viewing, and nearly two-thirds regretted not viewing, though the bodies recovered from this crushed train were often badly damaged. Two and a half years after the Zeebrugge disaster, 11% regretted viewing on the first night as against none at six weeks, whereas of those who had decided not to view on the first night, 40% regretted it, and of those who made the same decision at six weeks, 52%. It seems therefore a consistent picture that the decision to view is rarely regretted (particularly when there has been an opportunity to think it through, as was the case with decisions to view bodies recovered at six weeks) whilst the decision not to view is regretted by roughly half.

It cannot be assumed that it is the process of viewing which leads to the lower levels of psychological symptoms. It may be that those who are more 'hardy' request to view and would have fewer symptoms anyway. However, for practical purposes, those who choose to view can do so with little psychological risk in the majority of circumstances. One important qualifier is that currently we know little of the effects of viewing bodies which are so badly damaged that they bear little resemblance to human beings at all. Is this an individual matter, in that a bereaved person might be just as happy to view a relatively undamaged arm, whilst the remainder of a severely damaged body remains covered?

Helping relatives decide

Clearly what is needed is the allocation of time and good-quality input in the decision-making process from some sort of helper. Such helpers are not always allowed to be part of the mortuary process after disaster. Those who advise not to view are often those least able to help the bereaved to come to a decision, in terms of either time available or expertise. Some pathologists or police may be quite uncomfortable with emotional distress, either viewing such distress as harmful rather than natural, or being so personally uncomfortable with it that they choose not to expose themselves to it.

A relative may be told, 'There is no need for you to identify, we must do that'. However, it must of course be remembered that people view bodies not primarily to identify them to the authorities, but rather to reassure themselves that it is indeed their loved one and, more simply, to say 'goodbye'. These reasons, and the process of viewing, would be familiar to those who work in casualty departments, or on maternity wards where babies may be stillborn, sometimes deformed[10].

Some relatives may simply want to know that a certain type of damage has not occurred and may be happy with this knowledge alone. One group of relatives, after the Zeebruge disaster, had formed the belief that their loved one's chest had been eaten away. Perusal of photographs by the helper showed this was not the case. The relatives did not ask whether the body was damaged in any other way, and the helper did not volunteer the information that it was indeed otherwise decayed in a rather unpleasant way.

PRINCIPLES FOR POLICY AND PRACTICE

Firstly, no one should be encouraged to view because of the blind enthusiasm for the process on the part of the helper. It must be accepted that there will always be some individuals who will suffer as a result of viewing. What must be ensured is that those who wish to do so are not prevented.

Five steps in the process can be elaborated:

- **The bereaved should be enabled to go through their reasons for wanting to see the body, as well as their fears. It is here that the helper can assist by giving weight to different aspects of the decision.**
- **Helpers should first view the body by themselves and be able to give preliminary feedback on its state. At this point, those who would later regret viewing may make the decision not to view. Some may simply want a description of the body, or some part of it.**
- **The bereaved and the helper should view the body together, bearing in mind that the bereaved may be very sensitive to what they perceive as disapproval. Even a little cough, as a relative reaches towards the deceased, may be seen as discouragement of something unacceptable. Positive encouragement may be given[11], such as:**
  'You can hold his hand if you want to.'
  'Feel free to talk if you have things to say.'
  'I am sure you want to say goodbye.'
- **Afterwards there should be a debriefing, in which the relatives are allowed to talk about the experience, or to pose any questions about the reasons for the state of the body (eg signs of damage from a post-mortem).**
- **In case decisions not to view are regretted later, photographs of the deceased should always be available, for later viewing.**

References

1. Parkes CM. Bereavement. *British Journal of Psychiatry* 1985; **146**: 11–17.
2. Hodgkinson PE, Stewart M. Missing presumed dead. *Disaster Management* 1988; **1**: 11–14.
3. Cathcart F. Seeing the body after death. *British Medical Journal* 1988; **297**: 997–998.
4. Machin L. In the last analysis. *Community Care* 1982; 20 May: 14–15.
5. Hodgkinson PE, Stewart M. Coping with Catastrophe. London: Routledge, 1991.
6. Erikson K. In the Wake of the Flood. London: George Allen and Unwin, 1979.
7. Singh B, Raphael B. Postdisaster morbidity of the bereaved: a possible role for preventative psychiatry? *Journal of Nervous and Mental Disease* 1981; **169**(4): 203–212.
8. Hodgkinson PE. Patterns of recovery for the Zeebrugge disaster. In: Psychological Aspects of Disaster. Eds: Taylor T, Lane D, in press.
9. Hodgkinson PE, Joseph S, Williams R, Yule W. Viewing human remains following disaster: helpful or harmful? *Medicine Science and the Law* 1993; **33**: 197–202.
10. Savage W. Perinatal loss and the medical team. *Midwife, Health Visitor and Community Nurse* 1978; September: 292–5.
11. Wright B. Sudden Death. Edinburgh, UK: Churchill Livingstone, 1991.

FORTHCOMING CONFERENCES

New Horizons for the Widowed.
7th International Conference of the International Federation of Widows and Widowers Organisations (FIAV).
2–5 October 1995. 4H Center Washington DC, USA. Details from Aliette Bellavoine, 10 rue Cambaceres, 75008 Paris, France.

Death, Dying and Bereavement: An International Perspective.
21st Anniversary Conference of the International Work Group on Death, Dying and Bereavement (IWG).
25 June 1995. St Catherine's College, Oxford, UK. Details from Tina Lisle, c/o Trinity Hospice, 30 Clapham Common North Side, London SW4 0RN. ☎ 0171 622 9481.