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Foreseeing a Need for Counselling Practices for Mortuary Workers

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ABSTRACT

The subculture of mortuary workers spends much of its working hours with the dead. Society fails to acknowledge much of the psychological distress they experience, such as use of maladaptive coping mechanisms, substance use etc. Few studies have investigated mortuary workers, especially in developing nations. This exploratory study in Bengaluru, India aimed to gather and consider the perspectives of three mortuary workers, one doctor of forensic medicine and one mental health professional regarding the stresses of working with death. A thematic analysis of these interviews revealed the themes of occupational support and psychological effects of mortuary work. The unique nature of their job suggests further research is required regarding a need for counselling practices, designed to alleviate their stress.

Keywords: *Mortuary Workers, Counselling, India*

Stress is an inevitable component of life, and comes in a variety of shapes and forms, with varying degrees of prevalence and intensity. One of the more chronic types of stress that adults face is occupational stress, including but not limited to work-life balance, deadlines, circadian rhythm disruption etc. This is an important area of study, as "Chronic stress is the grinding stress that wears people away day after day, year after year. Chronic stress destroys bodies, minds and lives. It wreaks havoc through long-term attrition" (APA, n. d.) It is thus an area of study that has gained prominence, due to organizational focus shifting to enhanced well-being and focus on increasing productivity among workers.

Another inevitable acute stressor in our lives is death. 'Death is the only certainty of life', is a piece of wisdom that has been passed on through generations since time immemorial. Death brings with it the idea of loss, grief, anger, depression and so on, all of which irreversibly alter us. This experience of death is something that is of extreme relevance in the subject matter of psychology, an area of focus for a variety of sub-disciplines, such as positive psychology, bereavement psychology, psychology of resilience etc.

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However, what happens when an acute stressor becomes chronic? When individuals face a stress that is usually acute, every day, until it becomes chronic, there are a lot of physiological, psychological, emotional and cognitive repercussions that must be handled.

This paper aimed to therefore understand these repercussions on a specific population of individuals, mortuary workers, a large chunk of whose every day stress itself is the handling of death, loss and grief.

Contextual Background of Study

Throughout history, one of the biggest taboos that we, as a society have faced, is the concept of death. Even in India, death is seen as tragedy, and all those associated with it are seen as unclean and impure. While for the family this is temporary, for the people who handle the bodies daily, it was a permanent stigma, making them 'untouchables' (Thompson, 1991).

In some ways, mortuary workers could be seen as an extension of this. They work in the closeted spaces of the morgue, regularly deal with the dead, and are almost never spoken to or acknowledged. However, that does not deny the fact that they could potentially be facing a lot of stress in their jobs. Indeed, these very characteristics could be causing the stress. Although there exists an immense plethora of literature related to the experience as well as coping mechanisms associated with the death of a loved one (Freud, 1917; Kubler-Ross, 1969; Bowlby, 1969; Rando, 1993), much less work has been undertaken in order to understand the psyche of individuals who engage with death regularly, as part of their occupations. It therefore becomes an essential area of study.

Within the cultural context of India, it seems that individuals rarely acknowledge the mortuary worker. For the family, their first and obvious concern would be that their loved one is safely and respectfully preserved until they can claim them. For the doctors, it would be a matter of having the body maintained such that autopsies or other procedures can be conducted. In case of unnatural death, for the law enforcement, it would whether sufficiently detailed records are maintained. Thus, the people who handle all of these areas, the mortuary workers, are relegated to a behind-the-scenes position, and are only present in their absence. Thus if they do face any issues, there seems to be no outlet for them to have these issues addressed.

Conceptual and Theoretical Frameworks

The various concepts and theories related to this paper will be mentioned here. Many of these ideas have existed independently for a long time, but have been studied together in the context of this study.

Stress: Stress refers to the mental and physical responses of our bodies to real or perceived physical, social, or psychological events or stimuli (Glanz & Schwartz, 2008). The body's

changes in response to acute vs. chronic stress is succinctly described in Selye's (1936) GAS model.

General Adaptation Syndrome*:* Selye (1936) proposed that the body's response to a stressor proceeds through three stages. Stage 1 or the 'alarm phase' triggers the body's fight-or-flight response, readying it to tackle the challenge at hand. Stage 2 or the 'resistance phase' sees the body attempting to resist the arousal and bring the body back to homeostasis. However, if the stressor persists, the body enters Stage 3, or the 'exhaustion phase'. This stage sees the body's resources depleted. Excess cortisol secretion means that the person faces a variety of problems, such as lowered concentration, fatigue, lower responsiveness, compromised immunity etc.

It is thus a matter of importance that the stress levels of mortuary workers be gauged, because chronic stress would inevitably reduce their well-being and have a negative impact on their quality of life.

Depression: Depression, the common name for major depressive disorder, is a type of mood disorder defined in the DSM 5 as presenting with a period (2 weeks or more), of eudemonia, irritability, clinically significant changes in weight, appetite and sleep, along with feelings of hopelessness, worthlessness and helplessness. In its most severe form, depression can also result in suicidal ideation and self-harm, or turning towards substance abuse in order to improve their moods.

The theoretical frameworks attempts to explain depression in a variety of ways. Due to the nature of their jobs, mortuary workers have been shown to have a higher tendency to develop depression, among other mental illnesses (Nothling, Ganasen & Seedat, 2015; Faraj, Abbas & Perez, 2014). This will be elaborated upon in the next chapter.

Stigma: Defined as "a set of negative and often unfair beliefs that a society or group of people have about something", (Merriam-Webster, n. d.), stigma is an issue faced by mortuary workers (McCarroll et. al., 2002). Mortuary workers face societal exclusion or stigma, as their job is often considered 'abnormal', 'offensive' and 'unhealthy' (BBC, 2012). Such a persistent attitude from society can cause discouragement, irritability, hopelessness etc. in the stigmatised, and have adverse effects on their mental health.

It is thus important that we study not only the presence, but also the intensity of such a stigma, as well as understand if, and what sort of coping mechanisms are employed by workers. This will better help map out the support systems required for them to thrive and succeed at their jobs.

NEED FOR THE STUDY

Most research in this area deals almost exclusively with military mortuary personnel, as well as effects of mass casualties, natural disasters and terrorist attacks on mortuary workers. Little to no research exists on the effective of every day job stressors on them. This means that while we know how they are affected when suddenly overwhelmed with casualties, we are unaware about how they feel due to constant exposure to the same every day.

Further, most research in this area has been done in the Western context, primarily the United States of America. This brings up two issues- first, it focuses on funeral directors and embalmers, who have training, and educational qualifications exclusively pertaining to the subject. Second, funeral homes are a $7 billion dollar industry in the USA, meaning that the individuals studied belonging to the upper middle class or upper class of society. It was thus assumed, with reasonable certainty, that if such a study were conducted in India, results would be different, as mortuary workers here are usually trained on the job, and belong to the poorer sections of society.

Thus this paper aimed to understand the problems faced by mortuary workers specifically within the Indian context, in order to ascertain whether they required any targeted counselling.

Objectives of the Study

The objectives of this paper were:

1. To determine the nature and intensity of stress faced by individuals who work in mortuaries.
2. To understand how they cope with this stress, and see if this is maladaptive or harmful.
3. To see if there is requirement for specialised counselling for them.

Research Questions

The research questions were:

1. How did mortuary workers come to be employed as such? Were they aware of the nature of the job before they joined?
2. Are they given training and necessary equipment to deal with the bodies? Is it sufficient?
3. Does the constant handling of bodies affect them in any way personally?
4. Do they face any stigma for the job they do? If so, how do they cope with it?
5. Are they satisfied with their job, and is there anything that would like to change about it?

Scope of the Study

As this is an area that hasn't been researched much in India, it has a lot of potential. Understanding how the subculture of mortuary workers function is important on several levels.

First, we will have a better grasp on how death affects individuals not directly related to the deceased. This will help better expand the existing knowledge of this area of psychology. Second, understanding how they deal with the stress it brings can enable a deeper insight into coping mechanisms and the support systems required for the same.

Such knowledge will hence benefit the community of mental healthcare providers, as well the workers themselves. If the results would point for a need for counselling, it could enable the

creation of a counselling department in every hospital designed solely to provide help to those employed in the hospitals themselves.

Limitations

- One of the biggest challenges that the researchers faced was a time constraint. Since the research was to be conducted outside of college hours, data collection had to be finished over the vacations, meaning that the researchers had to settle for a sample size of three and look for individuals close to where they lived.
- A lack of experience and age was also a limitation. As the individuals interviewed were seasoned workers, rapport establishment was initially difficult because they did not understand why two college students wanted to ask them questions. Further, as undergraduate students, knowledge of qualitative research paradigms were comparatively limited. However, assistance from hospital personnel as well as professors at Christ University helped overcome this to a large extent.
- Due to time, financial, and other constraints, data collection was limited to the city of Bangalore and to two hospitals.
- Since data collection was during the Christmas break, leisurely interviews were difficult to conduct because workers were extremely busy, or on vacation.
- The focus of the paper was mortuary workers, who were often at par with housekeeping staff at hospitals. They were thus very scared of adverse repercussions from management if they said anything negative about their jobs. It was hence a challenge to get them to open up and be honest.

REVIEW OF LITERATURE

Healthcare professionals serve in one of the most stressful and demanding professions. Their work may be further complicated by working with human remains. The viewing and handling of human remains may serve as "cognitive and emotional reminders of the individuals" to mortuary workers (Ursano & J.E. McCarroll, 2001). These workers may develop "work-related emotional and psychological disturbances" and may use maladaptive emotional beliefs to cope with the trauma of handling their relationship with the dead. (Patwary, 2010, p.10)

Most of the studies on mortuary workers focus on the experiences of healthcare personnel in military settings. This study considers the views of mortuary workers in urban hospitals in Bengaluru, India to understand their beliefs, coping mechanisms and experience of stress while handling human remains. While other research papers have focused on the experiences of trauma in developed countries, this study aims to reveal the nature of experiences of lower SES and undereducated mortuary workers in super-specialty hospitals.

Mental health of mortuary workers

Stress. Mortuary workers' anticipation of stress prior to handling remains is mediated by three factors- "the condition of the remains, the emotional link between the viewer and the remains, and personal threats to the soldier such as occupational hazards and combat." Further, experienced and inexperienced workers had higher levels of distress when they anticipated handling remains. (J.E. McCarroll, Ursano, Fullerton, & Lundy, 2002)

A risk factor for the experience of intrusion and avoidance symptoms associated with PTSD is that of exposure. Pre-post responses of 352 military men and women mortuary workers from the Persian Gulf War determined that symptoms increased for experienced and inexperienced workers with the greatest exposure. (J.E. McCarroll et al, 2001)

Inexperienced workers in the Persian Gulf War also experienced somatisation symptoms when exposed to the dead for long periods of time. "Those workers with pre-exposure levels of somatic symptoms reported higher post-exposure somatic symptoms." (J.E. McCarroll et al, 2002, p.31)

A study on workers in the Holocaust Museum revealed that the period and type of exposure to death is mediated by the contact with personal effects of the deceased. The worker humanises the dead which increase their personal distress. Their adaptive strategy of remaining impersonal fails. (J.E. McCarroll, Blank & Hill, 1995)

The nature of the stress of exposure to traumatic death at the Dover Air Force Base Mortuary following a military air disaster in 1985 revealed that exposure to sensory stimuli, children's bodies, female combat deaths, natural looking bodies, etc. increased posttraumatic stress of the workers. The workers' coping strategies changed based on the degree of exposure to and experience of the worker. Workers felt prepared to handle remains prior to exposure when they were "told the worst" about a scene. Remaining impersonal at the scene helped cope with the multiple sensory stimuli emanating from the remains. Most workers viewed therapeutic assistance as "unacceptable" after exposure because they "feared they would be fired, could not successfully testify in court, would be ridiculed by fellow workers or would lose their job." However, they felt that it should be made mandatory. (Ursano & J.E. McCarroll, 2001)

A similar study by J.E. McCarroll et al (1995, p. 346-8) determined that anticipatory stress increased among inexperienced workers and women before handling remains. This suggests the need for 'inoculation' training for workers to handle emotional attachment, personal threat and gruesomeness of bodies.

Taylor & Frazer (1982) studied the experience of stress after a disaster has occurred. The long-term effects of stress on mortuary workers may reveal the nature, duration, intensity and type of

therapy needed to combat their stress. About a third of the workers at the Mount Erebus air crash reported initial transient problems. One-fifth of the subjects experienced symptoms after three months. Even after twenty months, some workers continued to report disaster stress. Thus, post-disaster body handling is“ a complex interaction between environmental and task stressors, job competency, perceptual and emotional defences, management and follow-up support.”The researchers suggest logistic and emotional debriefing as tools to reduce posttraumatic stress.

Ursano et al (1995) conducted a longitudinal assessment of specific effects of traumatic exposure. After the USS Iowa gun turret explosion, a comparative assessment of 54 body handlers and 11 non-body handlers over several months determined that acute and long-term intrusive and avoidant symptoms, hostility, depression, somatisation, and risk of PTSD increased among body handlers. Further, single body handlers showed higher degree of symptoms as compared to married workers suggesting the importance of social support in handling traumatic stress.

Flynn, J.E. McCarroll & Biggs (2015) however, studied the nature of rewards and positive experiences of military and civilian mortuary workers. On the one hand, these workers are able to integrate their work lives into their personal lives in a positive manner that motivates and maintains their performance. They take pride in their work. On the other hand, they may also suffer disenfranchised grief, traumatic bereavement and are not given time to grieve. The study suggested “training, experience, leadership, and supervision” along with “meaning-making of their experiences” as having powerful therapeutic effects in reducing anticipatory stress and improving performance.

Depression: Nothling, Ganasen & Seedat (2015) identified that “mortuary workers are at high risk for developing depression and other psychiatric disorders owing to the nature of their work and exposure to deceased victims of violent deaths.” Their study in South African mortuaries is significant for this research because data was collected from low and middle income countries similar to India. Inexperienced mortuary workers faced a higher risk of depression compared with experienced workers, though prevalence of PTSD did not differ significantly. The most significant predictors of depression for both groups were self-perceptions of physical health, perceived stress, fear of blood/injury/mutilation, and resilience. This suggests that“ promotion of mental health may be beneficial to all mortuary workers, and preparatory training related to mental health may be beneficial to inexperienced mortuary workers before occupational uptake.” The psychological impact of prolonged conflict and the resulting exposure and mass casualties was studied on Iraqi health professionals. The Depression Anxiety and Stress Scale was used to determine that incidence of depression were higher among females and among mortuary staff. Staff who were not in direct contact with the casualties reported fewer symptoms of anxiety, depression and stress. Thus, monitoring symptoms of psychological distress is necessary for the occupational group of mortuary workers and body handlers. (Faraj, Abbas & Perez, 2014, p. 8)

Stigma: Thompson (1991) analyses the patterns in which mortuary workers and funeral directors handle the stigma of their work. This ethnographic study revealed that this occupational group is often blamed for profiting from grief and death. (p. 406) Overcoming this social stigma involves practices such as role distance, humour and professionalism. They attempt to redefine their work and shift its emphasis from body handling to providing important and necessary services for the living. They tend to cloak themselves in the "shroud of service,". As the study was conducted in a Western setting, these workers also enjoy socioeconomic status though they are denied occupational prestige. (p. 415-425)

Similar results in an Australian study showed that mortuary workers are often proud of their work but are also stigmatised by society for their services. They are considered “less than human”. Hence, modern marketing by the funeral industry often attempts to delimit this stigma by presenting images of life and nurturing and focusing on personnel and services. (Carden, 2014)

Patwary (2010) analysed this stigma in a manner relevant to the present study. His focus was on the cultural marginalisation experienced by poor mortuary workers in Bangladesh under psychologically distressing conditions. Unlike in the previous Western-oriented studies, these workers accept their position out of extreme fatalism rather than any sense of worth or reward. They “attribute powers and motives” to the bodies and dehumanise their occupation due to their severely unpleasant working conditions. Their coping mechanism is alcohol consumption, particularly because these workers are from lower castes as well.

Mental health support: A review of literature “investigated the diverse mental health status and needs of the heterogeneous population of disaster workers responding to the events of September 11th”. Bills et al (2008) found that minimal pharmacotherapy was provided to the casualty workers. There was no investigation regarding the nature and type of mental health interventions needed for the staff either. These findings support the present research in determining a need for future programs for mortuary workers. Interventions must consist of an accessible and comprehensive mental health treatment services emphasising pre-disaster mental wellness and post-disaster surveillance.

Peterson et al (2002) suggest the use of Critical Incident Stress Teams and behavioural interventions for the traumatic stress experienced by mortuary and healthcare workers after September 11 attacks. The Dover behavioural health consultant model was used to successfully identify vulnerable as well as distressed workers.

Ursano & J.E. McCarroll (2011) highlight three reasons for the importance of mental health support. It helps the workers understand the nature of their distress; it helps in recommendation

of policies to medical and line commanders and in understanding their own vulnerability to the stressors. They suggest a three tier model focusing on personal, logistical and organisational guidelines for assisting the workers and military staff before, during and after traumatic exposure. It is important to support staff by recognising and respecting their work, "spending time with personnel to decrease any possible isolation caused by the nature or location of the work", and understanding the impact of job stress on other aspects of their lives.

Health and safety of mortuary workers

The forensic and post-mortem departments at hospitals are often at risk of contamination from bodies. It is a legal responsibility to ensure the safety and health of all staff working in these departments- pathologist, anatomical pathology technician, visitors, and those involved in handling the body.

Infections: Burton (2002) reviewed the "risks associated with the necropsy of infected patients, with foreign objects present in the body, and with bodies that have been contaminated by chemicals or radioactive sources." Mortuary staff are often at risk for pulmonary and cutaneous infections, chemical contaminants, HIV, hepatitis B and C, and other infections. Further, occupational hazards include dangerous foreign bodies such as hidden sharp objects, exploding bullets, etc. Burton draws attention to the lack of studies focusing on the safety of post-mortem practice. It is important to ensure awareness of, regularisation and standardisation of clothing, immunisation, pre-necropsy testing equipment, circulators and 'safe sharps' practice across all forensic departments.

A similar study investigated the risk of occupational infections due to accidental exposure among human and veterinary healthcare workers. The study identified that in developed countries, many such workers are referred to clinicians for evaluation of common risks as well as other emergent pathogens and their possible timely prevention. (Tarantola, Abiteboul & Rachline, 2006)

Beck-Sague et al in 1991 highlighted the dangers of embalming, a common funeral practice. 39% of respondents reported needle-stick injuries and 3% reported percutaneous exposures to AIDS. The latter is a cause for concern. Patel (1997) also identified that HIV serophobia is noticeable in mortuaries. However, mortuary workers have become "unduly overcautious despite the availability of codes of practice and informed principles of health and safety in developed countries." This false sense of safety may also become a health hazard and have public health implications. Hence, he developed an algorithm for selective handling of unsuspected and unrecognized high-risk cases.

Mortuary waste: The proper management and disposal of mortuary waste is a significant safety factor that controls disease transmission. Patwary & Sarker (2012) studied Bangladeshi mortuaries where there has been "no rigorous estimation of mortuary waste generation and

associated risk factors" as it is a developing country. Using WHO guidelines, they determined that a high proportion of mortuary waste was hazardous. Furthermore, the workers were untrained and lacked understanding about the hazards and need for protective equipment. The mortuaries also lacked adequate storage facilities for bodies and waste. Waste was often dumped into landfills thus potentially contaminating ground water and soil. This study is significant for the present research in its aim to identify awareness strategies for mortuary workers.

These studies demonstrate the hazards and risks associated with mortuary work. The aim of this study is to determine a potential need for counselling practice for mortuary staff that covers awareness programs of these risks to ensure informed decisions and procedures within the mortuary.

Infrastructure provided to mortuary workers

Mortuaries in India require adequate and safe working environments due to the high traffic of bodies every day. Victoria Hospital in Bangalore is one of the city's busiest mortuaries receiving at least 10 bodies a day. However, the hospital often faces a space crunch due to a pileup of unidentified bodies. The police are also unable to identify these bodies causing new bodies to be kept outside. This causes further complications with relatives of "new arrivals." Despite the sanction of a new dissection table by the Central Government, work has not yet begun on restoration of the basement at the hospital causing the table to get rusted. (NDTV, 2011)

In Delhi as well, many bodies lie on the floor or on stretchers due to a lack of space, and pileup of bodies. A reporter of Indian Express claims that "dignity of the dead is often talked about among staffers, but, they say, there is little they can do. They too are looking for dignity, of the living". Despite a 60 crore funding for the expansion of the mortuary, the staff are overworked and underpaid, and have to work on rusted tables. There is a shortage of supplies, for maintenance of premises as well as masks, potentially increasing infection risks. No risk allowance is also provided to the staff. There is no visitors' room and the air-conditioning is defunct causing a terrible odour. Workers claim that "Rules are made in offices, without a reality check on the ground." This article reveals the lack of importance given to mortuary staff and the need for research into the nature of their occupational lives. (Hafeez, Indian Express, 2015)

This study seeks to understand the mental health needs of mortuary workers in terms of the stressors they encounter, their physical health and their working environment. This will potentially help predict counselling practices that combine awareness programs, safety and training initiatives as well as therapy aimed to alleviate the stress involved in exposure to death.

METHODOLOGY

Participants and settings

Convenience sampling was used to select and interview two mortuary staff from Fortis Hospitals, Bengaluru and one mortuary worker from Sapthagiri Institute of Medical Sciences &

Research Center, Bengaluru. The mean age of the mortuary staff (SD= 3.6) is 26 years. The average years of experience handling bodies is (SD= 3.77) 6.66 years. In Fortis Hospital, due to the absence of an official Mortuary, Housekeeping staff perform both duties. Interviews were held in each hospital after the purpose of the study was explained to the respective authorities. All interviewees were volunteers. Inclusion criteria included any mortuary worker over 18 years of age who has been working in the mortuary for the last 6 months.

An interview was also conducted with the Associate Professor of the Department of Forensic Medicine at Sapthagiri Institute of Medical Sciences & Research Center, Bengaluru. The CEO of Hank Nunn Institute who is also a senior mental health professional was interviewed to understand the potential need of counselling as well as the nature of counselling required for mortuary workers.

Research Design

This study used an exploratory research design to understand the mental health needs of mortuary workers. Due to the low availability of earlier studies regarding the mental health support for mortuary workers, an exploratory study following a qualitative framework allowed the investigators to gain insights.

Tools

Informed consent form The informed consent form was given to all interviewees to gain permission from them for data collection. The form included the purpose of the study, and a guarantee of anonymity and confidentiality of all information given. Since interviews need to be recorded, permission was also sought to use audio recording devices during the course of the interview. (Appendix A)

Demographic information sheet Demographic details of the interviewee such as gender, designation, years of experience, etc. were asked to identify interviewees. (Appendix B)

Interview guide Semistructured interviews were used with the mortuary staff, head of forensic department as well as the counsellor. Each interview ranged from 15 minutes-30 minutes. The interview guide (Appendix C) was validated by three experts.

Counselling self-assessment questionnaire The current study used the counselling self-assessment questionnaire developed by Kitty Knipscheer-Kuipers and used by International Counselling Connections. It is a self-rating questionnaire to understand the physical and mental well-being of a person. The results of this questionnaire were used to determine if the worker perceives he requires any form of counselling.

It comprises 22 items covering somatic, affective and cognitive dimensions, and access to social/therapeutic support. Due to the lack of availability of psychometric properties for this questionnaire, face validation was done by four experts.

Procedure

Appointments were fixed at the hospital to meet the mortuary workers at the beginning of their shift. A total of three interviews were conducted with mortuary workers in Bengaluru, India. Interviews were conducted in Hindi and Kannada. The translation to English was undertaken by one investigator and independently confirmed by two experts. Analysis was however done only in English.

The interviews with the mental health professional and the doctor of forensic medicine were in English. The two investigators reviewed transcripts and grouped responses under the framework of the interview guide. Quotes were selected to represent themes.

Data Analysis

NVivo software was used to code the data. Thematic analysis was used to group the data and two themes emerged.

Ethical considerations

Permission to conduct the research was obtained from the management of the hospitals. Participation was voluntary and with informed consent. Efforts were made to ensure that interviews were conducted verbally in the language of the workers' comfort.Respondents' original names have been altered. Data security and safety were assured. Due to the nature of the interviews, if the workers seemed to experience clinically significant levels of distress, they were directed to appropriate channels of mental health support.

RESULTS AND DISCUSSION

For the data analysis, thematic analysis was used, and the following themes emerged- organisational support, on the job stressors, personal safety and mental health. As this was an exploratory study, further research needs to be done in order to validate and expand upon the themes presented.

Organisational Support

The assistance that the organisation provides, in terms of training, supervision, crisis management etc. are all integral to the wellbeing of the workers (Skinner, Roche, O'Connor, Pollard & Todd, 2005). Skinner et. al. (2005) further divide workplace support into two categories- social/emotional support and instrumental support. The former includes safe and supportive supervision, involving workers in decision making and positive social interactions among co-workers.

Supervision: Among the interviewees, there is a prevalent 'buddy-system' in operation i.e. every new recruit is paired off with an experienced worker and shadows him for anywhere between a few days to a few months, learning on the job (McCarroll et. al., 1996). While there is

no official awareness training, the senior workers orient the recruits on handling the bodies. SM, for instance, said, "…. Some of us senior people, we tell the junior people that these are the rules. We don't leave them like that we teach them like this should be done, that should be done, and we tell them how to do everything first." However, in a complex, cosmopolitan setting like Bengaluru, language and culture often become barriers to forming workplace relationships.

However, a large section of their problems are still unaddressed because they deal with issues related to power equations within the organisation. Mortuary workers are often at part with the housekeeping staff in a hospital setting. Thus, they cannot argue with, or openly voice dissent against the decisions of other staff, patients, doctors etc., and there has to be a supervisor or a head of department that they can go to and vent out their problems. While in the case of RK and SM, they claimed that there was such a supervisor who took their issues into consideration and "make sure the problem won't happen again", MW felt a deep sense of alienation because there was no body to listen to him. "No one will help us here", he said, illustrating that there is a situation where workers are voiceless, and in the absence of a figure to help them out, face a lot of frustration. The mental health professional AS validated this and said, "Support begins with their boss", explaining how regular meetings are required to discuss work challenges.

Training: DR, the doctor of forensic medicine who has worked in the UK, USA and West Indies stated, "India does not train morgue attenders", and "does not follow an SOP (standard operating procedure)". This means that workers learn by observation and shadowing senior workers, and are not exposed to the science of pathology and forensic medicine. While this may seem effective, experienced personnel still believe that no amount of training can fully prepare one for what is found in a mortuary.

Peer support and manpower: Positive social interactions between co-workers helps build job satisfaction, common identity and organisational culture (Flynn et. al., 2015). As the interviewees were migrants from rural areas their primary support was peers rather than family. Further, they felt that peers were better equipped to understand the stresses of their mortuary duties. AC, suggests the use of group based interactive sessions as a therapeutic experience and as a form of peer support. This would give them and the organisation "an insight into their everyday challenges."

In India, mortuaries are often understaffed and overcrowded (NDTV, 2011; Hafeez, 2015), an opinion unanimously held by the interviewees. This lack of manpower could further exacerbate pre-existing occupational stress.

Safety measures: Organisations provide instrumental support by ensuring good job conditions and physical safety, addressing work overload, and providing adequate resources and equipment. (Skinner et. al., 2005). The most common problem associated with mortuary work is the risk of

infection. A review of literature pertaining to this topic in India shows that there is relative lack of adequate infrastructure provided to the workers to ensure their hygiene and safety (NDTV, 2011; Hafeez, 2015). DR corroborated this fact, categorically stating that "standard protocol" is not followed anywhere in India. However, this callous attitude also manifests in a lack of education given about potential threats to the workers, while handling bodies.

The potential importance of such training, if provided, can be seen in the cases of SM and RK, who are taught about different types of infections. They thus take special care while handling bodies infected with H1N1, for example and SM was even aware of the types of masks that should be used in different scenarios, such as an N-95 mask for the above case. Despite this amount of knowledge however, risks like accidental needle pricks are still a common occurrence, making training even more important. An interviewee said "only a scalpel and saw are given for all the bodies", emphasising the deficit of funds allocated to mortuaries.

Therefore, the need for frequent medical check-ups for mortuary workers, in light of the danger of infections as well as provision of basic forensic education, effective mentoring and adequate manpower should be investigated.

Psychological Effects of Mortuary Work

Mental health "is the psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment."(Princeton University, n.d.). In this section, we have utilized the counselling self-assessment questionnaire to supplement the interviews.

Difficulties on the job: Some of the on-the-job stresses that the interviewees perceived were monotony, long working hours, fatigue etc.

The mental health professional believes that while "being around death does increase one's stress levels and anxiety, a lot depends on the individual's vulnerabilities." For instance, patterns of interactions with the families of the deceased changed between workers. MW reported feeling of loneliness and depression after a day's work, whereas SM said, "If you are scared of this job, you can't do it…. whatever you do, you should enjoy it, I am happy" SM's resilience was also seen in his responses on the questionnaire.

The typical shift for mortuary workers was 12 hours. During this time, they encountered a barrage of sensory stimuli such cleaning fluids, decomposition and odours of the body. Although workers become habituated to this, one said, "We don't even realise what it's doing to us, until the end of the day. Then we think about it."

On the counselling self-assessment questionnaire, interviewees also expressed high levels of fatigue and poor sleep. Two of the workers reported deterioration in physical and/or mental

conditions in the past two weeks as well. Thus, those who handle the dead, face many occupational stresses.

Coping strategies: Flynn (2015), reported that mortuary workers use coping strategies such as distancing, sharing, personal growth, and experience. Each interviewee used different strategies to cope with the stresses they faced.

"Avoiding personalising the remains is a necessary strategy for long-term job functioning and health" (Flynn, 2015, p. 95). RK 'inoculated' himself, by shifting his attention from the 'human' aspect, by perceiving it as just an 'object' that must be "packed, moved and stored in the ice-box, until the ambulance picks it up". To decrease emotional involvement interviewees used impersonal language like 'expiry', 'body' and 'storage'.

Workers with lesser experience usually shared their experiences and difficulties with senior workers, while the senior workers shared theirs with supervisors. This chain of support fosters acceptance and identity.

Another strategy workers used to cope with their job was to look at the positives and negatives of the jobs, using the former to cope with the latter. One worker said, "I know I am shifting bodies and seeing people die. But at the same time, patients are coming and getting better and leaving also…. Whatever we do, it is because we helping others." Another said, "If the job really bothered me, I would have left long time back."

However, DR stated that workers under him sometimes engage in alcohol abuse, due to a lack of culturally appropriate support and high stress.

Mental health support: There are several fields where people deal with death on a regular basis, such as the army, emergency units, police etc. However our exploratory study suggests that mortuary workers are a vulnerable population. Currently, "not much thought is given to those in this occupation", according to AC. Possible support can come through their supervisor, regular breaks and holidays and meetings with peers to discuss work challenges. Perhaps the availability of counselling services at mortuaries will help maintain wellbeing. Although further research is required, AC suggests the use of "group-analytic and dynamic psychotherapy". "Let the group lead the conversation. Hearing the stories and experiences of other mortuary workers could be a powerful experience by itself. Such a group would be practical, if the number did not exceed nine and they met once in two weeks."

CONCLUSION

This paper attempts to explore the possibility of a need for counselling services for mortuary workers in India. The research suggests that their psychological reaction to death are complex

and multifaceted. Training, education, supervision and peer support act as protective factors against the stresses of the job for the group in general. However, individual reactions depend on factors such as resilience, job satisfaction, personal growth, perception of death etc.

Further research can focus on developing a therapeutic strategy that targets 'meaning-making' as an important tool for these workers (Currier, Holland & Neimeyer, 2006). Such a therapeutic strategy must be realistic, practicable with a potential to be implemented on a large scale. Supervision of workers requires listening skills, empathy and sensitivity to their experiences. At the time of recruitment, supervisors can also provide 'awareness training' regarding the nature of the job, necessary precautions as safety hazards of the job.

Based on our study, professional support should be tailored to the worker as an individual and as a member of a team of workers.

Appendix A- Informed Consent form

Place:

Date:

INFORMED CONSENT: DATA COLLECTION FOR RESEARCH PAPER

(Department of Psychology, Christ University)

As part of a research paper presentation in the university, we have undertaken this study. This form contains information about this research and about your rights and responsibilities as a client/participant. Please sign this form in the space provided at the end once you have understood all the information and are ready to give your consent to participate in this research. Do feel free to share or inquire about any query or doubt that arises, with the researcher.

Data collection is an integral part of any research. The following research is being conducted with the aim to study the patterns of "Foreseeing a need for counselling practices among mortuary workers." The study is about mortuary workers from India. As a part of the study, the workers would be required to give information regarding personal and demographic details and responses in an in-depth interview held with the researcher.

All the information given by the participants would be kept confidential and would not be misused for any other purpose except research, with the prior consent of the participants and his/her family members. It is also assured that none of the participants would be harmed in any manner during the course of this research.

INFORMED CONSENT

I personally understand the purpose of this research study. I will approach each of the procedures involved in this research with sincerity, keeping in mind the purpose of this study. I also realize that all the information given by me are kept confidential and it will not be released to any

person or organization without my prior permission. I am aware that the interview will be audio-recorded and will be used only for the purpose of research. I also understand that I have the right to discontinue the process at any time and the assessors may be unable to communicate my results to me if study is terminated on my part. I am aware of my responsibilities as well as my rights. Hence, I hereby agree to participate in this research study. I consent that I have been fully informed about the policies and rules regarding the research.

Signature of Participant Name of Participant

Signature of the Researcher Name of Researcher

Appendix B- Demographic Information Sheet

Demographic Information Sheet - Mortuary Worker

1. Name: _____
2. Age: _____
3. Nationality: _____
4. Designation: _____
5. Number of years of experience: _____
6. Gender:

□ Male
□ Female
□ Other

7. Family structure

□ Nuclear
□ Joint

8. Area of residence

□ Rural
□ Urban

9. Average Monthly Income: _____

Appendix C- Interview guide

Interview Guide

Mortuary workers

1. Tell me how you spend your day in general? What are your duties and responsibilities?
2. How many hours a day do you work? How long have you been doing this job?
3. How do you manage work and family?
4. How many people work with you? Is the number sufficient?
5. What were your reasons for choosing this job?

6. When you were hired, were you told the nature of the job?
7. Were you given any special training for this work? Was it sufficient?
8. Is there any special equipment given to you? Is it sufficient?
9. Are there any dangers involved that you know of?
10. Do you ever feel afraid or worried, handling the bodies? Can you elaborate?
11. What kind of stress do you face in this job? How do you cope with it?
12. Do you feel like your mental health is affected by this job? How?
13. Are you satisfied with this job? What are some of the things you like, and dislike about your job?
14. If you have a problem at work, who do you approach? Are they effective?

Doctor - Department of Forensic Medicine

1. How many people work under you? Is the number sufficient?
2. Is there any training given to the workers in the mortuary? Do you think it's sufficient?
3. What are the dangers involved in this job?
4. What are the standards of safety that must be followed in the morgue?
5. Do the workers face stress in this job? How do they cope?
6. Do they engage in unhealthy behaviours like alcohol or substance abuse?
7. If the workers have a problem, do they approach you to talk about it?
8. Do you think that some form of counselling is needed for this department?
9. Would it be beneficial in improving their well-being?

Mental Health Professional

1. How is the general population affected when they experience the death of a loved one?
2. How will this change with mortuary workers who experience a stranger's death on a regular basis?
3. How could their psychological well-being be affected by constant exposure to bodies?
4. Is there an existing theoretical framework that could help understand the psychology of mortuary workers?
5. What kind of mental health support will they need? Is it necessary to develop a therapy model focusing on the needs of mortuary workers?
6. What should be the goals of such a model?
7. How do we make this kind of counselling practice accessible to all workers?
8. Would mortuary workers require awareness training to prepare for the stressors they would face in their job?
9. What kind of coping techniques should they use to handle bodies and death on a daily basis?
10. Studies have shown that these workers are often prone to depression and substance use. How can mental health professionals prevent this?

Appendix D- Counselling Self-Assessment Questionnaire

Counselling Self-Assessment Questionnaire

This questionnaire is designed to help you decide if counselling would be beneficial to you at this time.

Answer the questions with *yes*, *no*, or *sometimes*, as applicable. In general, if you answer ***yes*** 5 to 6 times, or ***sometimes*** 8 times, you might be going through a difficult time and could benefit from counselling.

Questionnaire

Within the last two weeks have you had problems with

1. Fatigue
   - Yes
   - No
   - Sometimes
2. Sleeping
   - Yes
   - No
   - Sometimes
3. Poor appetite
   - Yes
   - No
   - Sometimes
4. Nausea
   - Yes
   - No
   - Sometimes
5. Dizziness
   - Yes
   - No
   - Sometimes
6. Problems conversing
   - Yes
   - No
   - Sometimes
7. A deterioration in your physical or mental condition
   - Yes
   - No
   - Sometimes
8. Breathlessness
   - Yes
   - No
   - Sometimes

9. Pain
   - Yes
   - No
   - Sometimes
10. A reduction in everyday functioning
   - Yes
   - No
   - Sometimes
11. Worrying
   - Yes
   - No
   - Sometimes
12. Restlessness
   - Yes
   - No
   - Sometimes
13. Feelings of loneliness or isolation
   - Yes
   - No
   - Sometimes
14. Feelings of sadness
   - Yes
   - No
   - Sometimes
15. Feelings of loss
   - Yes
   - No
   - Sometimes
16. Difficulty controlling your emotions
   - Yes
   - No
   - Sometimes
17. Diminished self-confidence
   - Yes
   - No
   - Sometimes
18. Anxiety about illness or treatment
   - Yes
   - No
   - Sometimes
19. Feelings of depression
   - Yes
   - No
   - Sometimes

20. Feelings of despair
- Yes
- No
- Sometimes

21. Have you had sufficient support around you?
- Yes
- No
- Sometimes

22. Would you like to have had the opportunity to speak to someone?
- Yes
- No
- Sometimes

Questionnaire courtesy of drs Kitty Knipscheer-Kuipers, Ingeborg Douwes Centrum, Amsterdam

REFERENCES

Beck-Sague, C.M., Jarvis, W.R. Fruehling, J.A., Ott, C.E., Higgins, M.T. & Bates, F.L. (1991) Universal precautions and mortuary practitioners: Influence on practices and risk of occupationally acquired infection. Retrieved from http://journals.lww.com/joem/Abstract/1991/08000/Universal_Precautions_and_Mortuary_Practitioners_.12.aspx

Bhullar, D., S. (2012). Safety measures in dealing with the dead. J Punjab Acad Forensic Med Taxicol. 12 (2). 69-75.

Bills, C.B.B., Levy, N.A.S., Sharma, V., Charney, D.S., Herbert, R. Moline, J. & Katz, C.L. (2008) Mental health of workers and volunteers responding to events of 9/11: Review of the literature. Mount Sinai Journal of Medicine. 75 (2): 115-127. DOI: 10.1002/msj.20026

Burton, J.L. (2003) Health and safety at necropsy. Journal of Clinical Pathology. 56 (4): 254-260. DOI:10.1136/jcp.56.4.254

Carden, P. (2014) Rising from the dead: Delimiting stigma in the Australian funeral industry. Health Sociology Review. 10 (2): 79-87. DOI:10.5172/hesr.2001.10.2.79

Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2006). Sense-making, grief, and the experience of violent loss: Toward a meditational model. Death Studies, 30: 403–428.

Faraj, A.A., Abbas, A.K. & Perez, R.L. (2014) The psychological impact of war on health professionals: A preliminary study. Sri Lanka Journal of Psychiatry, 5 (1):7-9.

Flynn, B.W., McCarroll, J.E. & Biggs, Q.M. (2015) Stress and resilience in military mortuary workers: Care of the dead from battlefield to home. Death Studies, 39 (2): 92-98. DOI:10.1080/07481187.2014.893463

Glanz, K..&Schwartz, M. Stress, Coping and Health Behavior,. Health Behavior and Health Education: Theory, Research and Practice, 4th ed. 210–236.

Gleadle, F., Freeman, T., Duraisingam, V., Roche, A., Battams, S., Marshall, B., Tovell, A., Trifonoff, A. & Weetra, D. (2010). Indigenous Alcohol and Drug Workforce Challenges: A literature review of issues related to Indigenous AOD workers' wellbeing, stress and burnout. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide SA

Hafeez, S. (2015, September 21) Handling of the dead in Delhi mortuary, the ugly truth. Indian Express. Retrieved from http://indianexpress.com/article/cities/delhi/handling-of-the-dead-the-ugly-truth/

McCarroll, J.E. & Ursano, R.J. (2011) Combat and operational behavioral health. (Ed.) Mental health support to operations involving death and the dead. (p. 717-725) Washington, USA: Office of The Surgeon General at TMM Publications.

McCarroll, J.E., Blank, A. S., & Hill, K. (1995). Working with traumatic material: Effects of Holocaust Memorial Museum workers. American Journal of Orthopsychiatry, 65: 66–75.

McCarroll, J.E., Ursano, R.J., Fullerton, C.S. & Lundy, A. (2002) Somatic symptoms in Gulf War mortuary workers. Psychosomatic Medicine, 64 (1): 29-33

McCarroll, J.E., Ursano, R.J., Fullerton, C.S., Liu, X. & Lundy, A. (1995) Anticipatory stress of handling human remains from the Persian Gulf War: Predictors of intrusion and avoidance. Journal of Nervous and Mental Disease. 183 (11).

McCarroll, J.E., Ursano, R.J., Fullerton, C.S., Oates, G.L. Ventis, L., Friedman, H., Shean, G.L. & Wright, K.M. (1995) Gruesomeness, emotional attachment, and personal threat: Dimensions of the anticipated stress of body recovery. Journal of Traumatic Stress, 8 (2): 343-349. DOI: 10.1002/jts.2490080213

McCarroll, J.E., Ursano, R.J., Fullerton, C.S., Xian, L. & Lundy, A. (2001) Effects of exposure to death in a war mortuary on posttraumatic stress disorder symptoms of intrusion and avoidance. Journal of Nervous and Mental Disease. 189 (1): 44-48.

Nothling, J.M.A., Ganasen. K. & Seedat, S. (2015) Predictors of depression among a sample of south African mortuary workers. Journal of Nervous and Mental Disease. 203 (3): 226-230. DOI: 10.1097/NMD.0000000000000260

Patel, F. (1997) HIV serophobia in the mortuary: An algorithm system for handling high-risk forensic cases. Medicine, Science and The Law. 37 (4): 296-302. DOI: 10.1177/002580249703700404

Patwary, M. A. (2010) Domes and the dead: An example of extreme fatalism among mortuary workers in Bangladesh. Kaleidoscope. 4 (1): 10-18. Retrieved from http://community.dur.ac.uk/kaleidoscope/index.php/kaleidoscope/article/view/18

Patwary, M.A. & Sarker, M.H. (2012) Quantitative assessment of mortuary waste: Occupational safety and environmental health. Journal of Hospital Administration. 1 (1). DOI: 10.5430/jha.v1n1p49

Peterson, A.L. (2002) Psychological intervention with mortuary workers after the September 11 attack: The Dover behavioral health consultancy model. Military Medicine, 167 (9): 83-86. Princeton University. (N.D.) Retrieved from https://www.princeton.edu/healthier/

Reporter. (2011, January 3) Bangalore: Hospital mortuary faces space crunch as unidentified bodies pile up. NDTV. Retrieved from http://www.ndtv.com/bangalore-news/bangalore-hospital-mortuary-faces-space-crunch-as-unidentified-bodies-pile-up-443818

Skinner, N., Roche, A.M., O'Connor, J., Pollard, Y. & Todd, C. (eds) (2005) Workforce Development TIPS (Theory Into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field. National Centre for Education and Training on Addiction, NCETA: Flinders University, Adelaide.

Tarantola, A., Abiteboul, D. & Rachline, A. (2006) Infection risks following accidental exposure to blood or body fluids in health care workers: A review of pathogens transmitted in published cases. American Journal of Infection Control. 34 (6): 367-375. DOI: http://dx.doi.org/10.1016/j.ajic.2004.11.011

Taylor, A.J.W. & Frazer, A.G. (1982) The stress of post-disaster body handling and victim identification work. Journal of Human Stress. 8 (4): 4-12. DOI:10.1080/0097840X.1982.9936113

Thompson, W.E. (1991) Handling the stigma of handling the dead: Morticians and funeral directors. Deviant Behavior, 12:4, 403-429. DOI: 10.1080/01639625.1991.9967888

Ursano, R.J. & McCarroll, J.E. (2001) Exposure to traumatic death: The nature of the stressor. GORSKI-CENAPS Web Publications. Retrieved from http://www.tgorski.com/terrorism/exposure_to_traumatic_death.htm

Ursano, R.J., Fullerton, C.S., Tzu-Cheg, K., Bhartiya, V.R. (1995) Longitudinal assessment of posttraumatic stress disorder and depression after exposure to traumatic death. Journal of Nervous and Mental Disease. Retrieved from http://journals.lww.com/jonmd/Abstract/1995/01000/Longitudinal_Assessment_of_Posttraumatic_Stress.7.aspx

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