fathers are often among the most severely depressed bereaved children^{4, 13}. It was not possible to examine the effects of bereavement among school-age children in the present study.

Even allowing for the possibility that the teachers completing the questionnaires were less familiar with such devices than British nursery teachers, the results are still very striking in suggesting that the social and religious support provided to the families of those killed in the war have ameliorated the effects of the fathers' deaths on the surviving children. This reminds

us of the need to interpret the effects of important events such as the death of a parent within the social and cultural context of the References

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Bereavement in Late Adolescence-After a Major Fire Disaster

by Tom Lundin, M.D., Consultant Psychiatrist, University Hospital, Uppsala, Sweden.

Introduction

On 9th June, 1978, the spring term of all Swedish schools ended and around the country thousands of young people between 18 and 22 were celebrating their graduation. This was the case also in Boras, a town of a little more than 100,000 inhabitants in the centre of the textile industry area 60 k.m. east of Gothenburg. That evening one of the main hotels in Boras, The City Hotel, had over 500 young guests in the two restaurants, the nightclub and the disco. In the early morning of 10th June, at 2.35 a.m., during the last dance, a disastrous fire broke out. It started like an explosion on the first floor. Within a few minutes the whole place was like an inferno with black smoke, heat and chaos. When the fire started about 175 people were still in the restaurants. 20 of them were killed in the fire and around 60 were injured, more or less seriously. This is a preliminary communication of some of the findings of our 10-year follow-up study.

Method

It has been shown in an earlier unpublished study (Lundin, MSS) that 53% (n=59) of the survivors had lost a very close friend in the disaster. In this study it was also shown that the bereaved developed severe guilt feelings to a signifi-cantly higher degree.

The grief reactions seemed to be crucial in the post traumatic stress disorders.

Among the personally interviewed survivors it was shown in the two-year follow-up that survivors who had lost a very close friend over-represented were

among those with an incomplete crisis solution.

All the survivors were followed up with a new questionnaire during March, 1988, just a few months prior to the 10th anniversary of the fire disaster.

Eighteen families were bereaved in the disaster. A group of the parents were followed up for two years1, but none of the 26 bereaved siblings were initially interviewed.

Some preliminary results of the 10-year follow-up

We have recently started four follow-up studies of disaster victims directly and indirectly affected.

1. Health care and rescue personnel (questionnaires).

Siblings (personal interviews).

3. Somatically injured and uninjured survivors (questionnaires).

4. A group of ten survivors with severe somatic injuries (personal interview)

The siblings

Among the 18 bereaved families there were 14 with a deceased child with siblings. These 14 had 26 siblings: 15 brothers and 11 sisters. The deceased were between 17 and 21 years of age, which means that they should have been be-tween 27 and 31 today. The 26 siblings are today between 20 and 42 years of age. For 50% of the deceased the siblings were older and for the rest they were younger. None of the deceased had both younger and older siblings.

Six of the deceased had only one sibling, the other eight had two to four siblings.

Around 50% of the bereaved siblings were contacted for personal interviews. It turned out to be



surprisingly difficult to find an appropriate time and place for a personal interview. A great many of the siblings have, at a telephone call from the interviewer, talked more about their parents and their long-lasting great difficulties and heavy grief work. Some of the siblings seemed to avoid talking about their own feelings and reactions.

However, as many of the siblings as possible have now been personally interviewed and presented with the Expanded Texas Inventory of Grief complete with 13 new items concerning belief and view-of-life2.

The survivors

In the first questionnaire study of the survivors 90% returned their questionnaires. 53% of the 111 respondents had lost a very close friend in the disaster.

68% (n=40) of the initially-studied bereaved survivors have returned the 10-year follow-up questionnaires.

We have not yet analysed the data from the 10-year follow-up questionnaire study, so only some descriptive data are presented

The 40 bereaved respondents were between 25 and 35 years of age. There were 24 males and 16

females. They had all lost a very close friend in the fire disaster.

Ten people (25%) thought that they should have had more professional psychological help after the traumatic experiences. Some of these had also received somatic injuries themselves, from which they have recovered fully.

Only four people (10%) still have distressing psychic symptoms, which they consider are a result of the disaster. Their symptoms were: sleep disorders. depression, anxiety, phobias, and restlessness.

Only four respondents (10%) state that the fire never or almost never comes to their minds.

It was interesting to note that 20% (n=8) still sometimes or often have nightmares about the disaster (post traumatic stress disorder).

The bereaved survivors seem to be a high-risk group for post traumatic stress disorders (PTSD) and a few have developed pathological grief reactions.

Respondents with nightmares or distressing psychic symptoms were mostly men around 30 years of age.

Vignettes

A 30-year-old woman with modest somatic injuries writes:

'I feel I have become more anxious and restless. Even some years after the disaster I have difficulties in feeling anything for people or things that happened to me. Today it is much better, but I feel uncomfortable when answering these questions and I re-experience thoughts and feelings . . .

A 33-year-old man lost his girlfriend in the fire:

'I was very close to saving the life of my girlfriend, but I failed. I think this has caused an exaggerated considerateness for others. This is a disadvantage both for myself and my family."

Conclusions

20% of survivors still experience symptoms of PTSD ten years later. Most of the bereaved survivors have changed their view-of-life. The existential questions have become important and they feel more humble about life. Men particularly appear to be a high-risk group for developing post traumatic stress disorder and pathological grief reactions.

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This paper is a shortened version of one presented at The International Conference on Grief & Bereavement in Contemporary Society, London, 1988.

The Unexpected Death of Children through Disaster - A Personal View

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'I never knew that grief felt so much like fear' wrote C. S. Lewis, whilst attempting to keep track of his process of grieving for his wife. My own thesis is that caring for the bereaved of disaster must also feel like fear.

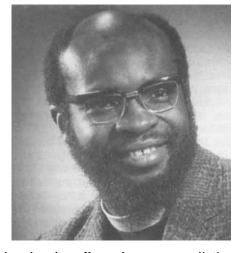
In the Western world, war, violence, and natural disasters aside, we are kept out of touch with death, so that until a close relative dies it is unlikely to impinge on most of our lives. Even then, the degree of relationship and its nature in relation to the dead dictates the measure of its impact, and the grief work to be done. Further, most of the work (once death has occur-red) is either taken gently but forcibly out of our hands by the Coroner's Officer or is handed over to the morticians, funeral directors and solicitors. Much of the caring for the dying and the bereaved lies with nursing staff, doctors, social workers, church representatives and suitably tactful (usually male) black-clad people, who whisk away bodies and present the loved ones in impeccably turned-out caskets, looking healthier than they ever did in life, surrounded by a heady gush of costly flowers.

Everyone, it seems, in the 'death' industry' has their role. Everyone is busy-covering over, sanctifying, making tea, embalming, maintaining dignity, doing the necessary, performing out, postmortems, issuing certificates. It seems a kind of fear-fear of idleness or of silence, or even of desperately not knowing how to care for the living remains of the deceased, the bereaved themselves.

'Seye Olumide was Anglican Chaplain of St. Bernard's Wing, Ealing Hospital, London, when all five of his children-Xarista aged nine, Lucia aged seven, Naomi aged five, Helena aged three and Shalom aged two—died in a house fire on 7th April, 1983.

I am a member of four years' standing of this club, which binds humankind into irrevocable membership: The life sentence. This makes me an 'expert' in a small but important area of human knowledge -my own experience of grief and the way I saw carers. It also hones the human 'wrong assumption detector', and polishes up perceptions. A bonus for the bereaved (not all) is that they are forced in upon themselves to examine the basics of life. When I say bonus, I speak subjectively (and at this stage personally). Some may see this in negative terms, but I feel it can be made into a very positive growth point, with determination.

What then has my 'self-centred' experience to offer those who come into contact with the bereaved of disaster? Quite a lot, I would say, since it is writers such as C. S.



Lewis who offer a far more realistic insight into what is actually possible, than some of the obvious cold text books and theories. This is not to say that statistics and tables of expected behaviour have no place--- am sure they do--but they are a form of stereotype when used inefficiently.

Stereotypes, I feel, are a way of shelving thought in a particular area and can be very dangerous, if applied to people or groups. This may be witnessed when we think of 'the Russians' who enter the national and collective consciousness as a bunch of peasants who swill vodka (having thrown away the cork), dash their glasses into the fireplace and proceed to pose threats of invasion to the entire 'civilised' (i.e. English-speaking) world. What do we know of individual Russians; what do we know of individual experience of bereavement? Why do we assume or think