working out what is most salient or important to consider at any time, bearing in mind that the bereaved person's agenda should take priority over the therapist's.

As the family begin to share their thoughts and feelings, patterns will begin to emerge. The aim of psychotherapy is to address each of these patterns of reaction in a way which will help the individual to break out of the vicious circles. Taking the history initiates a process of confrontation in an atmosphere of support, and reduces avoidant behaviour. By consistent reassurance of worth and respect for the bereaved family, the therapist helps to restore its integrity as a mutual support system to its members, and by staying calm and committed (and not over-reacting to the horror of the situation) a model of control is presented which can then be used by the bereaved.

A perpetuating factor in the obsessional rumination and recurrent dreams which haunt families bereaved by murder is the belief that such thoughts cannot be prevented. When people go to bed dreading nightmares, their dread creates the nightmares. The patient described above who was regularly pursued by a man with a knife in her dreams was told that, since we create our own dreams, she could choose how the dream would end[12]. Several 'happy endings' were discussed, and she admitted that it had never occurred to her that she might control her own dreams. When seen three weeks later she was sleeping normally and the nightmares had not recurred.

To control thoughts is not to avoid them. In essence we are inferring that nothing is unthinkable, nothing is too painful or distressing to be excluded from our consideration. Given this encouragement, the extraordinary becomes ordinary, and the sufferer begins to accept reality, however painful this may be. Redundant basic assumptions about the world are called into question and replaced with new and more appropriate assumptions, and a new image of the self and of others is achieved. These may be less optimistic than the ones that preceded them, but they are in keeping with a fact of life that mostly we prefer to forget, that with all our civilised pretensions, man is still dangerous to man.

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The Aftermath of Murder and Manslaughter: The Families' Viewpoint

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In a two year project set up by Victim Support, funded by the British Home Office, and researched by the author and two colleagues, the needs of over 80 families of murder victims were examined in detail. A report[1] was published in April 1990. This article looks at only some of the many issues for families, and in particular at areas of emotions which link or contrast with normal grieving patterns.

A variety of people, both official and non-official, come into contact with families following murder. The nature of the death in itself can cause practical problems, eg with finance, employment, and housing. The ways in which these problems are handled can help or hinder families in their general coping with the death. Lack of support and help seems to occur through ignorance and lack of understanding of the real needs of the bereaved. It is, however, in the emotional areas following bereavement that most people flounder, and this is especially so when the death is through murder.

Following a murder, the families of the victim may be the subject of sympathy but, due to the nature of the death, their needs for the most part go unanswered. Murder exacts a heavy toll. It creates unimaginable distress and intense emotional reactions with which the family and those close to the victim have to deal, while coping with the demands of the criminal justice system.

Normal grief patterns become distorted when bereavement is due to murder. The shock of the death often becomes complicated by feelings of hate for the perpetrator and there may often be a preoccupation with the manner of death and a need for justice.

The public nature of the death is also hard to bear. Normally, following a death in the family, those most closely involved decide who to tell, what details will be told, and how and when to do it. Following a murder, families have no control over what is revealed to others about the person, manner of death, or their relationships. These decisions are not in their hands. Neither are they able to control most of the events which follow the death.

They also want and need to inform extended family, friends and



other close contacts before the murder becomes public. However, here a tension exists between the need to broadcast details of the murder in order to aid criminal investigation, and the need for the family to break the news to significant others before the death is common knowledge. Among the families within the project, there were instances where the extended family learned of the death via the media. Their anger about the death was intensified and deflected on to the family members who were seen as not having made enough efforts to contact them, although in all of

these cases it had not been realistically possible to reach the relatives first.

In short, once defined as murder, the person's death becomes public property, is the concern of people outside the family and, for the most part, is in the control of others. Families feel helpless, out-of-control of events, and uninformed.

Within the families taking part in the project, the first shock produced numbness and disbelief, just as in a normal death. Because of this there was a need for facts to be repeated more than once, as people did not always hear what was said. In the case of murder, the manner of death is a great preoccupation and families needed accurate information from the start —certainly before reading details in the press or hearing them in the coroner's or other court.

The death of someone close is always distressing and there is no easy or perfect way for the news to be broken. Following a murder it is the police who have to perform this task, and all the families remembered the occasion vividly. Many police officers found breaking the news very difficult, and it was particularly poignant where a child had been killed. The grief felt by the police officer was evident to many families.

Where families were told of the murder away from their own homes, they talked of feeling isolated and without the sense of comfort that familiar surroundings can produce. If asked to wait alone or to make a journey before being told, even greater distress was recorded. This build-up of emotions needs to be understood and accounted for by those who subsequently conduct interviews, as family reactions may be misinterpreted. Family members in the project expressed appreciation of warm and more comfortable surroundings, where the pitch and pace of interviews matched the families' needs. They were not as distressed by the experience as when rushed with demands for information, or left hanging in mid-air when information was given in an indecisive or piecemeal way.

After being told of a death where murder is suspected, the next hurdle for most families is identification of the body. Again, control over events is not always possible. Overprotectiveness, and assumptions that someone might not cope, can lead to people being advised to allow others to identify the victim. Advice against seeing the body may continue to be given and generally it was found that where this advice was followed, the unreality of the death persisted. Imagining the state of the body gave rise to greater distress than if the body was in poor condition but was actually viewed, as long as families were helped to prepare themselves for coping with the experience. Normally families can decide if they wish to touch the body, especially when it is laid out in a chapel of rest or at home. This choice was not possible following murder, while the body was held in the mortuary.

Post-mortems following sudden death, even under normal conditions, hold up funeral arrangements and cause distress to families. When a murder has occurred, not only the State, but any accused person has the right to request a post-mortem. Multiple post-mortems were carried out in 30 per cent of our cases, and caused great distress. Likewise distress was heightened by the length of time all bodies were held by the State. Under stress, time becomes distorted and periods of waiting for the release of the body appeared even longer to families, than the actual average of two months. The grieving processes became suspended for all the relatives until the funeral could take place.

Public interest because of the nature of the death often leads to the funeral being conducted in the glare of publicity, with family grief under scrutiny. Media interest makes the event even more painful, and this applied in over half of the families in the project.

The media's desire for more details of the murdered person and the events leading to the death may result in reporters pressing for details in a way and at a time totally inappropriate to the family. If details are not forthcoming from the immediate family, they will be solicited from other people who knew the murdered person. Any inaccurate details cause even greater distress and the errors are seen as somehow diminishing the deceased.

The intense interest before, and then during, the funeral is followed by the lull before the storm of the court hearings. Here the families are again in the public limelight. They have no right to privacy or special places in court, nor can they publicly defend their relative's character if it is attacked by the lawyer acting for the defence. Their emotions following the verdict of guilt or innocence are again in full view. In the event of a finding of 'not guilty', the whole process of coming to terms with the death is again upset and put back.

This lack of privacy makes the grieving process very difficult to handle, especially as the choices concerning privacy are not in the families' hands. Privacy is further invaded when unsolicited accounts of events appear in the press or other media. This pressure can even return when other murders occur and reference is made to earlier murders and how they occurred.

In terms of grief following normal bereavement, many people speak of having intense feelings. However, the deep intensity of feelings experienced by the majority of murder victims' families surprises or frightens them. Among the families in the project, there was a prolongation of the first raw feelings of grief, including those of denial and disbelief. While this was hard to quantify, the continuation of immediate, intensely raw feelings was recorded as lasting as long as a month but often longer. Anger was fuelled by lack of information and lack of explanation; it persisted in over 80 per cent of cases until the trial was held, and in some cases beyond. Where a body was not found, residues of denial, disbelief and anger still remain.

Despair was common to all, but after a time it became episodic rather than a permanent state. Half of the families said that on occasion the depair was so intense that living was almost unbearable.

Sleep disturbances, including irregular patterns of sleep and nightmares, continued for over a year, while loss of concentration and impairment of memory lasted longer than in normal grief. Feelings of guilt among family members that they night somehow have prevented the tragedy, or that they were still alive, also persisted. Feelings of powerlessness and helplessness were intensified by procedures in which matters were removed from their control. An example of this was being unable to set the date for the funeral because the body was held by the State and could not be officially released until post-mortems had been completed.

Because of the nature of the death, families felt they were being isolated by their communities. People who had previously been close friends also seemed unable to bear having close contact, and while partly understanding this, families felt hurt by the desertion.

They also found family relationships suffered due to the intensity and unrelenting nature of the grief reactions. Acute distress did not necessarily strengthen relationships, and the different ways individuals had of expressing grief led to misunderstandings and splits within families. An example of this was where one spouse needed to talk through events constantly, and the other needed periods of silence. The talkative spouse saw silence

as non-caring while the silent one found the other's continual reiterations disturbing and unhelpful.

Only 26 of the victims in our population of 80 families were closely related to their murderer, either through kinship or as partner to the deceased. Within the total population, only 21 lived with the murderer. Our figures may appear to conflict with the usual notion that a very high percentage of murders committed are labelled 'domestic'. As our population was drawn from areas which contained a cross-section of types of housing and was not overweighted by single occupancy or hostel accommodation, we cannot explain this factor.

Within our population there were few younger children (ie under ten years) living in the households. In the six families identified, the younger children tended to be sent to relatives for care. Four children needed placements to be arranged but, perhaps due to the fact that no specific social work agency or section of agency moves into action after a murder, we identified only one case where a social worker became involved following the murder.

The needs of families generally, including those of the children, were seen as being met by others. Victim Support volunteers felt that in several cases they had been left to handle matters which should perhaps have been dealt with by professional social workers. They gained an impression that there was some reluctance for social workers to become involved, although this could have been due to the competent manner in which Victim Support was already helping. The researchers were aware of the consultant child psychiatrist Dr Dora Black's concern and ongoing research with children[2] and therefore did not attempt to research this matter in depth. Victim Support workers were alerted to the researchers' concern and were encouraged to help where possible, and two children in the south of England were referred to Dr Black, who readily helped.

The split loyalties felt by surviving relatives were difficult for them to deal with, especially where the previous relationship had been happy. There were also indications that friends and neighbours were uncomfortable when they felt that they had to choose whom they should support.

Generally families tended to want little or no communication with the perpetrator, and in several cases became angry when the death was described by the murderer or others, as being due to a 'domestic' problem.

As for longer-term reactions, even within the two years of the project there were indications that the grieving processes take considerably longer in cases of murder or manslaughter. The more normal watersheds of the first anniversary of the death, and other significant first-time dates such as birthdays, do not provide the opportunity for 'moving on' which is observed in other bereavements. The length of time that it takes for a prosecution to come before the courts—normally over 12 months—also seems to hold families in suspension. As already noted, the finding of 'not guilty' has further complicated implications, as has acceptance by the courts of the lesser plea of manslaughter. Likewise, if the person responsible for the death is not discovered, this can set the family mourning back again to the earlier process of trying, but failing, to make some sense of the death.

For the most part, the families in this project were and are ordinary families who found themselves in extraordinary circumstances. Overall, they were families whose intense distress prevented them from functioning normally. They needed understanding help which would clear channels of communication for them, assist them to regain control over events, and generally enable them to grieve in healthy ways.

The families needed someone who would be alongside them, especially during critical events such as being told of the death, viewing the body for the first time, or when property or clothing of the deceased was returned. This help was also needed on significant anniversaries, and during the trial. Additionally, they needed help in handling the glare of publicity and media intrusion.

In this project, well-trained and experienced Victim Support Volunteers gave most of the help described above. Whilst volunteers found the work draining and time-consuming, they also found it worthwhile and this help continues to be given through Victim Support. Better contact and understanding from other workers would be helpful to the volunteers, whose own work is described in greater detail in the report[1]. It should, however, be said that since the publication of that report, with its recommendations, there have been changes in some policies and practices which are leading to improvements in the ways with which families of murder victims are dealt.

In their turn, families within the project were very appreciative of the help given by Victim Support and other official bodies as the work developed. They willingly and generously shared their experiences so that others might be helped more appropriately in the future, and they continue to encourage the authors of the report in further work

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REVIEW

PERSPECTIVES FOR LIVING
Bel Mooney. London: John Murray, 1992. £9.90 pb.

This book is based on the transcripts of 12 interviews conducted by Bel Mooney for two BBC series of the same name. Bel Mooney believes that 'Death can offer those that are left a totally new perspective for living', and in these interviews she explores with the bereaved interviewees how one particular death affected each of their lives and altered their particular perspective for living.

The series set out to cover a range of bereavement experiences including that of partner, parent, child, sister and friend. The nature of the relationship with the deceased is drawn out by skilful questioning. The interviews also cover a range of deaths, from the sudden cot death and murder to peaceful death coming gently at the end of a long life. Contributors each bring some of their history with them; the particular death may rest alongside other great losses. No one who speaks does so in the raw days of early bereavement; all have had time to reflect on their loss and to make some sense of what happened in their past. It is this length of experience that gives the book its greatest wealth.

It is impossible to ignore the fact that the lives covered in the series are far from 'ordinary' or even representative. Those who speak are generally creative people—politicians, writers, an actor—those perhaps most likely to be able to use their skills to transform the straw of loss into the gold of experience, and there is much gold to be gleaned from these pages. Worden's[1] final task, the reinvestment of energy, is found not only in the poem, the novel, the play but in another child, and in memories of dignity and goodness and loss.

Perhaps this book is as much a celebration of the power of attachment as it is a series of survival stories. It offers a challenge to Donne's concept that we are necessarily diminished by death. The language sometimes used about the process of grief has no place here. As Bel Mooney herself says about the death of her son ten years ago, 'I do not wish to get over his loss . . . I simpy wish that his life and death should be absorbed into my own: enlarging and deepening in perception.' Death may make us aware of our mortality, a little less afraid of dying, a little more afraid of wasting time. Those who have lost someone they care for, will have, as Bernard Levin says, death 'woven into our lives'.

For those that are engaged on a personal search for an understanding of life and death, Bel Mooney's book contains much richness of thought.

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