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The transformative meanings of viewing or not viewing the body after sudden death

Jane Mowll
University of Notre Dame Australia, jane.mowll@nd.edu.au

Elizabeth Lobb
University of Notre Dame Australia, Elizabeth.Lobb@nd.edu.au

M Wearing

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Title: The Transformative meanings of viewing or not viewing the body after sudden death

Mowll J[1,2] Lobb EA[1,3,4] Wearing M[5]

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Abstract

This study investigates the experience of viewing or not viewing the body for 64 relatives bereaved after a sudden and unexpected death[1]. Thematic analyses of in-depth interviews reveal the importance of viewing and the challenges in providing choice. Some participants experienced difficulties including regret and intrusive images. These are discussed alongside the transformative meanings of seeing or not seeing the body for bereaved relatives.

Key words Viewing, body, choice, meaning, and bereavement

[1] The School of Medicine, The University of Notre Dame, Darlinghurst, NSW.

[2] Department of Forensic Medicine, NSW Forensic and Analytic Science Services, Australia.

[3]Calvary Health Care, Kogarah, NSW.

[4]The Cunningham Centre for Palliative Care, Darlinghurst, NSW.

[5]School of Social Work, The University of NSW, Kensington, NSW

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Grief experts recommend that bereaved relatives view the body to provide a sense of reality about the death and to say goodbye (Raphael, 1984). However relatives have limited opportunity to see the body after suicide, homicide, accidental and unexplained natural deaths, for several reasons. One, in New South Wales Australia, the Coroner first establishes the cause of death and identity of the deceased, and only then releases the body (Abernethy, Baker, Dillon, & Roberts, 2010). Two, first responders and helping personnel employed in the medical, police, forensic, coronial or funeral systems can discourage access (Ryan & Giljohann, 2013). Three, funeral directors can restrict access even when families request viewing (Paul, 2002). Conversely, police may require a relative to provide a formal identification of the body.

Research examining viewing has found mixed results. Studies suggest that parents who see and hold their deceased infant after stillbirth or neonatal death experience worse psychological outcomes (Badenhorst & Hughes, 2007). However, larger multi-site studies show better outcomes for parents who viewed their deceased child (Cacciatore, Rådestad, Frederik Frøen, Mälardalens, & Akademin för hälsa, 2008). In adult deaths, relatives had increased distress when they saw the body after a traumatic death (Feigelman, Jordan, & Gorman, 2008); at the scene of the death (Callahan, 2000); or after autopsy when they had not been present at the death (Ogata, Nishi, & Maeda, 2009). Studies after disasters show better outcomes particularly in the longer term for viewers (Hodgkinson, 1995). Regret about not viewing is linked to intrusive fantasies or imagining the death (Singh & Raphael, 1981). In a UK study, most relatives had reasons to see and touch the body even when it was damaged, including understanding the reality of the death and caring for the body (Chapple and Zeibland, 2010). A Canadian study found relatives instinctively wanted to see the body and most valued the experience (Harrington & Sprowl 2011). A study after suicide in Sweden found most parents saw their child and did not regret this however viewing was associated

with a higher risk of intrusive memories and nightmares (Omerov, Steineck, Nyberg, Runeson, & Nyberg, 2014). Research recommends that family members have time to decide whether to view the body or not (Chapple & Zeibland, 2010).

Family members can access the body at the place of death, at the morgue or the funeral home, but their choice to see is constrained by the requirements of the investigation or the attitude of personnel. Forensic social workers at the Department of Forensic Medicine, Sydney, who provide support to families after coronial death, report that relatives frequently request to see the body. However, there is little research about the circumstances of viewing the body, or the families' experiences or perception of choice (Chapple & Zeibland 2010), particularly in the context of the medico-legal investigation. There is a need to qualitatively explore the complexities of viewing (Omerov et al., 2014) and clarify how different experiences, such as seeing the body at the scene, hospital or later, may affect bereaved people (Feigelman et al., 2008). This paper explores the phenomenology of viewing or not viewing for bereaved relatives after a sudden and unexpected death.

Method

Participants

Participants included 47 women and 17 men with a mean age of 51years (range 26-82 years). Relationship to deceased included: parents (*n* = 25), spouse (*n* = 19), sibling (*n* = 16), and child/other (*n* = 4). The cause of death was accident (*n* = 23), natural death (*n* = 23) suicide (*n* = 16), and homicide (*n* = 2). Most participants 75% (*n* = 48) saw their relative's body after the death. Most saw the body once (*n* = 30). Most viewers 88% (*n* = 42) had no regret. Half of the16 who did not view the body regretted this. Viewing happened at the scene, hospital, mortuary, funeral home, or church.

Procedure

Participants were recruited at six months post loss. The sampling frame comprised people whose deceased relative was admitted to the Department of Forensic Medicine, Sydney, and reported to the NSW State Coroner. Inclusion criteria included: (a) immediate family members whose contact details were available, (b) untimely (<65 years old) and sudden deaths (suicide, accident, homicide or natural deaths with less than 3 days hospital treatment), (c) a post-mortem was conducted, and (d) the relative was aged 18 or over, had sufficient English language, and was cognitively competent.

Eligible participants were invited by letter and a follow up telephone call, which is a sensitive way to recruit participants for bereavement studies (Lund & Castera, 1997-8). A total of 164 relatives were invited to participate, 64 consented (39%). Non-participants were similar in terms of gender, viewing status, manner of death, and age. Reasons for non-participation included feeling too emotionally raw, or feeling that they had moved past initial grief.

The researcher (JM) completed semi-structured interviews between 6-9 months after the death with 61 participants; 3 others provided a brief written narrative of their experience. Interviews ranged from 45 minutes to three hours, were audio taped with permission, and transcribed verbatim. The researcher was responsive to participants' experiences and allowed opportunities to stop (Rosenblatt, 1995). Participants reported that it was valuable to participate, despite distress. Interview data was de-identified. The ethics committees of the University of New South Wales and New South Wales Health approved and monitored the study.

Data analysis

Thematic content analysis identified codes and phrases and were linked to form concepts and themes (Padgett, 2008). The researcher (JM) listened to all responses at least twice, read transcripts several times, and compared codes and themes. A second researcher

(MW) rechecked emerging codes and themes. Analysis of initial interviews informed later interviews (Bryman, 2008). Considerations of rigour included triangulating participant experiences with the coroner's report, auditing, peer debriefing and conducting negative case analysis (Padgett, 2008). Critical analyses of themes emerged across the sample, but we give weight to the 'whole story' for each participant, and privilege their voice throughout.

Results

Results are organized in three main themes; choice; viewing; and not viewing. In discussing these themes, we use pseudonyms to protect privacy.

Choice

Many participants said they knew whether they wanted to see or not immediately on hearing about the death. Around half were able to then choose to view or not. However, others felt they had no choice about viewing because they either found the body; had to identify the body; felt their decision was rushed; or were advised not to see. When the advice contradicted their wishes, they reported regret. However, those who felt they had no choice did not always regret seeing. For example, police officers took Ellen to identify her daughter; Ellen said*: 'I didn't think there was really a choice, we just did it … but of course I would have wanted to anyway*'. Participants who found the body did not regret seeing despite the intense shock. Some had to cut the body down after finding their relative hanging. Some tried to resuscitate, others knew it was too late. Of note, all but one participant stayed with or went back to the body after calling for help, thus creating a space to view their relative. For example, John found his brother, and said: '*He was sitting up in his chair facing the western window being cooked by the [summer] sun, he was covered in flies and maggots and skin coming off … so I spent about 10 minutes talking to him … because I knew [he couldn't be revived] and then I rang.*' He did not regret seeing him and was disappointed when the police would not let him say a final goodbye. He chose to stand near his brother's body at the

funeral: '*I was within touching distance from his coffin, I was concentrating on [him] … I wanted to be right up close to him.*' He wanted still to talk to and care for his brother. '*Then I took it on myself to clean up his place...there was a lot of blood on the bed and so on and the professional cleaners wouldn't touch it, I talked to [him] while I was doing it. I needed to keep going back to him to get it out of my system*' John felt it was extremely important to see him, yet at the same he said: '*I think about what happened, just briefly every day … the severe degradation of his body … I still see it clearly in my mind … I just let it flow, just allow the thoughts to come and go*.'

Participants who found the body resisted others' attempts to keep them away. Brenda woke to find her husband dead beside her. She tried to see him again after police arrived; '*In the beginning they said I couldn't sit with him, but I kicked up a stink, so they let me sit with him.'* Participants reported that spending time with the body at the scene helped their grief. For example Craig, aged 32, found his younger sister in her house. He said '*I think it was really important sitting with her for maybe 20 minutes, for me that time was for me, I could just sit there and talk to her and say goodbye … that really helped me with the next few weeks, it made me appear stronger than others.*' Other participants said that it was important to see the body again in a peaceful setting to ameliorate the horror of finding the body. These accounts suggest that it may be helpful to decide for oneself how to act, after the initial choice-less confrontation of finding the body.

Participants who viewed the body at the hospital, morgue or funeral home noted a need for professional support. Support was primarily provided by social workers but also police and funeral personnel. Helpful support included; checking if they wanted to view the body; giving a sensitive description of the body and room (including coldness, injuries, skin colour, and presence of tubes); allowing time alone; allowing touch; and, showing warmth and empathy. Graphic description and not discussing choice were distressing. For example,

Tina did not want to see her son after he was murdered but let her daughter persuade her to attend the morgue, where a police officer and a social worker met the family. Tina said, '*A woman spoke to us, I didn't really take it in... She wasn't very good...basically [her explanation] was about how he'd be, she didn't really talk about are you here willingly, I didn't feel that she [helped me choose]*.' Erica had made an appointment to view her son with the funeral director. The next day the funeral director strongly advised her not to view: '*She said something had happened to the body … not to do with the post-mortem … that she had not seen before, she said, 'it will haunt you for the rest of your life' if I saw him.*' In the months afterward, Erica reported intense regret for not seeing her son, feeling his death was not real. She was troubled by repetitive thoughts about his body, which she attributed to being advised not to see him. Erica felt strongly that she should have been given a considered choice and she recommended that personnel should: '*Try and help them to really think about it, not just decide yes or no*'.

Viewing the body

The majority of participants said viewing was very important and helped their grief. A few said it was only slightly important. 42 (88%) of 48 participants who saw their relative's body had no regret and 6 (12 %) had some regrets.

Susie, whose baby son died, illustrated the way viewing helped to make the death real both at the time and in the months after. '*I said I want to see him, I wanted to – I didn't believe [the doctor]. I needed to see him to believe that it actually happened.'* She saw her son again at the funeral home. '*I didn't like it because it was cold, he was very cold. I much preferred it at the hospital because it was more real – he was more real.'* At the same time she reflected on the fluctuations in reality, she felt that his death was '*surreal, it took a [few weeks] for reality to sink in*'. She actively draws on the memory of seeing her son; '*I picture him lying in hospital dead … I don't think I would have handled his death that well if I hadn't*

seen him … to make it believable, I had to see him dead.' Many participants echoed Susie's experience. Seeking a sense of reality was both a reason to see, and a benefit from seeing. Participants' experiences of previous losses illustrated this. For example, Cora saw her son's body at the forensic mortuary after he was discovered hanging in a forest. She said of seeing: '*Oh I mean totally, utterly completely important … I think I would still believe he was out there [if I hadn't seen him]. I actually had four children – I was pregnant with a little girl, she had a genetic abnormality so I had a termination … there was nothing; I never saw her body … that's been a profound loss to me, that nothingness … if I had seen her I would have known she existed.'.* Some needed repeated viewings to see the body change over time to comprehend their death. Alan saw his baby son several times and movingly expressed this: '*Closure is not a good word … it's a degree of transition to a new reality to at least be able to have reality made real and to be able to see him... at the hospital as he was still warm, he looked healthier, at [the morgue] he was more doll like, glassy eyeballs … we saw him on the day and two days later, basically it was pretty positive, as sad as it was it provided a transition to coping with reality.'*

Many participants described viewing as a chance to express their relational connection. For many, the person was still embodied and they could touch, hold, talk to, and care for them. Harry described his close relationship with his brother in the context of a long history of family conflict: '*I had to see him … it wasn't theirs… I needed to make sure he was clean and tidy before anyone else saw him. I wiped his nose and wiped his tears and wiped my tears... I don't even want to think about how hard it would be not to see him…I miss him but, that final viewing to know that I had done all I could was like a shade being lifted. It's made 95% of things afterwards much easier.'* For Harry, physically caring for his brother's body, and being the intermediary between his brother and family as he had been in life, was a vital component of his ability to subsequently deal with his brother's death.

Physically caring for the body was important. Police told Freya that her 13 year old son had died from a car hitting his bicycle. Despite his injuries she saw her son at the morgue straightaway and saw him again many times; '*Police [told me that he'd died], the most horrific moment … I didn't believe it until I saw him... I was just dying to see him. Later I wanted to dress him. I took some of his toys, his music – Red Hot Chilli Peppers. In a way I got to spend more time with him, I couldn't imagine [not], it's a loving thing... my last chance to care for him as his mother*'.

For some, caring for the body was even enjoyable. Karen, who with her mother's body at the emergency department, said: '*I get satisfaction that I was there from the moment I saw her until when she was taken [to the morgue] … So if you're allowed to say it was good to be with her, I enjoyed every minute of it.*' Later she wanted to wash and dress the body prior to the wake, but the funeral director did not allow her. '*Prior to the wake we got about half an hour with her…she looked really bad, with Greek Orthodox we just don't do make up, [they] did her hair, I pulled down her fringe but they stopped me touching her … They dressed her badly. I would have done it differently [if I was allowed]… what's the big frikkin' deal, I mean she's dead anyway*!'

Relinquishing the physical body was more than just saying goodbye. Catherine, who spent around an hour with her son at the forensic morgue, said*; 'As a mother...you don't want to leave … I just went in and out [of the room]. I would have kept doing that … as long as I could keep doing that he was still with me.'* Many participants expressed an ongoing connection while relinquishing the body, supporting a paradigm of a continued bond (Klass & Walter, 2001). As Sally, whose husband died from suicide, poignantly illustrated, viewing was *'A farewell – not closure – a farewell to a sense of earthly presence.'*

Although most did not regret viewing, it was still difficult. Difficulties included: the body's coldness, its altered appearance, the lack of time (including time alone), no permission

to touch and hold, and recurrent images from the viewing. Sophie, who saw her younger sister after she died in a train accident, expressed the conflicting emotions; '*People were telling me not to see her, to protect me ... but I desperately wanted to see her. I was really nervous as soon as the door opened. The funeral [director] was very warm and took all of that away, he prepared me. I saw her; I couldn't believe she was there!! In a coffin!! I just wanted her to wake up. I moved closer, I wanted to hold her hand, I didn't realise how difficult that would be, it was really cold... it was lifeless, it didn't feel human, it didn't feel like my sister… but then, I had chosen her outfit, which made me smile, then if you believe it I had a laugh about her hair! I said oh … what have they done to your hair, they've given you this bouffant fringe! Even though it was hard to touch her I just said [whispering] 'I'll mess it up a bit for you… 'cause it was very Granny*.'

A third of participants experienced frequent recurrent images from the viewing. Freya, who had dressed her son, said; *'I always see him like on the slab … that image I will never forget … when I see a photo of him I am straight back to that image when the door opens. That image stays for a while … a lot of the times I can control it and sometimes [not]*.' However, she reiterated the importance of viewing: *'it was imperative that I saw him'*. Sally chose to identify her husband's body despite his changed appearance. She had support from the forensic social worker. *'That is the hardest image that I carry with me, once again that is the hardest image I will carry with me for the rest of my life, but I don't regret doing it … it pops in unplanned when I'm tired, emotional or stressed but not really frequently now.*' Frank was unsure if he wished to see his son's body. The forensic social worker provided support and choice: '*I can't thank her enough, she made us feel at ease, I wasn't sure if I wanted to see him or not but I virtually felt I had to 'cause he was my son, but I hadn't seen a body since I was 10 years old – they pulled me out of bed one night to see [the body of] a friend of my sister's laid out on a door on the floor, I can still see her as plain today, that*

picture's been in my mind ever since...and I think [my son] will be too, but not to the same extent [because of the] preparation.' These experiences suggest that being provided skilled preparation and choice may help bereaved people accommodate intrusive images.

Several participants also said that remembering seeing the body was helpful. Janet said: '*Yes it has [helped] in a way mainly at the funeral would be one thing because you had in your head what's in the casket … but for me having seen him it makes it not as bad at the funeral because you know what is in there not something you made up in your head [because] you can imagine things, probably TV has a lot to do with that.*' Participants for the most part said persistent images were not a reason to regret viewing. It seemed appraisal of viewing as wanted or important gave the images a contextual meaning.

Those who regretted viewing (n = 6) had a different experience. They recalled feeling uncertain but being encouraged by others. Some recalled being rushed in the immediate aftermath of the death, and having no support to deliberately decide. Regret focused on lack of choice; changed appearance, by injury, or decomposition or tubes in the mouth; and, recurrent images. Linda rushed to hospital after her husband's sudden heart attack. She had been unsure if she wanted to see him: '*I don't know [if viewing helped]. I couldn't relate to him at all and when I think of the hospital and the tubes I get upset … but I think in the shock if you don't see somebody you are in disbelief so it's sort of damned if you do and damned if you don't.'*

Recurrent images were troubling and triggered regretful thoughts about inadequate choice and support. Janice experienced shock 'Like *an out of body experience'* when she arrived at the hospital to be told her husband was dead. The hospital social worker took her to see her husband's body. Later she reluctantly saw him again at the funeral home, as her daughter wanted her there. Janice said; '*The image in the hospital comes to mind much more, it's not at all okay; sometimes I think about it and wish I could have stayed longer or arrived*

earlier... [The images are] associated with a whole lot of thoughts of why's which isn't helpful...My regret is that it was too quick, in the ED there's too many people, no time to sit with him and maybe that's why I think about it, it wasn't private … not dignified … I don't regret seeing him, I wish I'd seen more of him, there was no time to say goodbye, and going to the funeral parlour was just wrong, I kind of feel a bit cheated I think....at the funeral home it didn't look like him, his mouth [was wrong], there were the signs of the autopsy'. Emerging from these narratives are the complexities of choice, the need for support, and the attributed meanings of viewing.

Not viewing

Of the 16 who did not see the body, eight reported no regret for this decision feeling it was their choice. Meanings for not viewing included avoiding bad memories, and remembering the person in life. For example, Chris chose not to see her spouse despite other family members viewing: '*we'd had such a happy day and I just wanted to remember him...he was such a vital person...I don't regret it'*. Some expressed difficulties such as not feeling that the death was real, but importantly they did not attribute this to not viewing. Georgia said: '*Yes I have difficulties [with the reality of the death] but I honestly don't think seeing or not seeing [my husband] would have changed those difficulties. I know it happened, it's just hard to accept sometimes and I don't really think that's a result of not seeing him'.* Furthermore, those who had no regret did not report imagined fantasies of the body. These participants sought other ways of making sense of the death, including seeing the coffin, scattering the ashes, visiting the scene, cleaning the house, and reading reports.

In contrast, eight participants felt deep regret for not seeing. They said that they wanted to see but were prevented, or advised not to (n = 6) or felt rushed in deciding (n = 2). These participants reported on-going difficulties including: a troubling sense that the death was not real, repetitive dreams of searching for them, and visiting the grave and feeling like

the person was not buried there. Vera's experience highlights the complexities of choice in the context of death investigation. Vera arrived at the scene of her son's death after he had died from suicide in his car. She stayed at the scene for over three hours repeatedly asking to see him, but was refused access. Three days later she was offered a viewing by the forensic social worker but declined*; 'No...I've got so many regrets about that [*crying*] you see … as soon as I got there the ambulance was there and I said can I see him and they said no! And I asked the ambulance man what did he look like? And he said his face is a bit red, and I kept asking and then the police came and they said no...I think they said it was a crime scene and I don't know how long I waited at the house [a few hours], and the priest came, but no one saw him, police just said no you can't see him… if they'd have let me go straight in on that Saturday morning, I wouldn't have hesitated, I didn't have time to think, but then I had three days to think and I thought no...but if I had my time over again I would...I just wanted to hold him.'* Vera was unaware the police had allowed a neighbor to visually identify the body at the scene. Vera struggled with a sense of unreality that she attributed to not seeing her son. '*I buried him with an aunt … he'd been alone so long I didn't want him in a new grave. Every time I go there … you sort of don't realize he's there … it's hard to explain, like I know he's there, but when I go … I don't know. (*Can you say why you don't realize it?) *I had a sister-in-law who died and I didn't see her and every time I think of her … I don't think of her as being dead, like … because I didn't see her … that's how I always feel … if I saw [my son] I think I would have realized he was dead.*' Vera fluctuates between regret for not viewing '*I just wanted to hold him*' and her reason for not seeing him '*But I just couldn't have bad memories of [him], I just couldn't, I just couldn't.'* The social worker had given her a photograph of her son's body. However she was frightened of looking in case he '*looked okay*'. For Vera, seeing his body looking 'okay' would undermine her tenuous reappraisal of meaning for not viewing, that of not having bad memories, so she avoided the photographs.

Participants who were advised not to see the body and regretted this were troubled by imagined fantasies of how the body may have looked. Fiona, whose spouse died in an air crash, reported experiencing frequent fantasies '*like a video'* of the crash. She said: '*I should have been given more information...the choice was not there...it's something that plays on me a lot, if I knew, that's one thing to deal with but the uncertainty … Then he was not identified for such a long time, I thought how can they not know! … Then I had visions of what he must have looked like … I think that's harder than all of it really...if I knew it would be different'.*

Discussion

This study highlights the challenge of providing choice within the essentially choice-less situation of an unexpected death. For support personnel, facilitating a bereaved person's self-determined choice about viewing is an important task. Feelings of powerlessness and helplessness in the immediate aftermath of a sudden death can be particularly distressing, and actions to ameliorate these feelings and regain some mastery are important (Pearlman et al., 2014). In the midst of medico-legal processes it is vital to maintain 'a space for reflection' for bereaved families (Drayton 2013). In providing choice, it may be more helpful to use simple descriptions of the body rather than emotive advice (e.g., 'it will haunt you for the rest of your life'), which could trigger distressing imaginings. Awareness of verbal and non-verbal cues indicating arousal is needed. It is important to assess their capacity or readiness to hear information, take steps to tune in and engage with the person, slow down the process, and pace exposure by giving information in graduated stages (Harms, 2007; Parkes, 2008).

Viewing the body was not just a difficult or necessary task. For many in this study it was a meaning-filled process, even when the body was changed by injury or decomposition. Central to the integrative understanding of bereavement is the process of constructing meaning to the life now lived without the deceased (Gillies, Neimeyer, & Milman, 2013). Viewing the body and the various interactions with the body on one or many occasions, or

even deciding not to see, may be an important part of the 'many small acts' of meaning making that occur in the hours and days after death notification (Armour, 2003). In this way being able to carry out one's wishes to spend time with the body, wishes that were immediately known by many on hearing of the death, could help 'process and accommodate the event story of the death' (Gillies et al., 2013). This data supports previous findings that people reported that having a sense of reality, to comprehend the death had happened, was both a reason to want to view and a benefit to having viewed (Mowll 2007). Further, being with the body allowed expression of the unique aspects of their relationship with the person who died through talking to, seeing, touching, holding and caring for them. Sociological perspectives have challenged the strict boundaries between life and death for bereaved people and this is demonstrated in the current study (Howarth, 2000). Similarly to other studies (Drayton 2013) participants experienced the deceased as embodied, allowing communication of love and care. Some people reported that time with the body and repeated viewings were important to relinquish the body, and to transition to the new reality of life without the physical presence of their loved one. Some experienced satisfaction and even positive emotions from viewing *'like a shade being lifted', 'I enjoyed every minute of it'*. In a situation where emotional pain is often overwhelming, these positive emotions may be invaluable in helping adjustment later (Tweed & Tweed, 2011).

As in other studies (Omerov et al., 2014), those who viewed the body reported persistent images of the death. Importantly, however, the meaning of these images varied. For some, the image was a reminder of a valued experience; for others, the image underlined the inadequacies of the viewing experience and triggered regretful thoughts. Taking a constructivist approach and exploring the meaning attached to 'symptoms' such as intrusive images, may allow bereaved persons to develop a more nuanced understanding of their grief and suggest pathways to accommodate their loss (Neimeyer, 2001, 2006).

Those who wanted to see but were advised not to reported regret and on-going difficulties that they attributed to not seeing. These difficulties included a persistent sense of unreality about the death, searching behaviours, and imagined fantasies of the body – consistent with the experiences of bereaved participants in other studies (Singh & Raphael, 1981). At the same time, seeing the body was not important to everyone in this study, and some chose not to see. Some found other ways of making sense of the death, including going to the scene of the death. In this context, providing timely information about the death and investigation is important. Providing police with training and making skilled support staff available is important. The funeral director or police may have advised against viewing because the body was not recognisable. However some of the present participants still found meaning in seeing the body even when changed or decomposed. Rather than giving advice, personnel could discuss timing, opportunity and options such as covered or partial viewing.

This study makes an important contribution to understanding the experience for the bereaved relatives of viewing the body, and the complexities and nuances of providing choice. Limitations include its cross-sectional design and the retrospective nature of recalling preference and experiences. Also, recruitment was via a single site which employs forensic social workers to provide bereavement support. Longitudinal examination of the qualitative aspects of viewing in representative and diverse samples is warranted. This study suggests viewing has profound transformative meanings including a sense of reality, connection, care, relinquishment and transition to life without the physical presence of the loved person.

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