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Grief Reaction among Bereaved Relatives Following a Fire Disaster in a circus

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Abstract

The circus fire disaster that occurred during 1981 in Bangalore City of Karnataka State took a toll of 70 members (53 children and 17 adults) from 58 families. With a specially designed proforma, 137 bereaved relatives from these 58 families were interviewed. The socio-demographic and other data of these 70 victims have been briefly described. The major findings pertaining to the presence of 16 types of symptoms of morbid or pathological grief reactions in these bereaved relatives as well as some of the coping behaviour adopted by them have been presented. Although the study indicated that 49 bereaved relatives showed evidence of psychiatric symptoms requiring treatment, only 17 agreed for treatment. The treatment was by way of medication and re-grief therapy.

Key words -

Disaster,
Grief reaction,
Coping behaviour

Since Freud's [1] explanation of the psychodynamics of grief, there have been publications dealing with different aspects of grief reaction [2], [3], [4], [5], [6], [7], [8], [9], [10], [11], [12]. According to Parkes, [7] when a love tie is severed an emotional and behavioural reaction is set in train which is termed as grief.

Singh and Tiwari [13] opine that grief is a reaction to the loss of a loved object which is a common and clearly recongnised phenomena and each culture has evolved its own methods of coping with it. Further they write : "However, because of its specific causation and its generally transient self limiting nature, it seldom comes to the notice of a psychiatrist and is therefore, often dismissed as a normal condition rather than a mental disorder". If grief is denied or avoided after a loss it may manifest itself with a variety of morbid reactions which are designated as morbid or pathological or atypical grief reaction [14]. Although the usual duration of grief subsequent to the loss of a loved object has been estimated variously ranging from 1 to 12 weeks 2, 6, 9, 15 it appears that a proportion of mourners continue to grieve for longer time [10].

Unanticipated bereavement (due to accidents or disasters resulting in mass fatalities) is qualitatively and quantitatively different from grief resulting from anticipated death [16]. Reaction of community to such disasters follows the pattern most often seen as initial shock, denial, excitement, anger, depression and finally reconstitution with concern [17]. The psychological trauma of the mass disasters is not limited to the time of the acute event. Research provides evidence of long term deterioration in health patterns and development of specific syndromes in certain relatives of the deceased after such disasters [18]. Thus living through such a trauma is a uniquely stressful and an overwhelming experience for the members of such bereaved families.

Present Study

The circus fire disaster occurred in Bangalore city of Karnataka State on 7th February 1981 taking a heavy toll of 70 persons belonging to 58 families. A study of the reaction of the relatives of these bereaved families to this unanticipated disaster was planned. As a first step, initial contract was made with some of the families of the accident victims to explore the possibility of eliciting the co-operation for such a study. As it appeared promising, attempts were made to obtain the addresses of these families from sources like Hospitals, Police Commissioner's Office, Schools, Corporation Office and efforts were made to locate these houses to establish contact with these families. A proforma was also devised to collect data for the study from the bereaved relatives of the victims of this accident.

Aim

The study aimed at exploring

(a) the pattern of reactions of grief in the bereaved families and

(b) the possible help that the mental health team could provide to those family members who were in need of it.

Material and Method

The study group consisted of 137 relatives of 70 victims from 58 families and the relatives from the remaining 12 families of the other 15 victims could not be included due to non-availability of correct addresses for locating the houses or due to the unwillingness by bereaved relatives to participate in the study.

Unlike the studies dealing with bereaved relatives having lost a spouse or a parent or a child or a sib, unanticipated disasters pose unique problems of losing more than one individual from a single family. The present study indicated that 49 families had lost one member each in the accident (i.e., one child each from 39 families and one adult each from 10 families), 6 families had lost 2 members each (i.e. 1 child and 1 adult in 5 families and 2 children from 1 family), and 3 families had lost 3 members each (i.e., 2 children and one adult in 2 families and 3 children from one family). Thus nearly 2/3 of the bereaved relatives happened to be the parents of the deceased victims.

Researchers have indicated that the arbitrary upper limit for the third phase of normal grief reaction to be completed is about six months by which time there is resolution and detachment from the deceased

and finding new outside interests and activities. Keeping this in view, the data collection started after the 6th month of the tragic occurrence. The data was collected on the proforma through home visits by interviewing the available and willing relatives of the deceased. In all cases, invariably the initial half an hour to one hour was devoted for listening to their recounting of their feelings and experiences about the tragic accident.

Findings

Findings of the study are reported under 2 headings viz.
(1) Data pertaining to the victims of the accident and
(2) Data concerning the bereaved relatives of these victims.

1.Data pertaining to the victims of the accident

This data is presented under 4 sub-headings:
(a)

Socio-demographic data:

The particular circus show during which the fire accident occurred was meant for school children and these children were given concession tickets. Hence, this show was largely attended by children. The age of these 70 victims ranged from 13 months to over 75 years. But 75.7% of these victims were below 15 years. There was a predominance of female over males with 65.7% and 34.3% respectively. It was noted that 68.6% were students, 7% had not begun their schooling as yet while the remaining were either housewives or engaged in different occupations. Majority of the victims were Hindus (90%) but there were Muslims (8.6%) and Christians (1.4%) as well.
(b)

Problem of identification of the victims:

As is usually common in mass disasters, there were victims of the fire accident as well as those who died due to stampede, shock, asphyxia and other causes like boulders falling on them etc. In the present study also 60.3% of the cases did not pose any problem of identification as they had mild burn injuries or had died due to other reasons. But in the remaining 39.7% of cases, identification was difficult due to extensive burn injuries but were identified on the basis of remnants of clothes, jewellery, footwear, waist belt etc. Many of the bereaved relatives of these victims reported that it was impossible for them to remove from their mind the image of the disfigured body of the deceased due to severe burns. Parkes [19] study also brought out that a painful death or a mutilated or distorted corpse may haunt the memory of the griever and shut out happier memories of the dead person. Although 68 victims could somehow be identified, it was pathetic to learn that there were 2 instances in which bodies of 2 children could not be traced and in 1 instance the relatives were unsure whether the body that was given to them was that of their own child.
(c)

Condition of the victims at the time of discovery:

Of the 70 victims, 67.1% were found dead at the time of discovery, 30% were alive but died subsequently, of which nearly half of them were conscious and could speak prior to their death while others were either unconscious or conscious but could not speak. In the remaining 2.9% of cases, the

relatives could not have the bodies as they were not traced.
(d)

Members accompanying the victims to the circus:

As indicated earlier that particular show of circus was meant for school children with concessional rates, it is understandable that children wee accompanied by adults. Family members had taken the children with or without other adults in 54.3% of victims, teachers in 40% of cases and neighbours, friends or others in 5.7% of the cases. It is of relevance to note here that the bereaved parents or other family members being on the spot of the accident, but not being able to save the victim, had its possible effects on the subsequent morbid grief reaction.

2.Data pertaining to the bereaved relatives

In all 137 family members of these 70 victims could be interviewed and data elicited on the proforma. All of them were adults. The data is presented under six sub-headings.
(a)

Relationship of the interviewed to the victims:

Of the 137 interviewed from 58 families of victims 43 were mothers of victims, 42 were fathers, 10 were spouses, 3 were fathers as well as husbands (i.e having lost children as well as wives), 3 were mothers as well as wives (i.e. having lost children as well as husbands) while the remaining 36 were other relatives like siblings, grand parents, uncles, etc.
(b)

Immediate reaction of the family members:

Interviewees learnt about the news of the accident through eye witness, teachers, neighbours, relatives or general public. The immediate reaction of these family members were described as that of concern, fear, anxiety, shock, confusion, disbelief and horror which led to their frantic efforts to get to know about those who had attended that show by making enquiries at hospitals (41.6%), police stations (23.8%), schools (2.3%), neighbours and others (9.2%) and many (23.1%) had rushed to the spot of the accident, to learn about the state of their family members.
(c)

Funeral rites:

After identifying and obtaining the bodies of the victims, arrangements were made by the bereaved families for burial or cremation as was customary in their respective castes. The funeral itself is considered to give rise to both positive and negative feelings for several bereaved relatives and the funeral service had "brought home" the reality of what had happened [7]. This could have occurred when the relatives participated in the funeral rites of the deceased. Doka's [20] study brought out clearly that participation in funeral rituals is important in facilitating grief adjustment in the bereaved relatives. But it was pathetic to note in the present study that in 29.3% of cases, the important family members who were supposed to carry out and/or to be present during the funeral rites could not do so as they were hospitalized due to burn injuries. This could have played its role in the bereaved relatives' morbid grief reaction. Further, Parkes [7] among others reports that performance as well as arrangements made for funeral and the numbers of people attending it seems to give some solace to the bereaved relatives if it is considered by them as adequate and satisfactory. Those who could not attend the funeral had their own reservations regarding the above aspect.

(d)

Grief reaction:

Shacklton [21] concludes from his review and the psychology of grief that bereavement has subjective, physiological biological, behavioural, cognitive and perceptual effects. According to Pakes [6], reaction to bereavement as available from literature are of bewildering variety from ulcerative colitis to mania and from leukemia to hysteria. Besides intensification, prolongation and exaggeration of depressive features and mixed grief reactions, non-specific mixed reaction may cover the whole range of stress disorders with particular reference to psychosomatic, psychoneurotic and affective disorders. Keeping these complex ways of reactions to bereavement, the proforma used in the present study elicited the manner of grief reaction present among the bereaved relatives even after 6 months of the tragedy. Thus the 137 relatives were enquired for the presence of symptoms of pathological grief reaction by way of chronic grief, inhibited grief, excessive guilt, excessive anger, over-idealisation, change in attitude towards God, eating problems, preoccupying thoughts, memories or perceptual anomalies, attribution to Karma and being worried, misidentification, suicidal ideas or ruminations, death wish, change of pattern in social and recreational activities, general health problems, sleep disturbances and dreams.

It was found that one mother reconciled to the loss of her two children as she could save her two other younger children. Among the remaining 136 interviewees, there were one or more symptoms of pathological or morbid grief reaction. These findings are reported in Table 1.

Table 1 - Presence of symptoms of morbid or pathological grief reaction

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As shown in table 1, almost all the bereaved relatives felt that it was their Karma (past or present) that resulted in such a tragedy. This is one of the characteristic ways of some Indians to attribute unpleasant or painful things to 'Karma'! Further it could be noted that in about 90% of the cases the bereaved relatives had tried to idealize or overidealize the deceased which is a common finding from other researchers like Parkes [6], [7] Singh and Tiwari [13] among others. In the present study, without a single exception, all the bereaved relatives described the deceased as highly good natured, intelligent, 'no one can be like him/her' or the deceased was 'worth his weight in gold', or 'very beautiful and cute' or 'very popular in the school'. It is of interest to indicate here that Wallace and Townes [22] have reported about the tendency to idealise even during the anticipatory mourning phase by the hospital staff of a children's oncology ward regarding a child with leukemia. Regarding idealising or overidealising of the deceased, Parkes [19] opines "...memories of the dead had a nostalgic, bitter-sweet quality and the dead person tended to be idealised..."

Perceptual anomalies were often reported by the bereaved relatives in certain studies [7], [6], [13], [19], [23]. In the present study also it was found that pseudohallucinatory experience and misidentification were reported by 18% of the bereaved relatives. It was also observed that about 90% of these relatives were preoccupied with the thoughts of the dead leading to worry and sadness.

Coming to grief and its associated behaviour phenomena, 74% of relatives gave evidence of continued sadness even six months after the death by way of worry, crying and disturbances in biological function (i.e. sleep disturbance in 66.9%, disturbing dreams in 39% and problems of eating in 57.4%). Most of the studies report about the grief in the bereaved but employ different terminologies like

inhibited, delayed, chronic, morbid or pathological grief and the like [6], [7], [13], [23]. It is worth mentioning here that Lundin [24] observed that relatives of persons who died suddenly and unexpectedly had more pronounced grief reactions than those relatives of persons whose deaths were expected. Further, it is also of relevance to note that Clayton et al [9] pointed out that the parents of deceased children appeared to respond to grief more severally than the relatives of other persons. Referring to Sander's work Rando [25] mentioned that as compared to bereaved spouses or bereaved children, bereaved parents had greater depression, despair, guilt and anger. Soricelli and Utech [26] pointed out that the death of a young child was shocking and devastating to the parents as it was outside the 'natural order of events'. Some of these observations could be of relevance as nearly two-thirds of the bereaved relatives in the present study were parents i.e. fathers or mothers having lost one or more children suddenly and unexpectedly.

In addition to sadness and other depressive features, about 51% of these bereaved relatives reported that they felt guilty for more than one reason such as:

(a) not being able to save the deceased in spite of being with them on the spot;
(b) having taken the deceased to that particular show;
(c) although unwilling initially to take them to that show but yielding subsequently to the wish, request, pressure or demand of the victims;
(d) sending or taking the victims to the circus without the knowledge of the father/husband;
(e) having saved one's life and forsaking the life of the deceased.

It is clear from this that the guilt feelings in the relatives of the victims of this disaster are somewhat different than in case of death of persons due to illnesses or similar causes. However, most of the literature on bereavement and grief reaction have a mention about guilt among bereaved relatives [6], [7], [13], [19], [23], [27], [28], [29], [30], [31], [32]. These feelings of guilt in turn had led to remorse, self blame as well as self reproachful behaviour in the relatives included in the present study. It was also observed that 18.4% had death wishes and 7% exhibited strong suicidal ideas.

Another characteristic feature observed in most studies on bereavement is anger felt by the bereaved [6], [7], [13], [19], [23], [27], [30]. Lacey [31] observing the reactions of bereaved relatives of children in a coal mine accident reported that there was a felt need to express aggression towards an external source in these parents. The anger noted in the bereaved could be directed towards self or the deceased or other people. In the present study, anger was reported by 36.8% of the relatives. Majority were angry with themselves for having failed in the rescue bid and/or having taken or permitting the victims to the show. Secondly, they were angry with the dead for leaving or deserting them. Thirdly, they expressed greater anger towards school teachers, government - for giving license to have the show near the electric high tension wire - electrical department, hospital, neighbours and God also.

Finally, problems of health and somatic complaints in the bereaved were reported by the relatives as also observed in the study of Murphy [32]. Further, shift in the pattern of social or other activities of relatives like not visiting temples or doing poojas, loss of faith in God, avoiding people and places which would remind them of the deceased [7] engaging in various activities lest the vacant hours would be filled with thoughts of the deceased were some of the other features present in the bereaved relatives for which findings of other studies lend support.

The varied features of morbid pathological grief reaction shown by the bereaved relatives are considered the result of multiple victimisation. When a husband is dead, it is not only the mere loss of the person as such but the loss of bread winner, companion, sexual partner, social support, a person

responsible for one's status or an enhancer of one's self esteem, family administrator and planner, disciplinarian of children and the like. Similarly, when a child dies before the death of the parents, it is inappropriate and untimely in the 'natural order of events' and these parents are subjects of multiple victimization by way of losing one who is a part of oneself, losing the dreams and hopes invested on that child, loss of their role as a protector, provider, advisor and problem solver. This would make the parents to get a feeling of being 'mutilated and disabled' as these roles are robbed off leaving them with an overwhelming sense of failure. In the present study, there seems to be some justification for these morbid grief reactions observed since the death was sudden and unexpected as well as a number of these bereaved relatives had lost more than one person from their respective families.

(e)

Coping behaviour:

All the 58 families had engaged in rituals not only in those associated with funeral but on monthly and/or yearly basis either at home or burial/cremation ground as per the norms of their castes or communities.

In about 56.9% of the families, even after 6 months, the photographs of the deceased were kept separately or with the photographs of Gods/Goddesses and worshipped. In contrast to this, in 8.6% of families, all the photos of the deceased were removed so that they did not bring dreadful memories.

In 63.8% of families, the material possessions of the deceased were treasured as sacred things while in 15.5% of families they were distributed to outsiders. In the remaining 20.7% family members were allowed to use them.

In isolated cases, the house was named after the deceased, and pooja was done to the name plate of the deceased, the residence was shifted to avoid memories of the deceased.

In spite of employing these various coping strategies, it was noted that some of these interviewees could possibly benefit from psychiatric treatment.

(f)

Relatives requiring psychiatric help:

The interview brought out that nearly 74.3% still had depressed feelings and about one third of them wanted to be left alone.

It was of interest to note that 11 male relatives interviewed who were occasionally drinking prior to the tragedy had increased the frequency and quantity of drinking, 1 person had reduced it losing interest even in drinking and one other had started the habit afresh during the 6 months subsequent to the tragedy as a result of not being able to bear with the sudden loss of the relative.

An overall assessment of the relatives by the psychiatrist indicated that 49 of them could benefit from psychiatric intervention. These persons were offered psychotic help at NIMHANS, Bangalore. Of these 49, one who had lost his wife and a daughter and had psychotic breakdown was treated as an in-patient at NIMHANS and only 16 others with severe problems of feelings of sadness, sleeplessness, peroccupation with the thoughts of the deceased, digestive upset, anxiety, etc., agreed to receive psychiatric help. Of these 16, 4 attended NIMHANS psychiatric out patient of the chief investigator while the remaining 12 were treated at their respective residences by the chief investigator as they were unwilling to visit NIMHANS for treatment. These 16 persons were put in antidepressants and minor tranquilizers. In addition, brief "re-grief therapy" was provided to them at their residences by the therapist. Three home visits were made for each of these cases. With these treatments, 15 subjects

made sufficient recovery and had taken up their regular day to day activities. Five of them were followed up for periods ranging from 1 ½ months to 18 months. Further, it was observed that 2 subjects had developed dependency reaction towards the therapist and they would call on the therapist as and when they felt the need.

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