Europeans do not care to wear their emotions on their sleeves – witness not only the Royal Family last week, but also many who, often silently, supported them. But nobody wants impersonal funerals. We all prefer funerals that tell something of the life of the one who has died. Such funerals thereby tell people that it's okay to talk about the dead, that it's okay to be honest about the dead if it's done with love. Such funerals can begin a process of talking that for the mourners may never end, and never should end. Only thus does memory become history. Only thus can individuals, families and whole societies live with their past, and gain strength to face the future. BC

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This text comprises a talk given to the Bereavement Research Forum at the Barbican, London, on 11th Sept 1997 and part of a longer talk given to the Cruse Bereavement Care Annual Conference in Swanwick, Derbyshire, on 17th September of the same year.

LETTER TO THE EDITOR

Dear Editors

I am carrying out research on how bereavement counsellors encounter and work with religious and spiritual issues in therapy. As part of this project, I am interviewing bereavement counsellors who are accredited, or are eligible for accreditation, by the BAC, UKCP or BPS. I would be very grateful to hear from any UK counsellors who would be willing to take part in this project, which would involve a single interview of approximately one hour.

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Domestic killing

The perpetrator's need to grieve

Kenneth Dolman RMN Dip Couns Cert BCS
Staff Nurse, Newbury Ward, Broadmoor Hospital, RG45 7EG.

With a contribution by Rufus McGinty
Mental Health Service user

Many patients in Broadmoor have killed members of their families and, though not all are psychotic, most have killed while they have been suffering from the acute symptoms of mental illness. Does this exclude them from the grieving process and therefore the need to grieve? I believe not. It is my opinion, backed up by my experience, that mental illness actively magnifies feelings of grief, and that therefore loss may be more deeply felt.

People are admitted to our hospital from all walks of life, men and women, via the Courts, regional secure units and other health care settings, including prisons.

The main precipating factors for those who kill family members while mentally ill are depression, self-loathing, poor sense of self-worth, paranoia, hallucinations – both auditory (voices which compel them to act) and visual ('seeing things', for example the devil incarnate), alcohol and drug abuse, anger, hate and jealousy. The percentage of my clients which fall into each category changes, but the vast majority (98%) suffer from the enduring mental illness, schizophrenia; the remaining 2% suffer from personality disorder, with depression.

For those patients with schizophrenia, it is during the acute phase of their illness that their perception of reality alters and the offence occurs. When they are in remission they can become aware of the terrible event which has taken place and in some cases, including one client of mine, may attempt or succeed in taking their own lives. In the case of those patients with personality disorder, most act on instinct, with self-preservation high on the agenda; they also have low impulse control due to being brought up in a family in which they never learned that control.

SPECIAL PROBLEMS AFFECTING MENTALLY-ILL PRISIONERS

Mentally-ill patients have to contend with not only the loss of a family member, and their feelings of responsibility and guilt

EDITOR'S NOTE

It is not uncommon for bereaved people to blame themselves for the death of a person they have lost. Usually such feelings are unjustified. But what if they are not?

In this paper Ken Dolman and one of his unfortunate patients, who naturally prefers to write under a pseudonym, report on one of the worst griefs imaginable, the grief of people who, as a consequence of mental illness, have killed a member of their own family.

Mental illnesses take many forms and, although only a very small minority of mentally ill people place others at risk, that minority gives rise to a great deal of public fear and hostility. We are right to expect that they will be kept securely locked away for as long as they remain a risk to society, but this does not absolve us from the obligation to ensure that they will also receive the care which they need. This must include not only proper treatment of the mental illness, but also counselling to enable them to come to terms with the many losses which they and their families have suffered.

The serious implications of domestic murder for children and other members of the family have been described in previous issues of *Bereavement Care*[1-5]

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