

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: depression, sleep disorders, 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 consideration

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.

References

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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 occurred) 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.

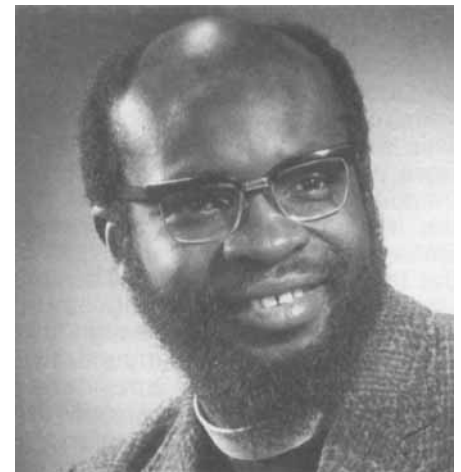
Everyone, it seems, in the 'death industry' has their role. Everyone is busy—covering over, sanctifying, making tea, embalming, maintaining dignity, doing the necessary, laying out, performing post-mortems, issuing certificates. It

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—I 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

it unwise to leave the bereaved (when the news breaks) unaccompanied during the early stages in case they 'do something silly'—a euphemism for committing suicide?

Let me tell you about me, and then try and tease out a few strands of thought for wider application. With me the first loss, after a long illness, was my father who was 3,000 miles away from me (1968). I remember denial until I actually arrived at the hospital mortuary. Then, the death of my father-in-law, after a very long (three years in a geriatric ward) progressive deterioration and dementia; then a year later (1983), my children—all five of them, suddenly in a house fire. Our house.

I am told that it took eight minutes for the fire rescue team to reach our house, but it was all over. They had been trapped in the bathroom. I remember arriving home, having driven myself from my place of work (a hospital) in response to a babbled telephone message that I should please go home because my house had a 'slight' fire. I remember, too, sitting beside my wife on a sofa, two houses away—no children, no house, just the clothes we had on and one another.

My father's death was not easy to comprehend. The other members of the family, in Nigeria where he died, had had time to get used to the idea of his dying. I had to see his body before recognising that the event fully happened. My father-in-law's death was 'comfortable'. We had three years to find out about his illness, accept the consequences and say goodbye to him—letting him go in stages. There was deep, deep sadness—but the inevitability of age and the natural conclusion of all things living, made death acceptable and almost a logical conclusion to a full and active life. I felt rage and utter frustration at the nature of this illness—senile dementia—but its one saving grace was that it provided the time to let go slowly. (I am sure he let go long before we did.)

The world turned upside down

The death of the children was not so kind. It was a disaster, it was untidy, it was illogical, horrible and shocking, just as it was an affront to life. It was an experience of a world—my world turned upside down. I last saw them alive at 1.30 p.m. and at 3.15 p.m. they were dead. Reactions? Horror, shock, anger, utter disgust at life's cruelty.

Apparently what I ought to have felt was 'disbelief', but this was never so—not for an instant. I did arrive and saw the house. I know the children were in there, and I saw the fireman trying to revive the youngest. So true was the situation

that to wake up each morning was to take stock of events and to force the mind to recreate the circumstances and facts of their deaths. It was self-enforced, I must add, and part of a search for a means of coping—that was before I learned that 'coping' is a mutilated word and altered it to 'getting by' or 'staying afloat'.

When the news broke (almost immediately) people were everywhere. People were shocked, just as an earthquake sends out shock waves. However, my wife and I were the epicentre and seemed unfortunately to have survived. We had to think fast and clearly in order to get through. No drugs to get in the way, because to escape would be to never return. Needles and pills were anathema, apart from sleeping pills to put some structure into day and night times and to prevent just a continuous stream of wakefulness.

We needed to think, and life was proceeding like an action replay of reality. Slow and heavy were our physical actions, but mentally we were speeded up versions of ourselves. A lot of mental energy was used up defending ourselves from interpreters of our situations, by letters, by telephone, and in persons. There was one lobby who saw the children's disastrous fire death as God's will—to which I could only respond with the certainty that it certainly was not. Then there were those who felt that it was judgement, or ironically some sort of holy treat that we had been selected for. There was a persistent character from a well known door-to-door sect who insisted by letter that, come Armageddon, we would not be reunited with the children unless we brought out a subscription to *The Watchtower*. Many and various were the prophets.

Each disaster has no comparison

Fortunately, I had my own views. As a Christian there had never been a time when I had really used or tested faith. Now it was just there, peace in all the chaos. Assurance in the wilderness all round. It was devastating and yet it was very simple—nothing needed interpreting—all the imagery and doctrine and cotton wool was quite irrelevant to me. I was simply responding as a human being. Nothing is worse than having all your complex emotions, feelings and thoughts interpreted back to you in a mangled way. Whenever I saw the potential situation coming my way, I learnt to move away fast before they could adversely affect me.

Perhaps rule number one for the carer should be 'never suggest your own interpretation to the bereaved in disaster'. It is a unique experience

which needs to be dealt with in a unique way. No, it is not similar to that other syndrome. This disaster has no twin, no comparison. The bereaved are new to it (the carers are also new to the situation) and they may be able to develop a strategy for getting by unknown to them before the disaster.

They will have their own simple philosophy and perhaps cultural perspective which is as valid as anyone's. 'What I am feeling is what is normal' has to be the philosophy. This takes a lot of courage and effort, but it may be the healthiest way of accepting one's self faced with an unprepared devastation.

There is also a group of people, professionals and lay, who are 'fussers'. They wish to inform the bereaved of the expected emotional and dietary needs. Crying is good. Eating is excellent. Tea is particularly beneficial. You must talk about it. Alcohol is essential but only in moderation. Not crying is a symptom of repressed emotion or delayed shock, and most unhealthy. Thought is distorted in the newly bereaved; so let's assume that they are invalids, and self-determination is very much frowned upon. They are going to go mad.

I dispute all this. Crying is a wonderful outlet for the human body (if you are able to, I could not) either alone or in the arms of loving and caring friends and relatives. It is not essential to 'perform' in public. Food is often unessential for days and the stomach is a good regulator of need. Tea, coffee, water, fruit juice are good but have no curative powers. Alcohol is an allowable weakness when over-indulged in on infrequent occasions. Not crying may mean many things ranging from being too busy (with immediate practical problems) to not wishing to cry in the presence of people who are total strangers. Self-determination? It is the bereaved of such disasters as individuals, as partners, as a family unit without their loved ones—now dead, who have to come to terms with the death, therefore the sooner they are able to put their own stamp on the proceedings, the better for them. Indeed the community too share the grief, the carers need to support, but I intend to develop in this essay a stance that they (the outsiders, professionals or lay) should be a safety net and, I am afraid, willing to be used as punchbags (but it may not come to that).

Why selected carers are vital

In this bereavement—liberation (the worst has happened). I would not wish to convey the idea that the bereaved, in a disaster such as fire claiming lives, can act alone.

Friends and selected carers are vital for conversation, to test theories, to reassure, to oil the wheels of the life that is sadly left, to advise and to love in an unconditional way. The factor which, in the most crucial and delicate way, sorts out the sheep from the goats here may lie in the ability to provide the exact amount of support required and *no more*, always initiated by the bereaved. By this I mean that those who are bereaved suddenly in disaster have lost a major part of themselves. (And we do remember that we are focusing on a family unit, where the fire has also claimed the house and contents, not because salvage is hindered, but because at the same time, the bereaved have also lost their security and a sense of familiar place.) Life now had to be lived out in the full glare of publicity.

They have suffered indignity (it happened to them), loss, anger, fear, and possibly many other

things hidden from prying eyes, to be taken down and used in evidence. They are left with only a retreat into memory (their memory) of what it was like when their loved ones were alive and well, and possible speculation of how life in the future can now never be the same again. The very last thing they need is to give up another particle of their being, be it in the form of personal autonomy, responsibility for decision making, being criticised for behaviour, not being trusted with the truth of the reality—anything at all which detracts from the person. For sure they need to allow themselves to be helped—but not to be taken over. There are carers who seem to understand this with hypersensitivity, and sadly there are those who like the 'image of being a carer' but cannot cope with its unglamorous reality, which at times can resemble the punchbag *cum* general dogsbody. It takes a deep acknowledgement of just

being human the better to fit this role. The privilege of caring requires a depth of humanity and humanness which need a good deal of thought to aspire to.

I hope I am right in assuming that there is no correct way of dealing with grief, let alone grief which emerges from a disaster. Everyone is unique, just as the disaster is unique. I know a lot of things about people now that I did not know before, and a great deal about empty rhetoric and meaningless stereotypes and formulae. Most of all I know about the importance of remaining whole: it is possible to pour one's self out willingly for people, but to have parts of the self snatched away is intolerable. You learn a lot, just by living, without spectators and the media.

Postscript

The Olumides have now been joined by two adoptive children, Natalie who is five and Marcus aged three, who are settling down very well with them to life in Bradford.

Haunted by Memories

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Writing or talking about the capsizing of the 'Herald of Free Enterprise' is difficult but also therapeutic. As health care professionals know, working with trauma, pain and grief is not just a job: it affects the way we feel and our personal relationships — sometimes quite dramatically.

On 6th March, 1987, I was sitting alone in my cottage in Kent when I saw a news bulletin about a ferry in difficulty. I now know some of what took place during this time, but I will never know what it was really like. In 60 seconds the ship 'went over', the lights went out and the water came in. Those sitting or working on the right-hand side of the ship died, while those sitting in the middle or left-hand side clambered up the by-this-time vertical tables and chairs and through the portholes to get out.

Those who were injured or too weak didn't make it. In some cases, survivors had to tread on dead bodies to get out. Members of the crew rescued as many people as possible, having to decide rapidly who was alive and who was dead. There were 545 people on board; 193 died and 349 survived.

I was asked to go to Dover on 13th March to begin to counsel those people most immediately affected—some of whom thought

that they were going mad. The Herald Assistance Unit for Kent Social Services Department was set up a few days later, as it was known that the disaster could have long-term psychological effects on survivors.

My team leader and I were given the task of recruiting a 'home' team of counsellors to work in south-east Kent; there was also an 'away' team which travelled throughout Britain, visiting those affected, and trying to link people requiring counselling with agencies in their home area.

Although as a social worker I had worked with the dying and with people trying to deal with the aftermath of murder, and had been involved with Cruse—Bereavement Care for eight years, nothing had prepared me for the horror of the survivors' experiences and the depth of guilt that they felt or for the raw emotion to which we were exposed.

In south-east Kent we worked predominantly with the 38 crew widows and the 42 crew survivors, their families and supporters. A conservative estimate of people affected overall would be 10,000. The home team tried to help in several ways:

- By giving information to the community about what normal reactions



could be in response to such an abnormal event

- By counselling individuals and families
- By setting up groups for people who had had similar experiences
- By teaching professionals about the effects of bereavement after a major disaster and how to recognise the symptoms of post-traumatic stress
- By making the Herald Assistance Unit a place to call in to and a safe place to share pain, anxiety, fear, guilt and shame. This was, perhaps, one of our most important steps.

People came to us feeling desperate, and were finding it difficult to find a connection between their feelings and what they had wit-