

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

Janet Johnston, C.Q.S.W., Senior Social Worker and Manager of The Dover Counselling Centre, Dover, U.K.

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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-

nessed or experienced. They felt fear of being left alone or having to leave loved ones, and of 'breaking down' or 'losing control'. They were also fearful of damaging themselves and of a similar thing happening again. They felt helpless, maybe for the first time in their lives. They felt sad about the deaths, about the loss of the ship and many other losses. They longed for all that had gone and felt guilt at being better off than others—indeed for being alive at all, or for not being injured. Then there were regrets for not having done more.

They felt shame—at having been exposed as helpless and 'emotional' and for needing others and for not having reacted as they would have wished. They felt anger at what had happened, at the injustice and senselessness of it all, and at the lack of proper understanding by others and at inefficiencies.

All were haunted by memories and feelings of loss and love for the people they knew who had been injured or who had died. They suffered many bodily sensations—tiredness, sleeplessness, bad dreams, loss of concentration, dizziness, palpitations, shakes, difficulty in breathing, nausea, diarrhoea, muscular tension—leading to headache, neckache and backache and loss of interest in sex.

We tried hard to reassure people that these were normal reactions to an abnormal event and encouraged them to express their feelings regularly.

We tried to look at people, not just as individuals, but as members of their families. For example, when a young mother's husband dies, she has to find the strength to cope with her own feelings, those of her in-laws and her children. She also has to cope with many new chores and responsibilities. She will be seen differently by many professionals whose serious faces will reinforce her predicament. She may need to re-evaluate her financial situation, negotiate with the department of social security, teachers, doctors and bank managers.

And what about the children who have lost a parent through death, or whose parent has experienced a traumatic event which has forced him or her to face his own mortality? There is no doubt that death represents a most serious threat to a child. He needs to have some concept of time and of irreversibility to understand death. It is not unusual for a child to ask 'Will my daddy come back?' or, worse, not ask the question at all and worry about it instead. Not only has this

child lost one parent, but his remaining parent is now very different.

I run a Cruse bereavement care group for children who have lost a parent by death, and I am amazed by the amount of responsibility these children carry for their remaining parent and for their siblings.

How honest should we be with children? The truth is clearly distressing, and will cause the child to feel sad, frightened and confused. However, they do know when they are given an untruthful answer to questions. By using the truth, reality can be faced gradually, in a caring way. A half-truth will confuse the child further, more questions will lead to greater anxiety in the remaining parent, which the child will sense and he will also be left with more unanswered questions, which he will be unable or reluctant to voice.

Parents in distress instinctively want to protect or shield a child from experiencing loss and expressing grief. Yet children have the same needs as adults, and will benefit from taking part in all the relevant activities at the time of death.

Perhaps we should briefly look at what these tasks are for the remaining parent and the children. Individuals must face the reality that the parent is dead, and overcome the feeling that the death hasn't really happened. Then they must accept that the person has gone and will not return. This is a gradual process, during which is felt an urgency to search, followed by constant disappointment at not finding them.

Once individuals have come to terms with reality, they need to express their grief. This is difficult for widowed parents who fear losing control or frightening their children.

Giving way to grief is stigmatised by society as morbid, unhealthy and demoralising. So all around them is the message 'try not to feel' when the opposite is necessary for the grieving to be done. Staying with an adult or a child while they express their grief is not easy, but it is necessary and worthwhile. Once the bereaved have gone through the grieving process, they can adjust to a world without the deceased person.

It is difficult to work with families in these situations as we are not in control of media exposure or events, such as inquests, family influences and possible police investigations. Also, we might not know the situations these families were in before the disaster.

I can only suggest that it is most important that families stay in con-

trol of their situation, because taking over disables them further. Our job is to 'be there' and 'care' and, most important of all, to listen to what they are asking for.

- Do they want to identify the body?
- Do they want to talk about their feelings with someone who is not emotionally involved?
- Can they use the opportunity to talk through nightmares, panic attacks and their vulnerability?

We must all learn about post-traumatic stress and find ways to take people through their experiences over and over again, in what we now call critical incident stress debriefing, which I firmly believe will help prevent mental illness and will help professionals feel less overwhelmed by what they are hearing.

To do this effectively we need to have explored our own vulnerability and feelings about death, so that we can separate our feelings from theirs. This will also help us know our limitations. People in dire distress will tell you only what they think that you can cope with hearing.

The after-effects of disaster are also felt by many who were not present at the event. For example, carers and those people who could have been there. The list is endless, but in south-east Kent, it included:

- The 160 people who comprised the two other watches of the 'Herald of Free Enterprise' who were off-duty and, in some cases, swapped watches. They lost their ship and many good friends.
 - Typists who produced list after amended list of the dead and survivors, many of whom were known to them.
 - Experienced policemen who described their experiences as being in a cot-death situation continuously for three months.
 - Townsend Thoresen staff who helped families identify bodies in the mortuary in Zeebrugge. Again, 38 of the dead were known to them.
- I have coped by having regular individual supervision outside Dover, and by being a member of a team which met regularly at the unit with an outside facilitator, to explore our feelings in relation to the work, and by re-examining old losses that we had experienced.

Janet Johnston is Vice-Chairman of Maidstone Branch of Cruse.

REVIEW

MENTAL HEALTH RESPONSE TO MASS EMERGENCIES: THEORY AND PRACTICE
Mary Lystad (Ed.) Brunner/Mazel, New York: 1988. £45.

In a world in which disasters, particularly technological disasters, seem to be becoming more common the publication of this authoritative work is very timely.

Written by 26 American planners, ad-