nessea 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 control 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 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, swopped 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 feeings 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-

ministrators, sociologists, psychiatrists, psychologists and others concerned with the administration of mental health services in disaster areas, this book reviews an extensive scientific literature and comes up with important conclusions and recommendations. Of these the most important is probably the recognition that, since disasters can have serious consequences for the mental health of victims, relatives and even professional caregivers, this needs to be taken into account in the planning of a response to disasters.

The first part of the book reviews research on the psychological and social consequences of disasters. Despite great differences between disasters, Post-traumatic Stress Disorder emerges as a well-documented consequence of many. Factors which increase the risk of this and other disturbances of mental health can be identified and enable people whose health is at risk to be offered special help.

The types of help likely to be of use are discussed in Part II. The emphasis here is on 'outreach' with those at risk being contacted as soon as possible after the disaster and a general agreement that it is best to avoid attributions of mental illness. Support can be given to individuals, families or groups and a variety of approaches are described. So too is the support and 'debriefing' of caring staff.

In the USA, as in Britain, disaster plans seldom make any provision for preventing psychiatric problems and treating those that arise. The final section of this book looks at the need for proper planning and for public and professional education in preparation for disasters. It is suggested that every Community Mental Health Plan should include the management of disasters and every Emergency and Disaster Plan should contain a mental health component.

With so many contributors to this book it is to be expected that the quality of contribution is uneven. One would not expect so moving a topic to be boring but there were several chapters whose analytic detachment seemed remote from the chaos and passion of a disaster area. Even so there is much to be learned from each chapter and, although the same basic messages emerge repeatedly, the editor has done a good job in welding together a disparate group of contributors. She is Mary Lystad, Chief of the Emergency Services Branch of the United States National Institute of Mental Health, and consequently this is a book which will have a particular appeal to planners and administrators. As such it contrasts with Beverley Raphael's *When Disaster Strikes* (Basic Books, New York) which is aimed at the clinician. Both books should be read by all who are seriously interested in preparing for the disasters that will surely continue to occur.

Colin M. Parkes, MD, FRCPsych.
Senior Lecturer in Psychiatry,
The London Hospital Medical College.

Someone Special Has Died. A new booklet for grieving children, available at £1 inc. p&p from St. Christopher's Hospice, 51-59 Lawrie Park Road, London SE26 6DZ.

LETTER TO THE EDITOR

Dear Editor,

As a nurse specialising in Accident and Emergency (A&E) work, I have for many years tried to develop a service which is knowledgeable about, and sensitive to, the needs of bereaved relatives. I have also emphasised the need for nursing and other staff to receive professional care and support for the emotional stress they face in this type of work[1-3].

Your readers may be interested to know that my post in the A&E Department at Leeds General Infirmary has recently been changed from Senior Charge Nurse to Clinical Nurse Specialist—Crisis Care. The post now allows me to spend one-third of my time in teaching and will enable me to develop workshops and seminars in the crisis and process of bereavement from the helper's point of view. It is also important that in my work in the Department, opportunities for research are taken. We have much to learn if this important work is to be developed as it deserves.

Yours sincerely,

BOB WRIGHT,
Clinical Nurse Specialist—Crisis Care,
Accident and Emergency Department,
Leeds General Infirmary, Yorkshire, UK.

References

1. Wright B. Sudden death: nurses' reactons and relatives' opinions. Bereavement Care 1989; 8: 2-4.
2. Wright B. Critical incidents. Bereavement Care 1989; 8: 28-30.
3. Wright B. Caring in Crisis. Edinburgh: Churchill Livngstone, 1986.

CONFERENCE ON HOLISTIC APPROACHES

A conference on **Holistic Approaches to Disability and Mental Health** will be held on 17th October, 1990, hosted by The Psychiatry of Disability Division at St. George's Hospital Medical School. Topics covered include: promoting independence, caring for the carers, bereavement, communication difficulties, relationships and sexuality, the place of technology, family therapy. Application forms and further information regarding this and all our other conferences are available from Philippa Weitz, The Conference Unit, Dept. of Mental Health Sciences, St. George's Hospital Medical School, Cranmer Terrace, London SW17 0RE. Tel: 081-672 9944 ext. 55534.

FORTHCOMING COURSES AND CONFERENCES

INTRODUCTORY COURSE IN BEREAVEMENT. Autumn 1990. Reading, U.K. Thursday evenings 27th September-29th November. Enquiries to Reading Cruse on Reading 588133.

WIDOWED PERSONS SERVICE 13th NATIONAL CONFERENCE. 4th-6th October, 1990. Atlanta, Georgia, USA. Keynote speaker Dr. Joyce Brothers, psychologist. 40 concurrent workshops focusing on aspects of widowhood and bereavement. Details from Carrie L. Bacon, Widowed Persons Service, American Association of Retired Persons, 1909 K Street, N.W., Washington, D.C. 20049.

Correction: Third International Conference on Grief and Bereavement in Contemporary Society, Sydney, Australia, will take place 30th June-4th July, 1991 and not 1990 as given in the previous issue of *Bereavement Care*.

Cruse News

Cruse is the national United Kingdom voluntary organisation for bereavement care

Cruse House, 126 Sheen Road, Richmond, Surrey TW9 1UR, England (tel. 081-940 4818)

Director: Alec Sandison Training Officer: Nicholas Tyndall
Information Officer: Wendy Wilson

New Director for Cruse

Cruse welcomes as its new director Mr. Alec Sandison, FCCA, who took up his post on 14th March. Mr. Sandison, a qualified accountant, has held a number of senior management positions and was previously Chief Executive for the Royal Institute of Chartered Surveyors. He has worked voluntarily with the Samaritans since 1975.

Derek Nuttall, MBE

Derek Nuttall, until recently Director of Cruse, has been awarded the MBE for his work with bereaved people. He sees the award as 'an acknowledgement of the needs of bereaved people and an endorsement of the work of Cruse'. All who knew Derek will wish him well in his new work as Minister of the United Reformed Church in Windsor.

New Cruse Branches

Since our last issue, new Cruse Branches have opened at Elgin, Ipswich, Burton-on-Trent and Uttlesford (Essex).

BEREAVEMENT CARE JOURNAL

is for bereavement counsellors and all who wish to deepen their understanding of bereavement. It is sold subject to the condition that it shall not be lent, resold, reproduced in part or in entirety, hired out or otherwise circulated without the publisher's consent.

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Bereavement Care Journal—Subscription Rate 1990

U.K.: Individual Subscribers (i.e. paid for by individual subscriber for personal use) £7.50. Libraries and organisations (e.g. paid for by organisation and/or for multiple readership): £12.00. Cruse Workers: £5.00. Postage included.

Overseas Rates: Europe. Individual Subscribers (as defined above) £8.50. Libraries and Organisations (as defined above) £13.50.

Countries Outside Europe: Individual Subscribers (as defined above) £11.00. Libraries and Institutions (as defined above) £15.00. All prices inclusive of air mail. Kindly remit by sterling draft payable in London.

Bereavement Care Journal is published three times a year in Spring, Summer and Winter. Some back numbers available at £2.50 plus 28p postage (inland). Free index on request. Offprints of single articles available at 40p.

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Printed by E. H. Baker & Co. Ltd., 86 Lower Mortlake Road, Richmond, Surrey TW9 2JH. Ref. 87317