Tales of the Crypt for Psychiatrists: Mourning, Melancholia, and Mortuary Malpractice

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Death awaits all, leaving in its wake relatives and friends affected by the loss of a loved one. Immediately following death, the funeral process begins, resulting in permanent burial in a cemetery. This report investigates the dysfunctional interactions between grief-stricken relatives and mortuaries that are associated with civil litigation for negligence. Psychiatric evaluations of 25 bereaved plaintiffs from nine separate lawsuits were performed. In addition, medical records and legal pleadings were reviewed as sources of additional information. General themes from the clinical material are identified and illustrated by two cases. Surviving relatives are in an acute state of emotional turmoil, rendering them exquisitely sensitive to lapses in expected routine and perceived disrespect toward the deceased. These issues are intensified when the circumstances of the death were traumatic, when the relationship with the deceased was ambivalent, when specific cultural and religious factors are present, and when the influence of litigation is felt. If the burial process is disrupted, civil suits for negligence may be filed that exacerbate grief and challenge the psychiatrist's efforts to resolve diagnostic ambiguity in the face of emotionally charged cultural and religious practices.

Thank God for the quiet grave.—John Keats (letter to John Taylor, dated March 6, 1821)

Humans are the only animals that bury their dead. Although the practice of funeral rites is performed for the purpose of disposing of the deceased, these ceremonies have been characteristically fashioned by all cultures and societies and have profound effects on the living.[1] For all of recorded history, the belief that human beings survive death in some form has influenced the funeral process and provided a measure of comfort to the surviving community.

It has been a general practice to prepare the corpse before burial. This preparation may include washing, embalming, dressing in special clothes, and displaying the

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deceased before internment. A funeral ceremony commonly precedes the actual disposal of the body, which has usually been accomplished by burial in the ground (inhumation). At various times and in a variety of places through human history, cremation has been practiced, with a burial or dispersal of the ashes following the burning of the corpse. In many religions and cultures, a mourning period ensues after the funeral, facilitating the survivors' grief process.

Following a death in the United States, the deceased is eventually brought to the mortuary or funeral home. There, a mortician or undertaker directs the preparation of the corpse, which includes dressing and applying makeup, and may involve embalming, prior to the placement of the deceased in a coffin (or casket). Funerals usually involve a religious or secular memorial service that "begins the process of saying good-bye to the deceased loved one."[2] Thereafter, the deceased is transported to a crematorium or directly to a cemetery for deposit into a grave or mausoleum.

The funeral process, overlaid with a powerful emotional agenda, is fraught with potential difficulties. In 1963 Jessica Mitford described the mortuary industry's insatiable greed in her best-selling book.[3] Profits were seen to be the primary motive for funeral home directors, who, in the guise of concern for the deceased, pressured families to purchase expensive caskets, "protective" vaults, and grave sites. Experiencing the regressive effects of acute grief, surviving relatives often find themselves passively accepting costly services that are neither needed nor wanted. In the 30 years since Mitford's revelations, mortuary and cemetery scandals have continued to litter the pages of newspapers[4] and novels.[5]

The surviving relatives' awareness of these mortuary scandals, resentment over the high cost of funerals, sensitivity to perceived or actual irregularities in the funeral process, and displacement of residual anger toward the deceased provide the essential ingredients for tort litigation. To prevail, a plaintiff must prove by a preponderance of the evidence that the defendant mortuary failed to properly prepare and bury the deceased as promised and that this negligence directly damaged the plaintiff. The extent of the emotional distress caused by negligence includes all highly unpleasant mental reactions, such as anguish, fright, nervousness, grief, anxiety, worry, mortification, shock, humiliation, and indignity.[6]

It is noteworthy that the prevailing case law on "dead bodies" reflects no consistency across jurisdictions on rulings for recovery of emotional damages. Under early common law in England, matters relating to the burial and preservation of corpses were under the exclusive control of the ecclesiastical court. Given the absence of ecclesiastical law in the United States, various courts have applied "quasi-property" law to establish the rights of surviving relatives to gain custody of the deceased and to assure a decent burial.

Some states have held that for an aggrieved relative to claim a cause of action for emotional distress, the mortuary or cemetery must have mishandled the corpse in an intentional, reckless, or wanton manner.[7] This standard precludes re-

covery for acts that are clearly negligent, but in which the defendant funeral home has not engaged in willful or malicious conduct.[8] The rationale for imposing this stringent burden of proof derives from the "physical impact" rule that holds that damages for mental distress cannot ordinarily be recovered for negligent acts that do not produce some associated physical injury.

In contrast, most other states have found that mere negligence may be sufficient in cases involving the mishandling of dead bodies. In these jurisdictions, it is the specific likelihood of genuine and serious mental distress that serves as an assurance that the claim of damages for emotional distress is not spurious.[9] Further, some courts have allowed for recovery for mental suffering when it was a "natural and probable" result of an act of simple negligence in the handling of human remains.[10]

Lawsuits make it possible for the wrongfully injured relatives to be compensated for emotional harm suffered and, in the process, for a greedy and capricious funeral industry to be compelled to reform. However, the defense of these claims is expensive for the mortuary's insurance carrier and its attorneys. Insurance companies respond to rising costs by increasing premiums for the funeral home/mortuary industry, which is subsequently reflected in increased funeral costs for persons needing this service, which will eventually include everyone.

Methods

The authors have been retained as defense psychiatric experts by four law firms to evaluate 25 individual plaintiffs from nine separate lawsuits targeting mortuaries and/or cemeteries. The selection of these expert witnesses was determined, in part, by the defense counsel's search for academically based forensic psychiatrists to defuse the emotionality associated with death. In each case, the defendant mortuary and/or cemetery was accused of negligence resulting in psychological harm to a bereaved family member. The authors performed clinical interviews involving psychiatric examinations and/or review of medical records and legal pleadings.

Results A summary of demographic data for these cases is displayed in Table 1. Each of these 25 plaintiffs reported multiple psychiatric and somatic complaints. Nine of the cases received a psychological evaluation by four different plaintiff-designated experts. The plaintiff experts offered several diagnoses to account for the various symptoms, thereby strengthening the plaintiff's claim for damages (see Table 2).

In none of these cases could the authors support an Axis I or II diagnosis. However, we were impressed that these individuals were sincerely grief stricken over their losses and were angry at the perceived insensitivity of the involved mortuaries and cemeteries. In fact, their emotional reactions, which precipitated psychiatric diagnoses by the plaintiff experts, could be adequately explained by the panoply of manifestations of angry bereavement, which were shaped by the circumstances of the funeral process, by cultural factors, and by religious practices.

Table 1
Demographic Data

Case No.	Relationship to Deceased (Age, years)	Incident (Cause of Death)
1a	Brother (37)	Cremated in wrong casket (young woman—homicide)
1b	Sister (32)	
2a	Son (47)	Buried in used casket (older woman—accident)
2b	Daughter-in-law (43)	
2c	Daughter (45)	
3a	Son (46)	Closed casket service (older woman—accident)
3b	Son (52)	
3c	Husband (73)	
4	Wife (68)	Corpse buried in the plot reserved for deceased's wife (older man—cancer)
5a	Mother (46)	Deceased in an open casket was filmed and the film was shown on television without approval (teenager—homicide)
5b	Sister (28)	
5c	Sister (27)	
5d	Sister (13)	
6a	Daughter (53)	Improperly prepared for viewing (older woman—cancer)
6b	Son-in-law (59)	
6c	Granddaughter (33)	
6d	Grandson (25)	
7a	Wife (60)	Cremated remains lost before burial (older man—stroke)
7b	Great-nephew (40)	
8a	Father (40)	Water leakage into casket (young boy—cancer)
8b	Mother (36)	
8c	Brother (11)	
9a	Son (39)	Bad odor and fluid escaping from closed coffin (older woman—cancer)
9b	Daughter (32)	
9c	Daughter (31)	

Two vignettes will be presented to illustrate the common themes identified in these cases.

Vignette 1 (from Cases 1 and 2) We will present the circumstances surrounding two interrelated claims and the psychiatric findings of one of the plaintiffs (1a).

Decedent A is a homicide victim whose killer was never apprehended. Decedent A is of Korean descent, unmarried and childless, and in her thirties at the time of death. Her surviving family chose to have her body cremated, as they were concerned that since she had no surviving children, there would be no one to tend her gravesite. Her family believed that decedent A was to be cremated in the

Table 2
Plaintiff Diagnoses

Case No.	Plaintiffs Experts' Diagnoses
1a	Major depression-single episode with psychotic features Generalized anxiety disorder Psychological factors affecting physical condition Complicated bereavement Undifferentiated somatoform disorder Posttraumatic stress disorder
4	Posttraumatic stress disorder
6a	Dysthymia Psychological factors affecting physical condition Dependent personality disorder
6b	Anxiety disorder-not otherwise specified Dysthymia Somatoform disorder-not otherwise specified Personality disorder-not otherwise specified
6c	Depressive disorder-not otherwise specified Psychological factors affecting physical condition
6d	Depressive disorder-not otherwise specified Avoidant personality disorder
8a	Extended and exaggerated grief reaction
8b	Extended and exaggerated grief reaction
8c	Extended and exaggerated grief reaction

expensive metal casket, in which she had been placed in the mortuary.

Decedent B is a woman of Korean descent in her sixties who died in a motor vehicle accident. Her family retained the services of the same Korean-owned mortuary as the family of decedent A. Decedent B had a wake in the United States, after which her body was shipped to Korea for burial in an expensive metal casket.

Four years later, it became common knowledge in the local Korean community that improprieties may have occurred at the mortuary that handled decedents A and B. In particular, there was an allegation that the metal casket in which decedent B was buried had been previously occupied by decedent A prior to her cremation. Family A became outraged that the metal casket they purchased had not been cremated with decedent A inside.

Family A felt that decedent A's esteemed final resting place in the metal casket was replaced by a "cheap" cardboard box before cremation. They asserted that her soul was now wandering in search of her true final resting place. Family B became infuriated because decedent B had been placed in a "used casket" that had previously held the decaying body of a murder victim.

The plaintiff (1a) is decedent A's younger brother, Mr. A, a 37-year-old man of Korean ethnicity. He resides with his 33-year-old wife and their two sons. He presently is employed as a manager for a dry cleaning business. Mr. A was born in Korea and emigrated to the United States in 1980. Prior to learning of the putative casket problem, he had no psychiatric, substance abuse, or medical history. Since the mortuary revelations, Mr. A has had no loss of occupational productivity.

Mr. A acknowledged that he suffered great "agony" for at least a year because of the homicide of his sister. It was the revelation that his sister, decedent A, was not cremated in the metal casket that has

since caused him many sleepless nights and gastrointestinal symptoms, all arising from the thought that her soul was wandering aimlessly because her final home, the metal casket, was now occupied by another. He felt guilt because he had failed to personally oversee the cremation.

Despite his college education, he did not understand that "burning" the metal casket could not have been possible, and that if the casket had melted, then his sister's ashes could not have been dispersed in the garden as his family had requested. Although he repeatedly denied having other stressors in his life, he did experience stress from financial pressure and from his attempt to raise his Korean sons in the dominant culture of the United States.

On mental status examination, he was alert and oriented. He displayed no evidence of cognitive dysfunction or psychotic thinking. His mood was depressed only when discussing his sister.

Mr. A was not diagnosed as currently having a mental disorder, although he might have previously suffered from an adjustment disorder. Nonetheless, it was clear that, assuming his sister's casket was reused, he did demonstrate justifiable anger and shame over the incident.

Mr. A denied having had a prior consultation with a psychiatrist. Yet later, a psychiatric report arrived indicating two sessions with a Korean psychiatrist. The factual history obtained by this psychiatrist differed little from what was obtained by an author (G.B.L.). Yet this psychiatrist gave Mr. A a total of six Axis I diagnoses: major depression, single episode with psychotic features; generalized anxiety disorder; psychological factors affecting physical symptoms; complicated bereavement; undifferentiated somatoform disorder; and posttraumatic stress disorder. Not one of these six diagnoses could be validated by the information contained in the psychiatrist's report.

The lawsuit involving Mr. A and coplaintiffs was settled during the trial. Apparently, a very embarrassing fact about decedent A and the circumstances of her death, which was not disclosed to either of the psychiatrists who examined Mr. A, would have been revealed publically by the defense if the trial progressed.

Vignette 2 (from Case 3) Mr. J, plaintiff 2a, is a 46-year-old real estate agent who was suddenly notified at work of his mother's (Mrs. S) serious motor vehicle accident. Mr. J met his stepfather (Mr. S) at the hospital, where they were informed of Mrs. S's death. Mr. J spent about 50 minutes with his mother's body tearfully saying goodbye. Later that day, Mr. J and Mr. S met with the Reform denomination rabbi of his mother's temple to discuss funeral arrangements. They were referred to a particular mortuary and cemetery.

The next morning, Mr. J and Mr. S went to the mortuary and were told by an official that it was traditional in the Jewish faith to have a closed casket ceremony. Mr. J indicated that the family wanted to have the casket open. When Mr. J was 22 years old, his father had died of heart disease and was buried after an open casket ceremony. His mother had been divorced and had remarried Mr. S by the time of his father's death. The

mortuary official told Mr. J that the coroner might require an autopsy, which would be disfiguring to the corpse. It was agreed that there would be an open casket service, unless the coroner insisted on performing an autopsy against the wishes of the family. The day before the service, the mortuary official stated that an autopsy had been done. Before the funeral service was to begin, Mr. J was asked to provide two extra pallbearers, "because your Mom's a large woman."

About a month after the burial, Mr. J contacted the coroner for a copy of the autopsy report. "To my shock I was informed that no autopsy was done." By then Mr. J had learned that autopsies were not disfiguring and that a closed casket ceremony had not been necessary in any case. Further, he realized that his mother was actually petite, so why were extra pallbearers needed? Mr. J believed that the mortuary had been duplicitous, and he began to suspect that a different woman had been buried in his mother's grave.

Mr. J did not visit the gravesite or erect a headstone, although he accepted the fact that his mother was dead and did light memorial candles at home for her. Mr. J finally contacted an attorney and arranged for the body to be disinterred four years after the funeral. A forensic dentist confirmed that Mrs. S was the woman buried in her grave.

Mr. J complained that his grief had been suspended for several years because of the uncertainty over his mother's burial. Mr. J had not sought counseling or psychiatric treatment as a result of this incident. He reported no history of significant medical or mental health problems. He denied illicit drug or alcohol abuse. He had lost no time from his job; in fact, he indicated that he had "buried" himself in his work since his mother's death. His relationships with his wife and children were unaffected by the incident. An author (S.E.) diagnosed no current psychiatric disorder and noted the presence of bereavement.

Discussion

Mourning An analysis of these cases necessarily involves a brief overview of grief. The loss of a loved one through death is one of the inevitable, yet most intense stressors encountered in life. The bereaved survivors may identify with the process of death and burial and thereby become personally aware of the reality of the bodily decomposition of the deceased and eventually themselves. There is a common conviction that a physical or spiritual component of the self lives on in some form after death. Such beliefs were documented in the death rituals in Egypt four millennia ago, when slaves, food, and materials were entombed with deceased pharaohs in order to assist their transit to the world to come. These notions persist in today's burial practices, as for example in case 8, where the family made arrangements to have a beloved teddy bear placed in the casket beside the deceased child.

As a way of coping with the emotional turmoil of acute grief, mourners may strive to immortalize the deceased by a continued personal relationship through fantasy, personalized symbols, legacies, memorials, and not uncommonly, by illusions and hallucinations. The funeral ser-

vice at the mortuary comes to be "strongly cathected by the survivor, and its impact may be lasting," while the "cemetery often becomes a most powerful force in the life of the bereaved because it is where the loved one actually resides."[11]

Negotiating the altered attachment and separation processes are important sources of psychological discomfort during grief. Typically anger is experienced as a response to feeling abandoned and bereft. The anger may be directed toward family, friends, physicians, God, and in many instances, the mortuary and cemetery. The tasks of choosing coffins, funeral rites, and burial procedures confront that part of the mourner that refuses to believe his or her loved one is dead. It is as if the mortuary and funeral home is responsible for eliminating the loved one. Even in situations involving normal grief, the mortuary is particularly vulnerable to receiving displaced negative affect from those whom it serves.

In "Mourning and Melancholia," Freud[12] theorized that the pathological variety of grief involves the mobilization of ambivalence for the lost love relationship through self-loathing. Prigerson and colleagues[13] studied 82 widowed elderly individuals. A factor analysis of persistent symptoms identified a cluster of complicated grief, which consisted of crying, being stunned by the loss, searching for the deceased, disbelief about the death, and preoccupation with thoughts of the deceased. Persons suffering complicated grief showed poor global functioning and were quite symptomatic.

Neither the depressive dynamic described by Freud nor Prigerson's construct of complicated grief was present in any of these cases. Rather, most of the litigants were normally grieving persons who became enmeshed in a lengthy legal process in response to feeling angry and wronged by a mortuary or cemetery during a vulnerable time in their lives.

In cases 1 and 2, the plaintiffs were not diagnosed as having a psychiatric disorder. Whatever emotional condition they may have experienced was time limited and not debilitating with respect to occupational functioning. In addition, no change in family or social relationships was reported. Particularly in the case of decedent A, the circumstances of her violent death was far more likely to have been the cause of the plaintiff's psychological reaction than any misadventures surrounding her burial.

Culture "Evidence suggests that the expression of symptoms of psychological distress among ethnic minorities is greatly influenced by complex cultural interactions."[14] Korean immigrants tend to maintain a high level of ethnicity compared with other Asian immigrant groups. "Their cultural homogeneity, high affiliation with immigrant churches, and concentration in small businesses contribute to their strong ethnic attachment and ethnic solidarity."[15]

What was seen in all of the Korean plaintiffs defied DSM categorization. Consistent with other Asian refugees, their distress encompassed elements of depression, anxiety, and somatic symptoms.[14] This particular presentation by patients in Korea is termed *haan*, which "refers to a feeling of anger, resentment, or a grudge."[16] *Haan* is an important con-

tributing factor to the culture-bound psychiatric syndrome *hwa-byung*, which literally means a "fire disease" or "anger disease," in patients with anxiety and somatic complaints such as an oppressive feeling in the chest, a sensation of heat in the body, headache, and indigestion.[16] The DSM-IV now includes *hwa-byung* in its glossary of culture-bound syndromes.[17]

The presentations of plaintiffs 1a and 2b approximate the syndrome of *hwa-byung* from a psychodynamic and phenomenologic perspective. Also seen as complicating factors were the influences on the lives of the Korean plaintiffs arising from the immigration process and the clash of the Korean culture with the dominant Western culture.

Religion In Case 2, Mr. J appears to have run afoul of a conflict among the denominations of the Jewish faith. Mr. J desired an open casket ceremony, which he had easily arranged in a Reform Jewish mortuary after his father's death. However, Orthodox rabbis have clear and strict guidelines for funerals: "Viewing the corpse is objectionable, both theologically and psychologically. It shows no respect for the deceased, and provides questionable therapy for the bereaved. Religiously, it expresses disregard for the rights of the dead and a perversion of the religious significance of life and death."[18]

It is possible that the mortuary official, finding it difficult to convince Mr. J to accept the Orthodox Jewish practice of a closed casket, resorted to subterfuge by warning Mr. J that an autopsy would cause facial disfiguration. When Mr. J discovered that he had been deprived by deceit of a final face-to-face encounter with his mother, he began to suspect that the mortuary had also committed negligence by burying the wrong woman in his mother's grave. This fantasy, which contains an element of denial, precipitated his lawsuit and delayed the completion of his mourning process. However, the DSM fails to provide an adequate entity to describe his grief, which, although prolonged, is not associated with significant depressive symptoms or functional disability.

Nosology Successful litigation inevitably demands proof of emotional damages. Mourners are willingly transformed into suffering patients by attorney-referred therapists, thereby actualizing the danger that this sick role will "complicate and prolong the (grief) process."[19] In this regard, although bereavement is not a disorder, litigious grief is a disease as understood by Engel.[20]

While many diagnoses are possible in litigation involving mortuaries and funeral homes, what emerges from our case series is that the current DSM nosology is not fully capable of describing these syndromes, and that assigning various Axis I and II diagnoses to the plaintiffs has the effect of erroneously implying mental illness. In that regard, we concur with Marwit's[21] observation of the failure of the DSM-IV to address any of the more complicated forms of bereavement.

We believe that for these cases the most suitable DSM diagnosis is the V-Code "bereavement." However, a more precise term for the phenomenon would necessitate the creation of a new V-code diagnosis of "bereavement not otherwise

specified (NOS)," signifying an unusual occurrence in the mourning process that is not indicative of a psychiatric disorder.

Conclusion

Any time psychiatrists and other mental health professionals become involved in civil litigation, the adversarial nature of the legal process is a significant complicating factor. Nonetheless, we find that the bereavement process of these survivors can indeed be perilous. Emotions and unconscious conflicts that could be managed while the decedent was alive are unleashed to haunt the mourner. Further, cultural and religious factors must be considered in all cases that come for forensic psychiatric evaluation.

The use of multiple DSM diagnoses by psychiatric evaluators should be made only when all of the criteria for these disorders are fulfilled, and not as a means of accounting for every symptom and complaint in a grieving relative. Creation of a "bereavement NOS" diagnosis as a V-code may be the most parsimonious way to describe many of these cases, when the inappropriate diagnoses of mental disorders can be considered pejorative and countertherapeutic. The dead may be assumed to have found peace in the grave, but the living often must endure grief for years.

> May the body repose in the grave with proper contentment, pleasure, gladness and peace.—
>
> Jewish prayer for the dead

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