have accepted their grandparents in the parental role.

The children and I talk about Jill. Sometimes we laugh about things that happened during the time we worked together in the early days of Jill's illness. We have looked at photographs and Jim has talked to his mother when he has visited her grave. The children know their mother loved them very much, as they did her, and that she did not want to leave them but that she helped to make arrangements for their future happiness.

I learnt a lot from these gentle Vietnamese people. I recognise that it may be very hard to change lifelong beliefs about the right way to deal with children and death. However, I hope this is of some use to other professional workers in the bereavement field and that they will now perhaps question their way of dealing with death in the future. I know I have.

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