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 Maidstone 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

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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' capsize, 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 weaknesses[1]. Garmezy and Rutter[2] 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, Garmezy 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 elsewhere[3] 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 criterion measures, and these are simply not sensitive to the subjective, instrusive 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 Scale[7]. Pynoos et al[8], in their study of the effects of a fatal shooting attack on children in a school playground in Los Angeles, also found that trau-

matized children can report their experiences through completing questionnaires.

Another reason for the failure to recognise and report the severity of the effects of disasters on children is the understandable but misplaced reaction of adults who do not want to consider the horrors the children have faced. After some disasters, people in authority have prevented researchers interviewing children; schools have ignored the event or paid it cursory attention, arguing that children are getting over it and no good is done by bringing it all up again. The result is that children quickly learn not to unburden themselves to teachers who then take a long time to link the drop off in standards of work and impaired concentration with the intrusive thoughts the children are experiencing.

Based on my own recent studies of 14 of the 22 child survivors (under 16 years) from the 'Herald of Free Enterprise'; three of the teenagers from the 'City of Poros'; and 25 from the 'Jupiter', the following are some of the common reactions shown in the first few months after such life-threatening disasters:

Sleep disturbance Almost all children had major sleep problems in the first few weeks. They reported fears of the dark, fear of being alone, intrusive thoughts when things are quiet, bad dreams, nightmares, waking through the night. Problems persisted over many months. Use of music to divert thoughts helped.

Separation difficulties Initially, most wanted to be physically close to their surviving parents, often sleeping in the parental bed over the first few weeks. Some distressed parents found their clinginess difficult to cope with.

Concentration difficulties During the day, children had major problems concentrating on school work. When it was silent in the classroom they had intrusive memories of what had happened to them.

Memory problems They also had problems remembering new material, or even some old skills such as reading music.

Intrusive thoughts All were troubled by repetitive thoughts about the accident. These occurred at any time, although often triggered off by environmental stimuli — e.g. movement on a bus, noise of glass smashing, sound of rushing water, sight of tables laid out like the ship's cafeteria. Thoughts intruded when they were otherwise quiet.

Talking with parents Many did not want to talk about their feelings with their parents so as not to upset the adults. Thus, parents were often unaware of the details of the children's suffering, although they could see they were in difficulty. There was often a great sense of frustration between parents and children.

Talking with peers At some points, survivors felt a great need to talk over their experiences with peers. Unfortunately, the timing was often wrong. Peers held back from asking in case they upset the survivor further; the survivor often felt rejected.

Heightened alertness to dangers Most were wary of all forms of transport—not willing to put their safety into anyone else's hands. They were more aware of other dangers. They were affected by reports of other disasters.

Foreshortened future Many felt they should live each day to the full and not plan far ahead. They lost trust in long-term planning.

Fears Most had fears of travelling by sea and air. Many had fears of swimming, of the sound of rushing water.

From all of this, I am convinced of the value in working with children of the diagnosis of PTSD as defined by the American Psychiatric Association's Diagnostic and Statistical Manual III—Revised[9]. That classification draws attention to specific symptomatology that might otherwise be overlooked: it pulls together disparate reactions that were previously considered separately; it helps provide meaning to children's reactions. It helps to say to children that they are experiencing normal reactions to an abnormal situation. Of course, one must also constantly remember that other disorders may also follow a disaster—particularly anxiety disorders and depression, the latter when bereavement has occurred

Some Development Issues

Having said that the diagnostic category of PTSD has heuristic value, it is also important to consider some developmental aspects that will affect children differently from adults. There are very few, even anecdotal, accounts of the effects of disasters on pre-school children. The younger the child, the more one relies on information from parents and if they, too, have been traumatized, it is difficult to sort out direct effects of the trauma on the children from those mediated by effects on the parents. Various 'Authorities' write that very young children may show all sorts of regressive behaviour or anti-social behaviour, and they may well do, but there is little hard evidence. Parents may avoid talking to the child about what happened. In my limited experience, I had no difficulties in getting a four-year-old and a six-year-old to describe vividly what they had experienced, much to their parents' surprise.

Very young children have only limited understanding of the life-threatening nature of disasters. Even so, we know from other studies of the concepts of death and dying that some pre-school children have very adult concepts of these. It is important that we remember the range of individual differences in cognitive awareness when discussing (or not discussing) the effects of disasters with children.

Children over ten years of age have usually a very good understanding that their lives were threatened. Young teenagers often report a sense of foreshortened future—what is the point of planning anything when the fates can be so capricious? This realisation is very difficult for parents to cope with.

Indeed, parents are often at a loss to know how best to react. If they were directly affected by the same disaster, they are having to cope with their own reactions at the same time as trying to support other children. Following the Australian bush fires, McFarlane[10] found that eight months on, the families showed increased levels of conflict, irritability, and withdrawal, with maternal overprotection quite common. The adjustment of the parents themselves was an important determinant of the adjustment of the children. In particular, he comments that '. . . families who did not share their immediate reactions to disaster may have had more trouble with their long-term adjustment . . . and experienced a greater degree of estrangement'. Equally important, the child's reaction to the fire affected the adjustment of the family, emphasising the reciprocal interactions among members of a family system.

Teenagers who survived the 'Herald of Free Enterprise' capsize often found it very hard to share their feelings with their parents. They would go out of the house a lot to avoid talking about it. Parents were often frustrated that they wanted to reach out to their children but did not know how to. Behaviourally, the children looked as if they had developed lots of interests outside the home; in reality, they were avoiding dealing with the effects of the trauma.

When child survivors of a mass transport disaster are scattered over many schools, there is, perhaps, more excuse for teachers

being ill-prepared to deal with problems that manifest in the classroom. When children have returned from a traumatic school outing, there can be no such excuse. Children may well have enormous problems concentrating in class and in doing their homework. If they are not sleeping properly, all this gets exacerbated. Children are sensitised to a wide variety of stimuli, mention of which may trigger an emotional reaction, as in the child who had to read about the evacuation from Dunkirk. Teachers need to make arrangements for child survivors to leave the classroom when such events occur.

For example, children returning to a very caring school after the sinking of the 'Jupiter' entered a geography classroom where the walls were covered with projects on 'great disasters of the world'. Their upset was immediate and the connection obvious. Less obvious was the pressure put on a boy whose GCSE project had not survived the sinking of the 'Herald'. Unable to concentrate on new learning, he was still pressurised to rewrite his missing project, until the problem was drawn to the school's attention. The teacher had, understandably, focused more on the impending exams than the current problems and these were then very quickly resolved.

Teachers need to be aware, too, of the reactions of other pupils towards the survivors. One eight-year-old suffered silently for weeks after a classmate said, 'I wish you'd died in the ferry'. A 12-year-old girl had to cope with taunts about being orphaned. These episodes only came to light during a group run for the child survivors[3].

Treatment Needs

Beverley Raphael's book, *When Disaster Strikes,* is an excellent introduction to the whole area of disasters and their emotional aftermath[11]. Unfortunately, little is written about treating child survivors. In many cases of natural disasters—flooding, fires, tornadoes, earthquakes — people emphasise the need to facilitate the rebuilding of the community, to treat people in groups in which children can participate. In the case of mass transport disasters, there is no natural group and with survivors scattered over thousands of square miles, it is difficult to get useful groups established. In the case of school journey disasters, there are clear groups to work with. So what work needs to be done?

In the immediate aftermath, children usually need to be reunited with their parents and family. Even teenagers may go back to sleeping in their parents' bed. Tolerance and understanding are called for. Survivors need to talk over what happened so as to get the sequence of events clear in their minds as well as to master the feelings that recall engenders. Repetitive retelling is not enough alone. Professionals can help by creating a relatively safe environment in which such recounting can take place. Experiencing that the world does not come to an end when feelings are shared between parent and child can be very facilitating. Learning that other survivors share similar, irrational guilt about surviving can help to get things in perspective. Learning how to deal with anxiety attacks, how to identify trigger stimuli, how to take each day as it comes—all are important therapeutic tasks.

However, such things should not be left to chance. Mental health professionals are rapidly learning that formal psychological debriefing can help adult victims of disaster[12]. My experience with girls who survived the sinking of the 'Jupiter' suggests that this can also be helpful with teenagers. Ten days after the accident, I met with the teachers, the pupils, and many of the parents initially in separate groups throughout an afternoon. During this preliminary session, the pupils were encouraged to describe and share their reactions. By anticipating some of these, I was able to emphasise that their reactions were understood and were normal reactions to an abnormal experience. At the end of the afternoon, I brought the pupils and parents together and got them to share publicly some of their feelings. Hopefully, that gave permission for such discussions to take place more readily at home. At the time, I was unaware that I was closely following Dyregrov's helpful suggestions[12]! Subsequently, Dr. Udwin and I saw the more seriously affected girls in small groups to treat more specific fears, panic disorders and depression.

I found Rachman's[13] paper on emotional processing very helpful in formulating what to do with child survivors. Saigh gives one of the few accounts of therapy with a six-year-old who suffered PTSD after a bombing in Beirut[14]. A flooding treatment proved very successful, but longer exposure sessions than normal were needed. There is a great need for similar treatment studies involving children from other types of disaster. Ayalon[15] provides sensible suggestions culled from a variety of theoretical perspectives She, too, emphasises the need to help children make sense of what happened to them and to gain mastery over their feelings. To this end, many practitioners agree that children should be treated in small groups. They should be asked to write detailed accounts of their experience and be helped to cope with the emotions that brings up. In addition, I would advise that they be given specific treatment for fears, phobias and any other avoidant behaviours. They should get practical help with sleep disorders. Given that intrusive thoughts seemed worse at night just before dropping off to sleep, I advised many children to use portable tape-recorders to play music to distract them and blot out the thoughts. With better sleep, they were better able to face the thoughts in the safety of daylight.

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Conclusions

Events of recent years have forced on us an awareness of the emotional effects of disasters on children. It is clear that children as young as eight years can suffer PTSD that is almost identical in form to that presented by adults. The effects can go on for one to two years, and cannot be considered transitory. Parents and teachers often underestimate the anxiety reactions that children report. Normal screening instruments will not pick up all the psychopathology.

There are developmental changes in children's reactions, but as so few young children have been studied, we cannot yet be clear of the nature of these changes. Children's reactions are intimately bound up with effects on the family, but some distress is directly caused by the trauma. Teachers, especially, need guidance on how to deal with the aftermath in schools. There is a great need for good treatment studies. Because disasters occur unexpectedly, we need to plan in advance how to conduct and evaluate all forms of intervention.

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Behavioural Characteristics of Iranian Martyrs' Pre-school Children: Preliminary Findings*

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Abstract

228 pre-school children whose fathers were killed during the Iran-Iraq war and who attended nurseries run by the Martyrs' Foundation in the central city of Isfahan, were compared with 124 children from intact families on McGuire and Richman's (1986) Pre-school Behaviour Checklist. Results showed that 1) the overall rate of behaviour problems was lower in Martyrs' children than controls; 2) among the bereaved children, this rate was significantly lower when the mothers had remarried; 3) sex differences were found in the rates of behaviour problems reported.

Introduction

The Iran-Iraq war started in September, 1980 and lasted eight years. During that time, many young men were killed and many children were made fatherless. Within the context of the Iranian Islamic culture, the war was regarded as a holy war and the high status of Martyr was bestowed on any soldier known to have died. The Iranian Government provided support to the families of such Martyrs, including the setting up of nursery schools for the children they left behind. There was some concern that maybe these bereaved pre-school children might be showing more conduct and emotional problems as a result of their experiences, and that formed the starting point for this study.

Garmezy[1] suggests that few events are more immediately traumatising for a child than the death of a parent. Raphael[2] commented that 'the powerful nature of the young child's ties to his parents and his dependence upon them for much of his nurturance and survival had led to many concerns about the effect upon him of the loss of these bonds'. Different theories place different weights on the child's age at bereavement, the sex of the child, bereavement as a stressor, bereavement as a loss of attachment, and on the inevitable change in family circumstances brought about by bereavement.

Bowlby[3] considers that during early ages the loss of the mother will be more traumatic than the loss of the father. Rutter[4] argues that by the third or fourth year of life, the loss of the parent of the same sex may be more damaging for children.

Wolff[5] suggested that the harmful effects of bereavement are more often due to its long-term social consequences and the emotional reactions of the surviving parent rather than to the impact of the death itself upon the child. When children lose their fathers, boys are more liable than girls to have difficulties in their own sexual and marital adjustment in later life. When fathers die, it is the widows who are more deeply affected than the children. Generally, Wolff argues that the death of the mother leads to greater disruption of the family than death of the father.

Rutter[4] draws attention to three distinct aspects of bereavement that must be considered when examining the effects of bereavement on children's development: the reason for the death, the previous relationship between the child and the deceased, and the way the death and its aftermath are handled. In general, children who had a good previous relationship with the dead parent are more likely to show resilience in the face of this adversity[1,6], while those with a poor previous relationship are more likely to be disturbed. Sudden deaths are more difficult to cope with than those where there has been some forewarning. Garmezy[1] also notes that social class and religious belief are important moderating variables related to how children cope with the death of a parent.

In what they describe as 'an exploratory pilot study', Elizur and Kaffman[7] studied 25 children aged two to ten years whose fathers were killed in the Israeli war of October, 1973. The children came from 15 families and were intensively investigated six, 18 and 42 months after the bereavement using mainly a semi-structured interview format. Whereas manifestations of grief gradually lessened over the first two years, the investigators were surprised to find that nearly half the children showed severe problems, even at the later follow-up point. The rate of problems was some three to four times higher than that found in control groups.

Elizur and Kaffman[7] reported that among children under six years of age, significantly more boys than girls showed severe problems. Overall, the rate of presenting problems was strongly related to the quality of the mother's mourning response, a finding consistent with Wolff's view[5]. Moreover, they found that 'mothers who remarried described marked improvement in children's behaviour since the stepfather's entrance into the family'.

In a related paper contrasting that sample with a group of similarly bereaved children who lived in a city, Kaffman and Elizur[8] found higher rates of distress among the city children. These they ascribe to the city children's being more exposed to maternal grief reactions than are the kibbutz children, the comparative lack of supportive social networks in the city, and the lower levels of religious affiliation among the city widows. They conclude that bereavement reactions

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