

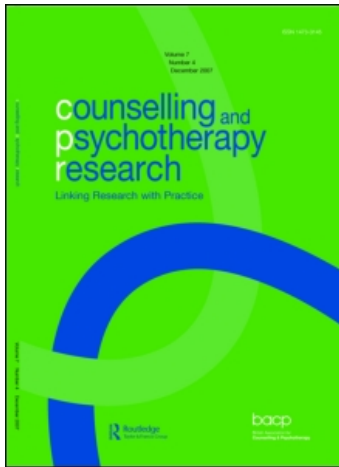
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RESEARCH ARTICLE

Long-term collective assistance for the bereaved following a disaster: A Scandinavian approach

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Abstract

Objective: This paper describes an approach where disaster-bereaved families gather over three weekends to process and learn about grief together (a collective approach). *Method:* The article is based on experience related to several disasters in Norway and Finland, using a maritime disaster in which 16 persons lost their lives as a case example. *Conclusions:* This approach provides an opportunity to help numerous persons simultaneously. It facilitates support, communality and help within a group setting, provides access to self-help methods and allows screening of those in need of further help. Three weekend gatherings were held during the first year following loss of family members. Using plenary sessions, small groups and rituals during weekends, important themes within normal grief reactions over time were addressed.

Keywords: *Disaster intervention, long-term follow-up, collective assistance, bereaved, rituals*

Introduction

Large accidents and disasters lead to increased human suffering involving both somatic and psychological effects (Foa, Stein, & McFarlane, 2006; Neria, Nandi, & Galea, 2007). Through the last 10 years the assistance to those affected by disastrous events, both survivors and bereaved, have become more organised and structured. In most western countries immediate measures will be taken to help affected groups. Manuals outlining psychological first-aid for victims have become available (i.e. National Child Traumatic Stress Network and National Center for PTSD, 2006), and steps to harmonise these across nations and cultures have been taken (Inter-Agency Standing Committee [IASC], 2007).

Families who suddenly, unexpected, and most often dramatically, lose loved ones have to master a new reality. Such losses can result in grief reactions complicated by post-traumatic stress reactions and family upheaval (Black, Newman, Harris-Hendriks, & Mezey, 1997; Doka, 1996; Dyregrov, Nordanger, & Dyregrov, 2003). Bereaved families complain that the help they receive is satisfactory in the short, but not the long run (Dyregrov, Nordanger, & Dyregrov, 2000) and it has been shown that the assistance of bereaved following both single deaths (Dyregrov, Nordanger, & Dyregrov, 2000), and multiple deaths following disasters can be haphazard (Henriksen, 2002).

There are no accepted models or traditions for long-term psychosocial assistance to bereaved families after disasters. They have been gathered in family groups for confronting the reality of what has happened, to receive information and be supported in viewing the body of their loved ones etc. (Winje & Ulvik, 1995). Participating in rituals is usually deemed important for healing (Castle & Phillips, 2003; Katz & Bartone, 1997). A recent and thorough meta-analysis of psychotherapeutic interventions for bereaved persons by Currier, Neimeyer and Berman (2008) found interventions to have a small effect at posttreatment and no statistically significant benefit at follow-up. The obvious need expressed by the bereaved themselves, the wish to be connected with others in the same situation as themselves, and the possibility for enhanced support by other bereaved, makes it important to continue to develop approaches that can help families cope with their 'new' situation in life. Even though this may not directly translate into improved health, the humanity involved in allowing for feelings of community, group support and belonging to the same 'family' is important.

There are few previous descriptions in the literature on how to connect and follow up bereaved families over time when they have lost their loved ones in the same disastrous event. The review of Currier, Neimeyer and Berman (2008) includes studies very dissimilar to the one described herein and refers to non-disaster related deaths. Although individual treatment interventions comprising various

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cognitive behavioural therapeutic approaches including exposure and confrontative methods (Melges & DeMaso, 1980; Sireling, Cohen, & Marks, 1988), and more recently specific methods that target traumatic, complicated or prolonged grief (Boelen, de Keijser, van den Hout, & van den Bout, 2007; Shear, Frank, Houck, & Reynolds, 2005) have been developed to help bereaved individuals, the description of family-based intervention for bereaved following disasters is almost non-existent. Yet the bereaved emphasise the possibility of meeting others in the same situation as important following 'individual' sudden death (Dyregrov, Nordanger, & Dyregrov, 2000) and following disaster bereavement (Henriksen, 2002).

Stubenbort, Donnelly and Cohen (2001) described an assistance program for children and adults following a US air crash that killed 132 people. Due to bureaucratic reasons information about the possibility of receiving help from this program had to be spread through newspapers, and only 12 children and 18 adults took part. The program consisted of seven weekly sessions with a specific theme for each session. The program was more therapeutic than preventative and was termed 'cognitive-behavioural group therapy'. In this respect the content of the program was similar to that used in psychotherapeutic groups used following natural disasters (see above) and programs initiated for individual trauma (see Saltzman et al., 2001).

Boss and coworkers (2003) used family meetings for families of union workers missing after the 9/11 attack in New York City. About a month after the attack the families were gathered for the first time and the meetings continued over at least 18 months. Although the intervention is not described in any detail, this community-based intervention aimed at helping the bereaved make sense of what had happened. The authors emphasise that they deviated from the traditional way of doing therapy, as the situation demanded a non-clinical approach, similar to the one described later in this article. The aim of the meetings was to create a community from which the families could draw strength to regain resilience. Preparation for the anniversary was an important task in this assistance.

Over several years we have developed a Scandinavian collective assistance approach for the bereaved following disasters. In this paper we present this approach which has been followed in two Scandinavian countries after disasters when the death toll has been considerable. Psychosocial assistance has also included systematic work for those who survived the disasters (see Dyregrov & Gjestad, 2003). It is our hope that by reading this detailed description, mental health professionals can access ideas of how to intervene if they were to be involved in assistance for the bereaved after disasters.

Purpose of collective assistance

The purposes of collective assistance for survivors and bereaved after disasters are:

- The possibility of helping many at the same time.
- Transmission of facts and the development of a common, a family and an individual overview of what happened, thereby creating coherence and a better understanding of what took place. This can counteract misperceptions and negative appraisals of own behaviour or response.
- To normalise and validate people's experiences and reactions (a psychoeducative component).
- Mobilisation of mutual support and help, within and between families.
- Signal society's care and concern for those involved.
- Support people's own coping mechanisms and inform/teach them self-help methods.
- Early identification and referral of those in need of individual assistance.

The use of weekend gatherings

Following several major disasters in Norway and Finland, such as several train crashes, a helicopter crash (killing 14 people), a maritime disaster, a bus accident (killing 23 people), the 2004 Tsunami and school shootings, the authors have had the professional responsibility for organising a structured assistance for survivors and bereaved. We have followed a *collective assistance approach* for bereaved family members and invited all close family members of those who were killed to family gatherings. Usually three weekend gatherings have been used in this work, the first between one and three months, and the next around half a year after the disaster and the last one in relation to the passing of the one year anniversary of the disaster. Lately a fifth gathering around the two year anniversary has been added for the families.

With some variation the following family members have been invited to the gatherings: partners and children of the deceased, parents, siblings (and adult partners) and sometimes grandparents and other relatives with a particular close relationship to the deceased. The gatherings have taken place at a hotel, usually over a Saturday and Sunday. The gatherings have consisted of rituals, plenary activities and small group meetings. Various themes have been addressed in plenary and small group settings. Usually the themes were first raised in the plenary sessions and then discussed in the small groups. In the small groups various activities have supplemented the verbal discussions, i.e. looking at albums and mementos, choosing written statements that best characterises their thinking, etc. In groups for children more active use of different 'soft' methods including drawings, making a time diagram etc. have

been used. Assistance following a maritime disaster in Norway will be used as an example of how the bereaved are followed up in this approach.

Case example

Event and immediate assistance for the bereaved

In November 1999 the catamaran 'Sleipner' struck a reef at high speed north of the coastal city of Haugesund, Norway. It sank within an hour. A number of ships and a helicopter participated in the rescue operation that was undertaken during very difficult weather conditions with strong winds and high waves. Sixteen people died and 69 survived. The life vests turned out to be outdated, difficult to put on safely and easily slipped off in the water. None of the floating rafts functioned as they were supposed to do. Ultimately, the accident led to a serious investigation of the security at sea for passengers travelling along the Norwegian coastline. The captain was charged with misnavigation (for more information see Dyregrov & Gjestad, 2003).

Both local hospitals, the crisis response teams in the larger cities in this part of the country, and the police, mobilised to help those affected by the disaster. The destination for the trip was Bergen, where several family members eventually came to a crisis reception centre that was set up at a hotel. Haugesund hospital initiated a response where responsibility for the different affected groups (bereaved, survivors and rescue personnel) was delegated.

In the first phase there was uncertainty regarding who had survived and who was missing with the strain this represented for families waiting for information. Over time experience has been accumulated on how to provide emotional first-aid in Norway for both survivors and bereaved. Despite the chaos of the early period, with people coming from a wide geographical area, bereaved have reported that the immediate response was caring, fast and organised in a well manner.

Although a structure for the long-term assistance was laid during the first few days it was professionally and practically thought that having the first weekend gathering too close to the tragic event would be unwise. Many feel unreality during the first period, they may be overwhelmed by the immediate shock and the physical strain (lack of sleep, aches in the body and lack of appetite), and are often preoccupied with their own loss. At this time they are best helped by their immediate family and friends. In our experience it is best to wait with bringing different family members together until the most important rituals (the burials), and the massive care from the community and social network is decreasing. Traumatically bereaved people experience that social support over time often fails to meet their needs (Dyregrov & Dyregrov, 2008). We therefore suggest that the first collective gathering is held more than a month following the disaster, when the bereaved are more

able to attend to the situation of other people. It is, however, important that the plans for and the invitation to the gathering are received by the bereaved family members well ahead of the gathering in order for them to know that support and help will be available when they start to take in the extent of their loss.

As the first gathering first took place closer to two months after the disaster, a local evening meeting were held at different locations along the coast for those who wanted to come together before the weekend gathering. As the disaster took place less than a month before Christmas, a time of high symbolic value where the loss was assumed to be felt particularly hard, it was believed important with support at this time. Local health and mental health personnel were present at these meetings. Many individuals and families were also supported by local health personnel and clergy in the area they lived, both immediately and sometimes over a long period of time.

Content of the weekend gatherings

Personnel from the psychiatry department of Haugesund hospital and psychologists from the Center for Crisis Psychology in Bergen led the various plenary and group meetings.

Preparation for the gathering. An invitation letter was sent to family members outlining the program and the frame of the gatherings. The themes for the gatherings and the meetings demand that the bereaved confront the loss both cognitively and emotionally, to help them readjust and start their future life. In the first letter they were motivated for participation in the following manner: The experience and feedback of bereaved from previous gatherings after disasters have been very good. Many have said that these gatherings were important for them over the first year of bereavement. The gatherings provide an opportunity to meet and talk with others in the same situation as oneself in smaller groups, and to receive information about different grief reactions and how to cope with them. The letter sent before the next two gatherings also aimed to prepare them for the gatherings. This was achieved by giving a description of how grief usually was felt around that particular point in time following a loss, a description they could identify with. Many bereaved reported that they began preparing themselves for the next gathering when receiving the letter some weeks before.

The letters sent to the bereaved before the last two gatherings also included some questions where they could influence themes and the division of time between plenary and small group sessions. A program describing the professional input for each weekend gathering were developed and circulated to all group leaders inviting them to comment. Clear and justified instructions for the group leaders were presented with regard to content and form of the small groups,

with concrete tasks for the participants. There was a progression of themes throughout the plenary and small group sessions tailored to how grief evolves over time. The group leaders steered this process in the small groups.

Rituals during the gatherings. The rituals and the practical arrangements were important to create structure and a safe frame around the gathering. At the same time they provided an opportunity for important emotional processes. Since there were few gatherings and they were spread over time, the rituals needed to be thought through and focused. The hospital priest planned and led the rituals at every gathering. She emphasised that the rituals should mirror the development that the bereaved experienced in their grief. The rituals changed from being focused on the individual who died and that person's family, to a group ritual that signalled that the death was further away in time as time elapsed with every gathering.

The professional leader of the gatherings was a mental health professional (clinical psychologist) with long experience from working with unexpected death. This leader held a short introduction at the start of every gathering. This introduction presented the professional rationale for the gathering: to help the participants integrate the loss in their life with a focus of having an opportunity to share their painful experiences with others who could easily understand; get firsthand information about the disaster; and to get the courage, support and guidance needed to regain their former activities and relations. This provided a common starting point and mental 'set' for the group conversations. As a focus on resuming their life, on the road ahead and the importance of moving on was stressed for the participants, it was also deemed important to acknowledge the pain, yearning and longing, and leave room for memories. The importance of the collective support from the others present was emphasised, but they were also reminded that the most important support and comfort was to be found in their natural social network.

The first gathering. The first weekend gathering took place close to two months following the disaster. It started with a plenary ritual. Following a short plenary session, the bereaved met in smaller groups formed on the basis of their relation to the dead family members. Parents met in one group, siblings in another, children of the deceased in one group and partners or spouses of the deceased in one group. The first small group session started with every participant presenting him- or herself. Themes in this first small group session were:

- Review of the event: how did they learn about the disaster; the first hours until they knew that their loved one was dead or missing; thoughts and reactions.

- The days before the funeral.
- Media's handling of the event.
- What was the worst during the first period?

The rationale for these themes was the following: First it provided the group with a sense of belonging when they reviewed the event, as all of them had similar experiences. Shared information knitted facts together in new ways and created a more total overview of what took place as they related the information they had individually. They brought to this the totality of what they knew from the media, from conversation with rescuers and police and related what they knew of their loved one's movements and whereabouts during the disaster with that of others. This was believed to help in developing a timeline on what happened and bring more cognitive clarity to their experience. It was also easy to engage them in a conversation that had as its starting point concrete facts and memories. In addition new questions arose over time added to by media speculations about the origin of the disaster, often increasing the need for more discussions. The concrete focus also allowed group leaders to detect if there were certain aspects of the event or how they learned about it that bothered them intensively enough to demand individual assistance.

In the next plenary session representatives for the police, the shipping company that owned and operated the ship, the Norwegian Maritime Directorate and The Joint Rescue Coordination Centre made presentations, followed by the possibility for asking questions. Many bereaved were upset and angry at how little the police at this time could say about the cause and responsibility for the disaster, as an investigation was taking place. Others were enraged by the fact that the managing director of the responsible ship-owners spoke in this plenary.

Over several disasters we have found that information about the event, its possible causes and responsibility have an important place in the content of the gatherings. There are at the same time difficult considerations in relation to who shall inform, and who shall be present to answer inquiries from the bereaved. In transport disasters this is complicated if the responsible company both have important information for the bereaved and take responsibility for arranging the follow up of those affected. Here roles can easily be confused. We deemed it important that the ship-owners were represented by their director in this plenary session to answer questions and show their compassion for the bereaved even though the anger toward this representative was high from some of the bereaved. If the director had not come, this would equally have angered other bereaved as a token of not caring.

What happened and why it happened, and aggression toward those seen as the responsible parties could easily have developed into the main theme of the whole gathering. In the plenary session we presented the psychological consequences of letting

this become the main issue, and pointed to how this also could function as an avoidance of other painful feelings and thoughts. We knew that the need to find answers was high and encouraged both group leaders and participants to note questions and comments that could be presented to the different parties present at the gathering. We definitely put no restrictions on ventilating anger in relation to what had happened and the loss they had sustained.

In the next small group session the following themes were central:

- Time from the funeral and until now with an emphasis on thoughts, reactions, coping and support.
- How did they experience their usual days regarding family, work or school?
- Did they experience some common problems: i.e. sleep disturbances, intrusive images or thoughts?
- How did they experience their reactions?
- What was most difficult for them? What support did they have? What did they do to cope?

In the small group sessions the group leaders tried to facilitate sharing of their everyday experiences in a way that could benefit the others. At the same time the group leader could assess specific problem areas and how they tackled them.

On the Saturday night they were served a better dinner accompanied by a cultural element (music and poetry) to build group community.

The Sunday started with a short plenary session where the bereaved were mentally prepared for the memorial service that was to take place where the disaster happened. Those who wanted to went by boat (a catamaran) to the scene of the accident. Some chose to take a bus to a lighthouse that is situated close to the reef that the ship had hit. For many this was a very special and highly emotional event. A strong presence of helpers that they knew from the plenary and group sessions was important during this trip and ceremony. When arriving at the reef the boat was positioned as close as possible, the ship bell rung to mark the ceremony and the hospital priest said some words on the deck before the bereaved threw flowers and wreaths on the sea. Confrontation with reality combined with ritual elements have been shown helpful following disasters (Heir & Weisæth, 2006).

Upon returning to the hotel we had a short plenary session where the theme was the time ahead, and provision of some simple advice and guidance, before everyone went to the small groups. In these groups the following themes were central:

- How had it been since yesterday?
- How was the trip to the disaster site?
- Themes from the previous day that were not properly covered.
- Thoughts about the time ahead in relation to what was said in the last plenary

- How had it been to be present at the gathering?

Our experience from clinical assistance of the bereaved, be that for family members individually or in groups, is that they find it very helpful to be mentally prepared for some of the possible reactions and problems that lay ahead. This can be related to how grief reactions change over time or how to face important memorial dates in the family. We shared experience we had gathered from other bereaved and how they best could meet the challenges that lay ahead.

The plenary was usually an interactive conversation between the two psychologists who led them who raised different themes in a didactic manner, with the possibility for all bereaved to comment or ask questions. The themes were presented in a concrete manner with practical examples from other bereaved used to illustrate and make the content concrete. It was very important to present the material in such a manner that those present would not think that they needed to have the reactions described to be normal, but that it was normal if they experienced the reactions depicted. Written information about several of the themes addressed was available for those who were interested.

Second gathering. The second gathering was held around half a year following the disaster. The themes for this gathering were based on what families usually struggle with at this time following a sudden loss: how grief evolves over time, grief reactions, differences in reactions within the family and family interaction. It is important that activities can be restarted and that social relations are renewed, and coping with grief and self-help methods to use for specific grief-related problems were therefore given ample room both in plenary and small group sessions. In the small groups the group leaders initiated sharing of thoughts and experiences concerning keeping the relationship to the deceased and finding a place for their lost one in their future life. The participants were encouraged to reflect on how they could integrate their loved one in a natural manner in their new life.

The gathering was opened by a short ritual where candles were lit and they were welcomed to the gathering. In their written feedback from the last gathering they had asked for more time in the small groups, and they therefore quickly entered these groups. The themes for the first small group meeting were:

- The time since the last gathering, how had their grief changed?
- A grief diagram was drawn, providing a visual presentation of grief, and they could illustrate how they felt.
- Viewing pictures, album etc., – participants had been asked to bring this along at the last gathering.

- Which memories are good and which are painful – are there things that they avoid?
- The usual day without their loved one. What have they coped with and what continues to be difficult?
- Writing a letter to the deceased.
- What is their experience of the relationship to the deceased (seeking out places or other memories, experience of the person being in the room, speaking to the person, etc.)
- What are painful reminders?

Following a longer break with the possibility to informally meet with others (another wish reflected in participant's feedback), another plenary session followed. Themes were:

- Grief and interaction in the family.
- Grief over time – complicated grief.
- Experience of closeness to the deceased.
- Coping with different reactions: anger, pain, intrusive thoughts and memories, fantasies.
- Handling everyday life.

The psychologists used many concrete examples and partially instructed the group in self-help methods they could use to cope with their usual days. The participants had requested that we talked specifically about family interaction and gender differences in grief. From our previous work in the crisis field we know how highly information in these areas is valued (Dyregrov & Dyregrov, 1999).

In the following small group sessions the participants were handed lists with different statements (around 30 in all) i.e. 'I have learned strategies to avoid pain', 'We react differently within the family', 'My social surroundings are less attentive', 'Thoughts about the disaster suddenly fill my head'. The bereaved were asked to indicate three statements that were very typical for them now. This method helped participants to focus on what was most relevant for them. Also it was easier to discuss difficult themes that were already expressed by someone. Thus the concern that one was unique or 'un-normal' was lowered. With this as a starting point we tried to get the whole group to respond to what individual participants brought up. We encouraged them to find recognition, support, confirmation and to share coping methods without forcing them onto each other.

The evening was ended by a joint dinner where one of the bereaved played guitar music appropriate for the occasion.

The next day started with a plenary session where the chairman of the accident investigation committee gave an orientation about their work. Even though he could not say very much, he spoke clearly and authoritatively and this presentation was experienced as clarifying and very well received by the bereaved.

In the small group that followed the following themes were on the agenda:

- Themes from the plenary.
- How is it to be part of the group? How can they support each other?

Naturally much of the conversation centred on what the chairman of the commission had said. Focus was also on how the groups functioned and how they could support each other.

In the plenary after lunch the Norwegian Maritime Directorate oriented with a possibility for questions and comments. This was not experienced as very helpful, and felt by many to reflect a flight from responsibility.

In the last plenary the psychologists addressed the following themes:

- Advise about sleep.
- Advise about passing anniversary dates.
- The road ahead.
- Setting the stage for the next and last gathering.

Concrete advice for how to handle everyday problems were provided and anticipatory information about usual reactions in the period that lay ahead was outlined.

The third gathering. The third gathering centred on the anniversary of the disaster. It started Friday evening and was ended Sunday with the memorial event and unveiling of a new memorial placed near a lighthouse close to the disaster site. The aim of the last gathering was to provide bereaved with insight into the psychological processes of the first year of bereavement and the time ahead. From clinical experience we know that the experiences that took place a year before often preoccupy their mind around the anniversary and details may enter their consciousness, sometimes to the degree that they review what happened a year ago minute by minute. During the year they have all experienced passing memorial dates (i.e. birthdays) and passed all seasons without their loved one for the first time, and many reflect on their present situation.

A large candle was lit by the hospital priest as part of the welcoming on the Friday of the last gathering. The psychologists held a short introduction about how special it was that a whole year had elapsed, and they were prepared for the upcoming ritual on Sunday. Following this there was a concert by a band known for their meaningful lyrics. Their song repertoire reflected themes of longing and loss.

The Saturday started with a plenary. The themes were:

- Existential pain, meaning, doubt and faith (by the hospital priest).
- How to create new meaning over time. Coping mechanisms (by one of the psychologists).

It was emphasised that despite the meaningless of death a new platform of meaning could be formed as the basis for one's future life. How is it possible to create new meaning? The psychologist's reflection took as its

starting point how parents who lose children are able to create meaning in the meaninglessness of (Dyregrov & Matthiesen, 1986). In the small group session that followed the following themes were covered:

- The time since the last meeting.
- Themes from the plenary.
- The review of the year that many had experienced.
- The last goodbye.
- What does the one year anniversary mean for them?
- The report from the accident investigation committee. The answers they got and those they did not get.

In the plenary following lunch these were the themes:

- The road ahead – a year has passed.
- What has been dealt with, what is left?
- Saying goodbye.
- Own grief and other's grief.
- Further help and contact.

The perspective for this gathering was future oriented. How can they live with their loss in the best possible way? Where can they find further help if necessary? How can they support each other? These themes and some others were the themes for the last small group meetings:

- What do they fear? What are they coping well with and what causes problems?
- Questions from the participants regarding coping with situations and reactions, wish for further assistance and contact was noted by the group leaders.

In the groups the leaders tried to assess and find out if anyone depicted reactions or problems needing individual attention and assistance. In the plenary we outlined criteria that suggested the need for further help and where such help could be accessed.

In the last plenary questions from the small groups were answered and information and questions about the trip to the new memorial site taking place the next day were answered.

Sunday there was a collective trip to the memorial place close to where the disaster took place. The local community arranged a reception for the bereaved immediately before the memorial started. A monument in memory of those who lost their life was unveiled. This monument was made in close collaboration between the local community and the support group for bereaved and survivors. The memorial event was held in a respectful and gracious manner and was an emotional event for most of those present.

Professional content

In addition to leaving ample time to talk about grief, sorrow and longing, the focus is very much on how

they can develop and learn coping methods to have the best foundation to handle their daily function. In many ways the introduction of themes over the first year of bereavement corresponds to the tasks of bereavement introduced by Worden (1991) with first a focus on accepting the reality of the loss, then the experience of pain, followed by adapting to the new environment and reinvesting emotional energy.

Especially during the last gathering 'meaning aspects' are raised in a careful manner, and the bereaved can discuss eventual 'positive' consequences they perceive as resulting from their loss. To introduce this theme we give short examples of what is meant by positive consequences; i.e. if any of them has noticed that they do not take their loved ones for granted any longer, that they value friends and family in a different manner, or that they more easily can distinguish between what is important and unimportant etc. Our clinical experience supported by research (Nolen-Hoeksema & Larson, 1999) shows that those who are able to create meaning in the meaningless do better over time. Nolen-Hoeksema and Larson (1999) found that rumination about a death in the form of chronic and passive focusing on the loss and its consequences was associated with more distress and depression. Continued search for meaning can function in the same way. In our approach we have tried to balance this by activities where the bereaved approach their loss, while they at the same time learn self-help strategies that help them refrain from rumination and focus their attention on positive coping and constructive activities.

It is our experience that it is possible to provide members who suffer from specific grief-related problems with simple self-help strategies or interventions. Throughout the gatherings this was provided in written form for those who were interested. To deal with sleep difficulties, intrusive memories or fantasies, or fear of certain activities (i.e. fear of going on ship or bus travels), they received specific instructions on how they could master this. Some of the self-help advice they received were:

- Restrict the time they think about their dead family member – set aside specific time to approach the loss.
- Use of imaginary techniques to reduce intrusive memories and fantasies.
- Use of thought- and behavioural-distraction methods to control attention and improve daily functioning.
- Use of thought stopping techniques coupled with time to approach their grief. Learning to monitor and control their internal dialogue.
- Take part in social activities to regain their social capacity even though it takes a lot of energy.
- Using 'therapeutic rituals' to limit or end parts of their grief.
- Writing letters to their lost loved one where one expresses everything they never had a chance to

say or do, asking for forgiveness for things said or done that they regret.

- 'Ask' the dead person for advice or think about what he or she would have said.
- Give themselves permission to grieve less.
- Seek help if there is no increase in the hours and days where things seems a little better.

The gatherings were opened and closed by rituals. These rituals were naturally integrated in the gatherings. The simple rituals, in the form of lighting candles, reading the names of the lost family members, flower decorations (number of flowers corresponding to the number of deceased, and the colour of yellow chosen to represent the love that always will be there), psalms and songs carefully chosen, etc., served as an important confirmation of their loss and allowed for a different form of expression than words and discussion.

The gatherings pose many challenges and need thorough planning. The participants have generally been very pleased with the content and structure, even though some have experienced the meeting with some of the official representatives (as described above) as difficult. Some have found the professional agenda too tight, and have asked for more space between activities. In a short questionnaire following the maritime disaster 96% reported that these gatherings were helpful for them. Although this was not a systematic documentation of reduced health problems, their feedback showed that the bereaved felt well taken care of by this collective approach to assistance. In a research project conducted by the National Insurance Organisation in Finland (Kumpulainen, 2006), family members reported that the weekend bereavement groups organised by the Red Cross was what helped them the most in their grief process. Both Winje and Ulvik (1995) and Stubenbort, Donnelly and Cohen (2001) also emphasise that the bereaved appreciate collective intervention.

Important experiences

Important experiences from such gatherings are:

- The extent and duration of the planned assistance must be clear and communicated at the first gathering.
- Group leaders must be knowledgeable, well prepared and have similar mental models of how the work is to be done.
- The participants must be allowed to give feedback to influence the program along the way.
- Special attention should be given to bereaved in special circumstances, i.e. where there is a missing person.
- There must be a plan for family members that show up unannounced, i.e. to have an extra group leader available.

- There must be a readiness to assist bereaved from other cultures and have interpreters present when needed.
- Group leaders need to meet ahead of, during and following the gatherings.
- Written feedback from all group leaders must be given to the mental health coordinator of the gatherings to plan ahead for the upcoming meetings.

Although such gatherings are an important step in securing proper assistance there will be individuals and families that will need individual or family support locally. Where the geographical concentration of families allow, local meetings of the bereaved can be arranged in addition to the gatherings. Unfortunately the possibility of a collective approach will be lost if the only assistance the families get is a referral to local mental health agencies.

Both bereaved and survivors can wish to be present when the accident report is made official, if there is a hearing following the disaster, or the responsible parties are taken to court. Depending on the type of disaster and time elapsed since it happened, it can be more or less important to have psychosocial support personnel present at these events. Following several major transport disasters this has been the case when the accident commission report has been presented. In these cases mental health professionals have convincingly argued that the conclusions of the reports should first be made available to the bereaved and survivors before the press get this information. The strong media attention can make it important to reduce undue stress on the bereaved.

As with all other group interventions there is a danger for destructive and damaging effects if the group leadership is inadequate (Dyregrov, 1999, 2002; Smokowski, Rose, & Bacallao, 2001). Knowledge about groups in general, and of grief- and crisis-groups in particular, will lower the possibility of negative effects and secure good assistance.

Conclusion

We have outlined an approach for caring for bereaved people following disasters which is easily adaptable in western countries. Although those who have been helped with this approach feel well cared for, we lack systematic documentation that this approach reduces the formation of complicated grief or posttraumatic stress disorder. However, health benefits will be difficult to measure due to the special nature of disasters and the research ethics involved. The possibility to meet and discuss with others have social support effects for the group that go well beyond measurable health effects. This involves deep feelings of community with others in the same situation and a sense that society cares through its efforts to support the opportunity to meet.

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References

- Black, D., Newman, M., Harris-Hendriks, J., & Mezey, G. (1997). *Psychological trauma – A developmental approach*. London: The Royal College of Psychiatrists.
- Boelen, P.A., de Keijser, J., van den Hout, M.A., & van den Bout, J. (2007). Treatment of complicated grief: A comparison between cognitive-behavioral therapy and supportive counseling. *Journal of Consulting and Clinical Psychology, 75*, 277–284.
- Boss, P., Beaulieu, L., Wickling, E., Turner, W., & LaCruz, S. (2003). Healing loss, ambiguity, and trauma: A community-based intervention with families of union workers missing after the 9/11 attack in New York City. *Journal of Marital and Family Therapy, 29*, 455–467.
- Castle, J., & Phillips, W.L. (2003). Grief rituals: Aspects that facilitate adjustment to bereavement. *Journal of Loss and Trauma, 8*, 41–71.
- Currier, J.M., Neimeier, R.A., & Berman, J.S. (2008). The effectiveness of psychotherapeutic interventions for bereaved persons: A comprehensive quantitative review. *Psychological Bulletin, 134*, 648–661.
- Doka, K.J. (Ed.) (1996). *Living with grief after sudden loss*. London: Taylor & Francis.
- Dyregrov, A. (1999). Helpful and hurtful aspects of psychological debriefing groups. *International Journal of Emergency Mental Health, 3*, 175–181.
- Dyregrov, A. (2002). *Psychological debriefing. A leader's guide for small group crisis intervention*. Ellicott City: Chevron Publishing Company.
- Dyregrov, A., & Dyregrov, K. (1999). Long-term impact of sudden infant death: A twelve to fifteen year follow-up. *Death Studies, 23*, 635–661.
- Dyregrov, K., & Dyregrov, A. (2008). *Effective grief and bereavement support. The role of family, friends, colleagues, schools and support professionals*. London: Jessica Kingsley Publishers.
- Dyregrov, A., & Gjestad, R. (2003). A maritime disaster: Reactions and follow-up. *International Journal of Emergency Mental Health, 5*, 3–14.
- Dyregrov, A., & Matthiesen, S.B. (1986). En mening med alt. Foreldres tanker etter et barns død. *Tidsskrift for Norsk Psykologforening, 23*, 464–470.
- Dyregrov, K., Nordanger, D., & Dyregrov, A. (2000). *Omsorg for etterlatte ved brå, uventet død. Evaluering av behov, tilbud og tiltak*. Rapport. Senter for Krisepsykologi.
- Dyregrov, K., Nordanger, D., & Dyregrov, A. (2003). Predictors of psychosocial distress after suicide, SIDS and accidents. *Death Studies, 27*, 143–165.
- Foa, E. B., Stein, D.J., & McFarlane, A.C. (2006). Symptomatology and psychopathology of mental health problems after disaster. *Journal of Clinical Psychiatry, 67* (Suppl. 2), 15–25.
- Heir, T., & Weisæth, L. (2006). Back to where it happened: Self-reported symptom improvement of Tsunami survivors who returned to the disaster area. *Prehospital and Disaster Medicine, 21*, 59–63.
- Henriksen, J. (2002). Når blinde skal hjelpe halte – en beretning om norsk katastrofehandtering sett fra brukersiden. *The Scandinavian Journal of Trauma and Emergency Medicine, 10*, 42–45.
- Inter-Agency Standing Committee (IASC) (2007). *IASC Guidelines on mental health and psychosocial support in emergency settings*. Geneva: IASC.
- Katz, P., & Bartone, P. (1997). Mourning, ritual and recovery after an airline tragedy. *Omega, 36*, 193–200.
- Kumpulainen, R. (2006) *Konginkankaan suuronnettomuus. Tapaustutkimus psykososiaalisten tukipalvelujen toimivuudesta*. 50/2006 Sosiaali- ja terveysturvan selosteita.
- Melges, F.T., & DeMaso, D.R. (1980). Grief-resolution therapy: Reliving, revising, and revisiting. *American Journal of Psychotherapy, 34*, 51–61.
- National Child Traumatic Stress Network and National Center for PTSD (2006). *Psychological First Aid: Field Operations Guide*, 2nd edn. July, 2006. Available on www.nctsn.org and www.ncptsd.va.gov
- Neria, Y., Nandi, A., & Galea, S. (2007). Post-traumatic stress disorder following disasters: A systematic review. *Psychological Medicine, 38*, 467–480.
- Nolen-Hoeksema, S., & Larson, J. (1999). *Coping with loss*. New Jersey & London: Lawrence Erlbaum Associates.
- Saltzman, W.R., Pynoos, R.S., Steinberg, A.M., Eisenberg, E., & Layne, C.M. (2001). Trauma and grief-focused intervention for adolescents exposed to community violence. *Group Dynamics: Theory, Research & Practice, 5*, 291–303.
- Smokowski, P.R., Rose, S., & Bacallao, M. (2001). Damaging experiences in therapeutic groups. How vulnerable consumers become group casualties. *Small Group Research, 32*, 223–251.
- Stubenbort, K., Donnelly, G.R., & Cohen, J.A. (2001). Cognitive-behavioral group therapy for bereaved adults and children following an air disaster. *Group Dynamics: Theory, Research, and Practice, 5*, 261–276.
- Winje, D., & Ulvik, A. (1995). Confrontations with reality: Crisis intervention services for traumatized families after a school bus accident in Norway. *Journal of Traumatic Stress, 8*, 429–444.
- Worden, J.W. (1991). *Grief counselling and grief therapy* (2nd ed.). London: Routledge.