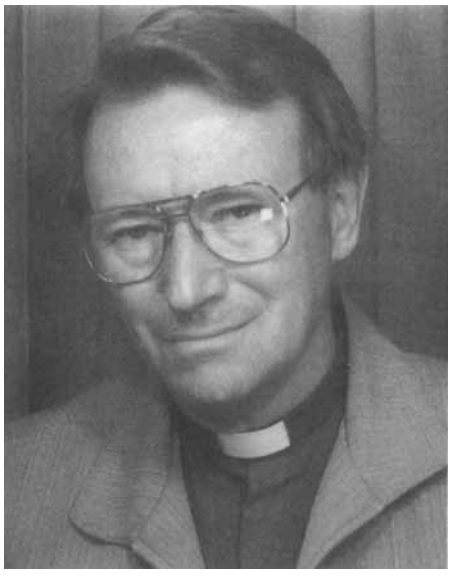
Helping Disaster Victims and their Families

Revd. Brian Cranwell, M.Sc.
Parish Priest and Chairperson of Cruse in Sheffield, England



DISASTER CARE

In this issue of *Bereavement Care* we publish three papers, each of which presents a different perspective on counselling in the aftermath of disasters. Brian Cranwell's paper tackles the controversial issue of 'proactive counselling' by people who have been assigned to particular families following a disaster. He argues that in these circumstances a direct approach may be preferable to self-referral by the client.

Bob Wright's paper is aimed primarily at emergency room staff, and originally appeared in *Nursing Times*. It describes the technique of 'Critical Incident Stress Debriefing', a term which has crept into the the vocabulary of disaster.

Irene Renzenbrink warns us against the dangers of 'rigidly adhering to professional language' and emphasises the complexity of the issues, and the time which may be required to help people to deal with the losses and other changes which result from disasters. Editor

Abstract

There is a long held belief by many who hold to the value of 'non-directive' counselling that people who do not want to be helped should not have help forced on to them.

The following article explores the view that while this is an appropriate and developmental approach to personal decisions arising through the counselling process, it is not appropriate in the immediate aftermath of a disaster.

These points arise from the author's experience at the Hillsborough disaster, but are equally appropriate to disasters such as traffic accidents where authorities have more experience and set an example worth examining.

The day after the disaster at Hillsborough* I arrived at the Sheffield Medico-Legal Centre at about 2.30 p.m. This Centre holds the Coroner's Court and Mortuary, and the bodies of the Hillsborough victims had been transferred there early on Sunday morning. In consequence there was a steady procession of friends and relatives from Liverpool coming to the Centre to identify bodies. Unfortunately, because of the limited facilities at the Centre, those giving first identification of bodies were receiving priority over those needing to view them before returning to Liverpool. Consequently some of these had already waited several hours, and their distress was not helped by the geography of the Centre, as families in deep distress were constantly coming back through the reception area immediately after viewing bodies.

It was to one of these waiting families that I made my way on arrival, since they appeared to be entirely 'alone' in the sense of having no counsellor, social worker or clergyman with them. However, as I approached them, two helpers from another agency stood up, barred my way, and told me firmly: 'This family has said they don't want any help'. I agreed this was their privilege and moved away, and the two helpers themselves left the building shortly afterwards.

The previous night, the main gymnasium at Hillsborough Stadium had been used as a mortuary for the 95 bodies. In the early part of the evening, one of my colleagues, Jane, a lady Deacon, attached herself to a family of four to five people, including two to three males, who were waiting to identify their young son's body. They told her firmly that they did not want anybody with them whether clergy, social worker or counsellors.

However, Jane stayed near to the family, standing a few feet from where they were standing, without listening to their conversation, but glancing in their direction from time to time. After about 20 minutes, two of the family turned to her and asked her why she was hanging around. Jane emphasised that she was not trying to interfere with them in any way against their wishes, but if she did not stay near to them they would be continually approached by others. This seemed to make sense and they accepted it.

Later, during the long wait to identify bodies, Jane got into conversation with the parents. Their first reaction to her had been cool, but they changed considerably when Jane responded: 'Of course I can't know exactly how *you* feel, but I do know how *I* felt when one of my children was killed in an accident'.

As the evening went on, Jane escorted the family through the whole process and was clearly a great help to them in many practical ways. After the shock of seeing their son's body, the family eventually thanked her warmly before they left for all that she had done.

As the evening went on at Hillsborough Stadium, a clear policy was stated that each family group was to be escorted by at least one counsellor or clergyman and one social worker. This policy was to prove invaluable. It became clear that however capable people believed themselves to be (especially the men), many were so shocked by the experience of identifying the bodies of relatives or friends that they just did not hear the simplest of instructions or requests from the police or mortuary attendants. To have somebody with them, able to make sure that they were able to go through the formalities, to support them in states of near collapse, shaking and shocked, and to fend off irrelevancies from any outside source, was vital.

This function was not only helpful to those with the task of managing the whole sequence, but also to those who were waiting. There was no allocation of 'helpers' to family groups in the early stages, and only one group was going through every 15 minutes. With nearly 100 bodies to be identified, with 20 or more families and groups waiting, and more arriving, those outside were obviously in for a long wait.

This waiting was taking place virtually in the cold, open, night air, and in the semi-darkness of the outer Stadium. Those 'helpers' who were allocated to escort groups not only helped to ensure there was no more delay than necessary, but were able to identify ways in which the process could be speeded up

* On 15th April 1989, at Hillsborough Football Stadium, Sheffield, UK, 95 spectators at a semi-final match between Liverpool and Nottingham Forest were tragically crushed to death.

without in any way rushing the bereaved through the process. Eventually the queue, which was gradually moved into warmth and shelter, was moving at the rate of one family every 7-10 minutes.

Competition

But there was another important and positive dynamic which was also assisted by the decision to direct counsellors and social workers to each family or family group.

It is an unfortunate fact, but one which has to be accepted, that competition creeps in between agencies. I have had clergy tell me that they were not happy at Cruse counsellors treading on what they see as 'their' patch for everyday bereavement counselling. (A letter which appeared in a national newspaper from a trained counsellor who claimed to be at Hillsborough that Saturday night, smacked of the same attitude towards volunteers.)

Those of us at Hillsborough on that Saturday night found that while there were tendencies early in the process for some agencies to huddle protectively around 'their' clients, the boundaries were lowered as the evening went on. Two decisions seemed to help in this process. One was that already mentioned, i.e. directing counsellors, clergy or social workers to accompany each group. The second was the authority and encouragement given by a senior police officer for another agency to organise the queue, and allocate helpers once the need was explained. In other words, the police officer used his authority to delegate responsible leadership. Thus communication was established between those who were bereaved and helpers from different agencies, between those escorting families through the process, and those responsible for the identification process inside the temporary mortuary.

This co-operation not only helped to improve the quality of care given during the immediate aftermath of the Hillsborough disaster, but has subsequently resulted in a joint project group for long-term follow up and planning.

It was these communication facilities which were missing at the Medico-Legal Centre the following days, causing frustration, anxiety and anger for the relatives, and a greater sense of ineptitude and frustration between helping agencies. That is not to say that families were not cared for, or that staff were in any way incompetent. But the lack of any specific directive to enable help to be given to the bereaved was self-evident, and had some unhappy side effects which could have been alleviated.

Conclusion

It is now recognised that a contributory factor towards a healthy grief for the bereaved is the quality of help they receive at the time of the death and immediately following.

There are times in life when appropriate help needs to be on hand whether it is requested or not, or even if people cannot foresee themselves as needing it.

For example:

- When a loved one is overtaken by sudden death
- When officialdom seems slow, strange and unsympathetic, and is perceived as unnecessarily slow and cumbersome
- When terms like 'post-mortem' are assumed to mean cutting up and disfigurement
- When crowds of people are in facilities designed for only a few at a time, and where groups of bereaved people are not only having to cope with their own grief, but with the noise and despair of those around them.
- When several different agencies are involved and the media are also competing for attention.

It does not seem to me to be appropriate in these situations to ask people if they want or need help. Such help needs to be available in such a way that agencies are not competing and are equally involved, since their needs too must be respected. Families do need escorting and protecting, and to be provided with as much or as little emotional and practical support as required. And those who are providing this service need to have access to those who do know what is happening, or who are in charge in the midst of what can seem to others a random, even chaotic process.

Such services need leadership which is well informed and able to work with all the agencies concerned, rather than a leadership vacuum in which people compete and are able to find out what is going on only by repeated and irritating demands on authority.

To convey to those who are suffering that the people in charge care sufficiently to be organised in such a way is a great comfort which can lower tension and reduce anger and anxiety.

A few years ago a family I know were involved in an accident on the M5 motorway. The wind caught their caravan, which swayed, hit the central reservation and overturned. The feature of the experience which they most appreciated was that the job of one of the police crews was to take the wife and children to a Motorway cafe and look after them until the husband/father could join them when the damaged vehicles had been cleared.

The very nature of disasters, whether large or small, means that the conditions in which they happen are unforeseen. Whether or not the outcome is a death, the experience for those caught up in it is emotional and traumatic. To assume that people will be able to make rational judgments in such conditions, and to leave them to themselves, is to reduce their ability to respond and make decisions and, consequently, to reduce their options and give them less choice.

FORTHCOMING COURSES AND CONFERENCES

Explaining Our Own Death Workshops. 22nd January, 1990; 19th February, 1990; 12th March, 1990. £16. Details from Christianne Heal, Tel. 01-435 5432. Also 31st March, 1990, The Mary Ward Centre, 42 Queens Square, London WC1N 3AQ. 10 a.m.-5 p.m. £12. (Tel. 01-831 7711).

National Association of Bereavement Services Working Conference and 1st AGM. 29th January, 1990. London (Regents College). Guest speakers, bookstall and 20 workshops on different aspects of grief and working with the bereaved. £35 with lunch, £25 without. For more information contact Jan Webster, c/o N.A.B.S., 68 Charlton Street, London NW1 1JR. Tel. 01-388 2153.

Third International Conference on Grief and Bereavement in Contemporary Society. 30th June-4th July, 1990. Sydney, Australia. Programme includes the following themes for each day: 1. Children and Loss; 2. Trauma and Loss; 3. Grieving in Various Cultures; 4. Ethical and Legal Issues relating to Life and Death. Enquiries to The Secretary, Third International Conference on Grief and Bereavement in Contemporary Society, Sydney, July, 1991, Conventions Department, P.O. Box 489, G.P.O., Sydney, New South Wales 2001, Australia.

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Correction

'Adolescents experiencing the death of a parent.' In the Summer 1989 issue of *Bereavement Care* on page 19, reference 16 (Parkes CM) should have read volume 281.