

EDITORIAL

Those of us who counsel the bereaved are learning that grief is not the only emotion resulting from disaster. People caught up in life-threatening events commonly experience fear, anxiety, terror, and later, survivor guilt when they realise that they have escaped but friends and relatives have died. The incidence of post traumatic stress disorder (PTSD) is high in these survivors and they may suffer the symptoms even if everyone they love has survived the disaster. So extreme trauma without bereavement may lead to PTSD and bereavement without trauma will lead to grief. Those who suffer both are

likely to have their grief reactions complicated by PTSD and recent research has indicated that PTSD needs different counselling techniques from bereavement counselling. In this issue we try to address these issues, primarily as they relate to children and adolescents. Yule's review of the effect of disasters on children summarises our current knowledge and the account he writes with his colleagues of research with war orphans in Iran indicates that the meaning ascribed by individuals to traumatic bereavements determines outcome, as does the context and the support given.

Lundin addresses the problems for adolescents of surviving a fire and Olumide writes personally and very movingly of his own loss. Janet Johnston, of Maldstone Cruse, gives us a vivid account of the joys and sorrows of counselling the 'Herald of Free Enterprise' survivors and bereaved. After reading these accounts of research and personal and professional experience, we should welcome Lystad's book (reviewed here by Parkes) and await with eagerness the report of the Disasters Working Party set up by the Department of Health and being convened by Cruse. —Editor

The Effect of Disasters on Children

William Yule

Professor of Applied Child Psychiatry,
Institute of Psychiatry, London

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Over the past three or four years, most people in the UK have become sensitive to the effects of major disasters on victims, survivors and their relatives. The graphic, technicolour, instantaneous television pictures brought into the homes of millions and into the consciousness of many some idea of what it must have been like to be in the football ground at Bradford when the stand went on fire; on board the Herald of Free Enterprise when it capsized at Zeebrugge; on board the Pan Am jumbo jet or in a suburban home when the jet exploded and fell six miles out of the sky on to Lockerbie. Watching a football match, travelling by sea, air or rail—all are commonplace activities. The disasters that struck could have struck us or our relatives. These are disasters on a human scale—unlike the earthquakes in China or Russia—ones that we can identify with and be touched by.

Children have been direct victims and survivors in many of the recent mass transport disasters. They are also the indirect victims in those where their relatives have been killed. The purpose of this review is to consider what is currently known of the effects of disasters on children and what is known about how to help child survivors to adjust. In writing this, I am drawing on my recent experiences in

working with and treating child survivors of the 'Herald of Free Enterprise' capsized, the 'City of Poros' ferry that was attacked by terrorists in Athens harbour in July 1988, and the cruise ship 'Jupiter' that sank after collision in Athens harbour in October 1988.

The effects of major stress on children

There are few systematic studies of the effects of major trauma on children, and most of the published ones suffer major methodological weaknesses¹. Garmezzy and Rutter² concluded that severe, acute stressors such as occur in major disasters result in socially handicapping emotional disorders in some children, but in the majority of cases the disturbances are short lived. Because there are no reports of children showing amnesia for the traumatic event, nor showing 'psychic numbing' or intrusive flashbacks of the event, Garmezzy and Rutter argued that there was no need for a specific diagnostic category for stress reactions in children parallel to the diagnostic category of Post Traumatic Stress Disorder (PTSD) in adults.

I have argued elsewhere³ that this conclusion is flawed, based as it was on the lack of evidence. In part, earlier investigators had used broad-based behavioural rating screening instruments as their



Photo: V. Corbett Brock, Belgium

criterion measures, and these are simply not sensitive to the subjective, intrusive thoughts and anxieties that many child victims experience. There is a consensus in recent literature that teachers report less psychopathology among child survivors than do parents, and that both report far less than the children themselves^{4, 5, 3, 6}. As I found, when I was able to bring myself to ask children about the details of the accident and their current thoughts and feelings about it, they reported very high levels of distressing, recurrent, intrusive thoughts. They were able to complete Horowitz, Wilner and Alvarez's Impact of Events Scale⁷. Pynoos et al⁸, in their study of the effects of a fatal shooting attack on children in a school playground in Los Angeles, also found that trau-