EDITORIAL

With this issue, *Bereavement Care* enters its 15th year of publication. It was planned, in 1982, as a forum for discussion and education for professionals and volunteers who help bereaved people. Over the years we have published research from all over the world, accounts of innovations and good practice, reviews, notices and reports of conferences, a lively correspondence column, and much else of importance to all who wish to attain a level of excellence in their work in this field. We believe we have achieved what we originally set out to do. Now, as well as many individuals and organisations in the UK and Ireland, we have subscribers in the USA, Canada, South America, Australia, New Zealand, South Africa, Asia, Israel, and many other countries in Europe.

Until now, we have alternated issues devoted to bereaved children and adolescents with those on bereaved adults. However, readers have pointed out that in some years there is only one issue about adults and, since adults are more likely to be bereaved than children, many counsellors would prefer a mixture of content in each issue. We have acted on these comments and trust that, from now on, readers will find material relevant to their work in every issue. We welcome response from readers and would be grateful for suggestions for topics which we have not yet covered.

Dora Black
UK

Children's participation in rituals



Atle Dyregrov

Atle Dyregrov *PhD*
Director, Center for Crisis Psychology, Solheimsvik, Norway

Rituals mark transitions in life, confirming our identity within our social and cultural group and regulating human interaction. They are stable but not unchangeable: they represent our collective memory or inheritance, but are gradually transformed over time. The last decade has seen an increasing flexibility, with rituals spontaneously developing or being adapted to meet important social or emotional needs.

RITUAL FUNCTIONS FOLLOWING DEATH

Viewing the dead body and attending the funeral serve important religious, social and psychological functions. Rando[1] describes clearly how rituals provide bereaved people with a shared, spiritual meaning for death which they can integrate with their belief system. They mark a public separation between the dead and those who survive, and confirm membership of a social group. Through rituals a social network can show the support and care which is so important for the bereaved family. This process unites a group because participants are reminded that if anything should happen to them, they will be helped in the same ways. When rituals are shortened or take place in private, the natural societal support mechanisms are impeded.

Rituals give form and a safe framework in a chaotic situation, and are especially important after a sudden death when family members may experience added practical, social and emotional difficulties. While there may be uncertainty about what to do in these cases, they can allow for rituals adapted to the individual circumstances, which facilitate a natural expression of longing and grief.

EDITOR'S NOTE

As with adults, rituals help children to come to terms with the death of a loved one. By participating in the *rites de passage* of their community, they learn that they are not alone, and that they are supported by traditions and rituals that help give understanding, comfort and meaning to their loss. In his article, Dyregrov, a Norwegian clinical psychologist whose handbook[1] has inspired many, gives us practical guidance in preparing children for viewing the dead body, attending funerals and other rituals which will be immensely helpful to counsellors, funeral directors, doctors, social workers and priests advising the families of the newly-bereaved.

Dyregrov explains how bereaved people can devise their own unique rituals and describes some. Readers may also wish to use rituals therapeutically in their work with families and may find Imber-Black and his colleagues' book[2] useful. Arngrimsson[3] describes how a crisis team helped devise a ritual to allay an after-school centre's distress following the accidental death of a 12-year-old. Please write to us with examples of rituals which you have found useful in helping adults or children to progress in their mourning.

1. Dyregrov A. Grief in Children. London, UK: Jessica Kingsley, 1991.
2. Imber-Black E, Roberts J, Whiting R (eds). Rituals in Families and Family Therapy. New York, USA: Norton, 1988.
3. Arngrimsson B. Community crisis resolved by a mourning ritual. *Bereavement Care* 1984; 3(2): 18-24.

The psychological importance of rituals for children

Rituals serve similar needs in adults and children[2], reinforcing reality, preventing fantasies, supporting a child's cognitive understandng of death, providing outlets for expressing grief, and offering an opportunity for a concrete farewell to the dead person. Viewing, perhaps even touching, the body and being present at the funeral help to dispell fantasies like: 'Maybe he isn't dead? Maybe there is a mistake and the names got mixed up?' Rituals confirm the fact that the dead person will not come back, an important basis for the child's understanding of what has happened.

'It wasn't until I saw Daddy lying in the coffin that I really understood what had happened. It was so good to see him lying there so peacefully, seeing that he felt no pain. I touched him. It felt so right and so good to say farewell to him in that way. I became calm, because he was peaceful.'

It is not uncommon to hear both adults and children complain that well-meaning people warned against viewing, or accepted too readily a refusal to view. As Hodgkinson[3] reports, the majority of bereaved people regret not viewing and we have heard some children and many adolescents say the same. The few children who have developed intrusive images from a viewing can be helped by visual imagery control techniques; it is much more difficult to prevent and control fantasy images of a body not seen.

'You said it was best that I saw him, but I didn't want to. Now I regret it because I have so many fantasies about how awful he might have looked. Even though I have heard that he wasn't that damaged, these horrible fantasies come up. You should have pressed me more.'

Rituals help children to get a cognitive grip on death, to adapt to a new inner life where they must build an internalised representation of the lost person, incorporating the yearning and longing. They also help children adapt to the outer world and their daily activities without the dead person. The child can transform and express these complicated thoughts and wordless sorrow through ritualised words (ie prayer) and concrete, symbolic acts.

PARTICIPATION IN VIEWING THE DEAD

Children should only be included in viewing a dead person if they are properly prepared. They should know in advance about:

- The room where the body lies, including decoration, flowers, paintings, lights
- The coffin, how it is placed, open or closed, its colour and any ornament
- The appearance of the dead person, the colour of face and hands and, if damaged, what can be seen, what has been covered, bandaged, bruised
- The temperature in the room, and that the dead person has been kept cool and may feel cool on touching; the skin might be soft on the outside but stiff under the softness.

They should also be helped to understand that:

- They are allowed to react exactly as they feel, and that no one will say anything if they cry, or want to leave the room.
- Adults, like children, are allowed to demonstrate strong reactions, and that this is not dangerous.
- Children can touch, hug or kiss the dead person if they want to, but if not (and this applies to many) then that is also all right.
- They may have some time alone with the dead person without their parents present, or take photographs.

Parents must be reminded that small children do not always have the patience to be still, especially over long periods of time. They may need to be taken out or allowed to play in another room. Adolescents can show strong feelings that can be quite unpleasant to witness, but this is not harmful. It is wise if a friend views the dead person first and gives a detailed description of what awaits the family before any children enter. Otherwise the situation may burn itself into the child's memory as an intrusive traumatic memory and the child may experience negative images[4]:

'I got a shock when I touched him. He was ice-cold.' 'They had combed his hair backwards. He never had his hair like that'.

If a death takes place at home, it is natural for the dead person to remain in the house, and for symbolic acts to take place there. Children will often design their own small ceremonies in such a situation:

Five-year-old Grethe's little brother died at home, and lay in his room for 24 hours. His father placed him in the coffin. Family members came and took their leave of him. Grethe said farewell in her own way; she stayed with her brother, sang and read for him and talked to him. From the living room she brought a special flower that she laid by his head, then she put some money into his hands, and made sure that he had a little car and a teddy bear in the coffin with him.

Viewing the body

The child should be accompanied by a trusted person who can explain what is happening and interpret any strong adult reactions, provide support and follow the child out of the room when necessary. Children learn through their senses but great tact and sensitivity has to be used in this situation, allowing children to touch if they want but not putting strong pressure on them if they do not.

Children should be allowed to give a concrete symbol of their grief. They will often have their own ideas of what to bring if prompted beforehand. Placing drawings, letters, flowers or other objects in or on the coffin, talking to the dead person or carrying the coffin has great symbolic power and is important for the child's grief work.

After a sudden death, children should be encouraged to say goodbye during the viewing by speaking aloud or inside their heads to their loved one, or whispering in the dead person's ear. Through a farewell letter children can express what they never had the chance to say, what they regret, or other significant thoughts, especially important if the relationship to the dead person was difficult or ambivalent. Even young children can be helped to express their feelings by an adult who writes their thoughts down.

Some children go in and come out hastily, but may want to return later. Let the child decide on the tempo. Taking photographs is important, especially if it is a small child who has died, because younger siblings and children born later may need to have pictures to look at when they are older.

After the viewing

However good the preparation and support, viewing can be a strong experience for children. They need to be given time to sit down with adults afterwards, ask questions and talk about what they have been through, sometimes for hours and days following the viewing. They may wonder what happens to the body between the viewing and the funeral. Smaller children may re-enact the rituals in play, sometimes acknowledging their

increased understanding of death by saying:

'Now I can never bathe with Daddy again, and we can never go for a walk'.

When should children be excluded?

Children should not participate in the viewing when the dead person is damaged to the point of being unrecognisable, eg badly burned. After air crashes and explosions viewing may not be possible. If the body has decomposed, strong visual images and smells also make it inadvisable to view it. Following most other accidents it should be possible to view the body, even if it is badly damaged and parts of the dead person have to be bandaged or covered.

Children should never be forced to participate, but it is important that they are encouraged to do so. To a school-aged child you can explain: 'It is a good idea for you come, because this will be your last chance to see your Mummy. When you grow up you will think it was important that you were there. I will be with you all the time and you don't have to stay long if you don't want to'. If the child is afraid, you can say: 'I know you are afraid of how she will look, after being injured so badly, but that's why it's important that you come to the viewing. Otherwise you may imagine how she looked, and these images can be worse than the reality. One of us will go in before you and tell you how she looks, so you will know what to expect'. If a child is very apprehensive, accept it and delay the decision: 'You don't need to make your mind up right now. Think about it and we can talk later'. Explain that other children who did not want to go and see their dead loved one at first, have usually said afterwards that they were very glad that they did.

Sometimes it is the parents who cannot accept a child's right to be present at a ritual and who need explanations and time to get used to the idea. Usually when parents do not want children to be part of the viewing or the funeral, it is because they think the experience may harm them or because others have advised against it. Sometimes they are worried about how their own reactions will affect the children. All our experience has shown that children who are well prepared and followed by a trusted adult are not damaged by participating. The advice of others is often based on a simplistic and incorrect belief that it is best for children to remember their dead ones as they were, without understanding how much having participated may mean to a child in the long term.

There is no argument for excluding small children. Those below the age of three years will not understand much of what takes place but, if it is a close family member who has died, participating may still mean a great deal to the child when he or she grows older. Karl (16 years) says that he wishs that he had been present during the viewing and funeral of his father when he was one year old:

'It would be so good to know that Mummy had carried me in her arms to Daddy and that I was there'.

THE FUNERAL AND LATER RITUALS

Much of what has been said about viewing the dead person is also true of the funeral. Children should be prepared, have a close, trusted person with them to explain what is happening and answer their questions and be allowed to express their thoughts and reactions through concrete acts. Children can be included in deciding what music to play, which psalms to sing, and where flowers should be placed. Some may also want to read a poem or say some words. They need to know that they are welcome to participate in this way and be given some time to decide, without pressure, if they want to do so.

The priest should try to speak in a way that children can understand and refer to important events that they and the dead person have in common. By welcoming the children to the funeral, the priest can help to allay the parents' fears about their presence at the ceremony.

On anniversaries, rituals are of special importance for the family, as they function as concrete anchor-points for their grief.

Rituals when there is no body

If a body is not recovered, rituals are of even greater importance. In these instances it is harder for children and adults to understand that the dead person is gone for ever. Fantasies that he or she lives somewhere else, suffers from amnesia, or has swum to shore to start a new life somewhere else can appear[5]. In Scandinavian folklore it is said that those who are lost at sea, and therefore not buried, cannot rest in peace and will haunt the bereaved[6]. Searching for the loved one and restless grief can be helped by rituals that confirm the reality of death, even though doubts may still remain for the family.

If the loss happened at sea, the ritual acts should be conducted there by a priest. The family can throw flowers and home-made or other mementos on the water. They may be able to make their own memorial on the shore with stones, plants or a tree, as well as in the graveyard.

Spontaneous and therapeutic rituals

When a group of grieving friends walk together with lighted torches to the scene of an accident or put candles or flowers at the site of a disaster, these spontaneous acts mark, symbolise and express the losses suffered by the group or the sympathy felt. The shape of spontaneous rituals is influenced by information about such traditions spread through local communities, and by the media. Young people are especially ingenious at adjusting and developing such local rites.

Therapeutic rituals are used by mental health professionals to help young people in cases where it would be difficult to work through grief using conversations alone. Symbolic acts can be used to start or end grieving when grief is delayed, continues over time or is especially complicated. In these situations the therapist will prescribe rites for an individual or family, for example, a farewell letter, lighting of candles, special words spoken in therapy, or rituals at a burial site or place of death[7,8].

CONCLUSION

Hodgkinson[3] has reviewed studies on the importance of viewing the dead body for adults and concludes that this can be done with little psychological risk in the majority of circumstances. Clinical experience attests to this being true for children and adolescents as well[9].

Children have the right to be included in rituals. If we exclude them, we deny them the opportunity of being part of some of the most important family occasions. Rituals, and having participated in them, will continue to be significant throughout a child's life, and as adults we should regard the involvement of children in them as essential for their future development.

References

1. Rando TA. Grief, dying, and death. Champaign, Illinois, USA: Research Press Company, 1984.
2. Silverman PR, Worden JW. Children's understanding of funeral ritual. *Omega* 1992; **25**: 319-331.
3. Hodgkinson PE. Viewing the bodies following disaster: does it help? *Bereavement Care* 1995; **14** (1): 2-4.
4. Weller EB, Weller RA, Fristad MA, Cain SE, Bowes JM. Should children attend their parent's funeral? *Journal of the American Academy of Child & Adolescent Psychiatry* 1988; **27**: 559-562.
5. Hodgkinson PE, Stewart M. Missing, presumed dead. *Disaster Management* 1988: **1**; 11-14.
6. Haga E. The wet grave, sudden death and the bereaved. *Nordisk Psykiatrisk Tidsskrift* 1985; **39**: 23-28.
7. Reeves NC, Boersma FJ. The therapeutic use of ritual in maladaptive grieving. *Omega* 1989-90; **20**: 281-291.
8. van der Hart O, Goossens FA. Leave-taking rituals in mourning therapy. *Israeli Journal of Psychiatry and Related Sciences* 1987; **24**: 87-98.
9. Scowen P. Viewing the body after death. *Bereavement Care* 1990; **9** (3): 35-36.

Alcohol and bereavement



Evelyn Ross

Evelyn Ross, ***BA, ALA. Dip Mgment***

Bereavement Counsellor, Health Promotion Agency, Liverpool, UK

The emotions which alcoholics and their families bring to mourning may be so powerful that they block, replace or supersede normal grieving. Counsellors may need to help the bereaved person to work through these blocks before grieving can occur, and they should be aware of scenarios that may have existed before death. Each alcoholic, each partner, is unique but there are behaviour patterns common to the illness of alcoholism, and to partners' reactions.

ALCOHOLISM

There are various ways of describing alcoholism. The one used here is from the voluntary fellowship Alcoholics Anonymous (AA) which suggests that alcoholism is a four-fold illness, attacking the addict on spiritual, emotional, mental and physical planes, striking at the core of being. This can mean that the partner of a drinking alcoholic lives with, and attempts to cope with or to overcome, an almost impossible situation.

Patterns of mutual behaviour

Alcoholism can create an almost mirror-image co-dependency. This pattern of behaviour can result from the efforts of the alcoholic's partner to effect change in the drinker's life-style, often without understanding what is actually happening in that life-style, and why. There may be a strong element of control, a need to organise the life of someone who is so obviously not in control. This can be destructive for both parties, causing pain and struggle and inhibiting recovery in each.

Even with, or in love, it seems doubtful that any one person can change another, especially someone in the grip of addiction. The partner, however, will often feel a duty or a responsibility to effect change. Gradually the partner's own life-style takes on traits of the alcoholic's, ie criticism, judgmental behaviour, blame, and devious schemes to 'do good' because, after all, the partner wants to help. The effect of this on drinkers may be unwittingly destructive, causing them to 'vanish' – geographically, mentally into their own heads, or physically into drink.

Other patterns of mutual behaviour may include a complete stand-off: each person aims for control, power and understanding, each blames the other, each asks 'why?' Often neither partner can step back and let go, even when the situation seems beyond control. In fact, the greater the loss of control, the greater the need to be in control.

There may be elements of mutual punishment. The drinking alcoholic may alternate between periods of sobriety and relapse, and the partner between a desire to help and the need to punish. The constant moving of the goalposts can lead to a stop-start relationship, with the alcoholic becoming the pursued and the partner, the pursuer and the enemy.

Feelings of guilt, anger, pain, helplessness and frustration may build up, and resentments increase, with exhaustion and despair. In the struggle to find a solution, the partner's identity may be blurred, or lost in confusion and inadequacy.

Practical difficulties

Not only are there emotional problems to deal with, but material, financial and physical factors caused by the alcoholic's drinking may be present and may be carried into bereavement. These may include:

- Abuse by the drinking alcoholic – physical, sexual, emotional
- Poverty, destitution, homelessness, debt, legal problems
- The alcoholic's criminality – theft, violence, drunk driving
- Prostitution with the risks of violence and AIDS.

The manner of the alcoholic's death may have been traumatic, violent or unpleasant, involving, for example, cirrhosis, paralysis, brain damage, cancer, murder, suicide or accident.

Problems carried into grieving

It may be seen from the preceding outline that the bereaved person is likely to need not only to grieve, but

EDITOR'S NOTE

Newly bereaved people may increase their intake of alcohol as a form of self-medication to cope with sleeplessness, heightened anxiety, tension and the pain of grief. Over a third of the young widowers and widows in one study were drinking more alcohol one year after bereavement than before the death[1]. For others, as Ross points out here, the death of an alcoholic spouse may have disrupted a complex symbiotic relationship and the author helps us to distinguish between the two, offers guidance about the special problems in counselling where alcohol is involved, and gives advice about some sources of further help. If the individual has become addicted and is motivated to change, he or she may also need encouragement to seek medical help to end their dependence by entering a detoxification programme or taking antabuse.

1. Parkes CM. Bereavement: Studies of grief in adult life. London, UK: Tavistock, 1972.