RESPONDING TO TRAUMATIC CRISIS INTERVENTION FOLLOWING A MULTIPLE MURDER
by
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On the night of 1st May, 1987, four people were murdered at a small village outside Bergen, Norway. A 20 year old boy shot and killed his mother, father, sister and her fiancé. A six month old baby was spared. The murderer was considered a 'loner'; he was isolated, but known for his hunting and fishing interests. Nobody had ever believed he could do such a thing.

The murder took place in a small community, part of a somewhat larger county. The crime and violence rate is low and the valley is known for its beauty. There is a long hunting tradition in the area, and many youths are trained to handle weapons from an early age.

The event strongly upset the community, which was rapidly invaded by the press. National radio and TV coverage was considerable, and the newspapers gave it front page attention.

The family was well respected in the area, and the mother of the murderer was a teacher at a local school. She had primary responsibility for a 9th grade class who were scheduled to leave school in June. She was well liked and respected both among the students and among her colleagues. The killings came as a shock to the students as well as the teachers. Requests for intervention came from the school and affected family and friends in the area.

Crisis Intervention

On the first school day following the killings, the school contacted the child psychiatric unit at Haukeland Hospital and they in turn contacted me on the basis of my experience with crisis and disaster situations. Together with another psychologist, I met with staff of the school the next day to discuss how to help the adolescents cope with the event. On the first school day after the event the school had organised a memorial service which all students and teachers attended.

At our first meeting we agreed that our goal was to assist the staff of the school in dealing with the events both inside and outside the classroom. As mental health professionals, we did not see our role as discussing the event with the students directly, but rather to help teachers cope effectively and constructively with this, using their existing knowledge and expertise in dealing with young people. The same afternoon we had a meeting with all the teachers to guide them in how best to address the event in class. We began by praising them for their wise handling of the memorial service, and for their interest in assisting the students to cope with the tragic loss. We also emphasised their ability to handle this event in the classroom.

The teachers themselves were deeply affected by the loss. Several of them had experienced periods of anxiety and fear, as well as grief over the loss of a friend and colleague. Part of this first meeting consisted in helping the teachers to share feelings and experiences. They talked about their relationship with their murdered colleague, how she was as a person and friend, and they recalled their last meeting with her. They also talked about her son, a former student of the school, now in prison for the brutal killings. The question that soon arose was: Could we have done anything to prevent what happened? These and other themes were ventilated and discussed during the meeting.

When we outlined the reactions they could expect among the students, this triggered further discussions of their own feelings. The teachers had already gathered during the weekend following the event and supported each other. In our meeting with them we used parts of the psychological debriefing process outlined by Mitchell1 to further foster group solidarity and support. The teachers' own problems of grasping and understanding what had happened were used to motivate them to think about how upsetting it must be for the students. The main aim of the meeting was to provide teachers with informa-

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tion, both verbal and written, on how children react to and cope with such dramatic events. We outlined the common symptoms and signs of stress among children and adolescents and suggested helpful measures and recommendations on how they could respond to the event in class. Among the recommendations were:

- Open, honest and direct discussion of the event in the classes.
- Encouraging the students to take part in the funeral.
- Informing the students about normal reactions to such events.
- Giving the students an opportunity to write down their impressions, thoughts and feelings about what had happened.
- Recognising the absence of the murdered teacher at the reception at the end of the school-year.
- Encouraging the teachers to share their own feelings, and not to be afraid of letting their students see that they cared for their colleague.

The teachers were urged to talk about the event in the classroom and to deal with the students' fantasies, anxieties and problems with grasping the event.

The Funeral

Together with the headmaster and two representatives of the teachers, we planned how the funeral could be handled so that the students had a chance to take part and give tangible expression to their grief. The parents were sent information about the school's plan for handling this, as well as information on normal reactions to bereavement. With the cooperation of the church authorities, students were allowed some private time in the church an hour before the funeral started. This gave them a chance to say farewell to their teacher. Each student put a flower on the coffin. We also discussed how each class could deal with the event after the funeral.

Only a few individual sessions were requested by the students and teachers, including a 9th grader who came upon the scene of violence shortly after the killings, together with one of the two surviving sons in the family. In addition there was frequent telephone contact between the school staff and myself to address different questions that arose in the first weeks following the murder. As part of a small study, to be reported later, conversations were held with several of the teachers at the school and particularly with those who had responsibility for the three 9th grade classes.

Most of our recommendations were followed, and the school staff have been highly appreciative of the help they received. Although, as in most catastrophic events, we have no way of thoroughly evaluating the intervention, we take the massive positive feedback from the school authorities to be a good indication of its success.

Families

In addition to the work at the school, a local psychiatrist and I have seen many of the more directly affected families and family members, including remaining sons, other close family and friends. In providing grief counseling, we offered human support and comfort. We also looked back with them in detail over the event, and at their relationship and reactions both to the event and to the people involved. The emphasis in the intervention was on normalisation of the clients for what to expect, and mobilising their social support resources. Throughout the intervention a major aim was to promote the mourning process and prevent pathological grief. Part of this intervention still continues for some families and the clients needed only a few sessions where the focus was largely on normalising reactions, while others have needed many intensive and long-lasting sessions.

This has been no large-scale intervention using a lot of resources. It has been relatively inexpensive and low-profile, with the emphasis on the school's and the families' own ability to cope with the event. Such intervention does not overtax the resources of the health care system, and is therefore a viable method for providing crisis intervention and consultation in even small, remote communities in Norway. And, perhaps most important, the skills for carrying out such an intervention can easily be acquired by local mental health professionals.

Although this is a limited intervention in scope and time, we firmly believe that such rapid intervention prevents the development of more serious problems, and that it is a cost-effective way of meeting tragedy. As health professionals we would do well, however, to be careful not to interfere with the natural coping resources of the community.

Reactions in the students: a follow-up after one month

One month following the murders we administered a short questionnaire (four pages) to all the students in the three 9th grade classes. All but one student answered the questionnaire.

The students were asked to relate their first reaction upon learning about the event. Eighty-three per cent of the students described their response in terms which indicated a shock reaction, i.e., they could not understand, they felt disbelief, felt unreal, and said to themselves or others that the news must be wrong.

'I asked who and what, and did not understand. I learned about it through the telephone and that was terrible, it didn't seem real to me. I didn't believe it. I didn't know whether I should laugh or cry. I stood with the receiver in my hand and said: 'No, no no.' I hardly knew what I was saying. I got a shock. Everything seemed unreal, like things that happen in movies and far away from us. It was terrible.' (Girl)

It is interesting that at the age of 16 most students experienced periods of disbelief about the reality of what had happened, much like adults do. Pynoos and Eth found that this was absent in the population they studied (preschoolers, school children and adolescents who had witnessed their parent's homicide). Many of the youths still felt disbelief when answering the questionnaire, but several indicated that the funeral had helped them to progress to a full knowledge of what had happened, as well as triggering an emotional reaction.

Following the murders some of the adolescents also seemed to have lost their illusion of invulnerability. This was most evident in the answers to open-ended questions:

'I could not believe that something like that could happen here in Fusa. It became somewhat afraid.' (Boy)

'I didn't believe it, I thought it was a joke. But then I knew that no one would joke about something like that. The reaction came afterwards. I couldn't sleep during the nights, and I had

continued on page 8
nightmares. Even though I did not know the teacher well (I had
tier for some hours in the 7th
grade), the event was very
frightening. I kept thinking "What
if this was my family?". (Girl)

The fact that the teacher’s death
was the result of human violence
and was also committed by a
member of the family added to the
problems of coming to grips with
the event and increased the sense of
vulnerability. It triggered questions
such as: Could this happen in my
family? Are we all able to kill?
These reactions are similar to
those reported in traumatised adult
populations.

What really surprised us when
we analysed the data were the dif-
ferences between the reaction of
boys and girls. Table 1 shows the
percentages of boys and girls for
some selected reactions. The per-
centage for those who indicated
that they had experienced a reac-
tion 'to some extent' or 'very much'
after the event were combined.

Girls and Boys

Girls indicated stronger reactions
than boys on almost all items ex-
cept 'keeping one's thoughts away
from what happened', where boys
scored higher than girls. Around
80% of both girls and boys had felt
that everything was unreal. Boys' and
girls' scores differed signifi-
cantly on many items, most notably
on 'easily crying/want to cry', 'pre-
fer not to be alone', 'sadness', 'lack
of energy', and 'jumpy when hear-
ing loud noises'. Girls acknowled-
ged many different reactions,
whereas boys acknowledged only
some of them.

When reading the answers to
open-ended questions on how they
reacted initially and what they con-
sidered the worst aspect of what
happened, we were also struck by
the differences between the boys
and the girls. Boys wrote less than
girls. The mean number of words
the boys used to describe their
first reaction was 18.7 compared to
42.7 for girls. For the question
about what made the greatest im-
pression on them, the scores for
boys and girls were 8.1 and 35.2
respectively. It was also apparent
that boys from the classes most
affected (the class whose teacher
was murdered [9C], and the class
where many of the students knew
one or more of those killed [9B])
used the fewest words to describe
their reactions on both questions.

Almost all girls (96.2%) had a
close friend that they could confide
in, who was of comfort and sup-
port, while less than 40 per cent
of the boys had such a relationship.

Of the girls, 70 per cent had also
talked much or very much with
their parents about the event, com-
pared with 34.4% of the boys.

Discussion

We interpret these results as a
confirmation that boys and girls
differ in their ability to express
feelings, and that this difference is
well established before they reach
the age of 16. Not only did the
sexes differ in their reporting of re-
actions following the murder of
their teacher, but they seemed to
differ in their use of other people
to confide in.

Children's play activities and
play preferences differ at a rela-
tively early age. Girls' play usually
occurs in twos or in small, tight
groups, where they typically play
with just one or two 'best friends'.
This may give girls experience and
training in disclosing intimate
information and discussing feelings
and emotions. Boys' play usually
involves games that stress their
participation in socially-approved
competitive activities. Play activities
may thus help girls to be more com-
fortable in expressing their emo-
tions than boys.

During adolescence, boys and
girls are trying out different sex
roles. Boys during this period may
be more 'men' than ever after, and
'girl-like' behaviour is disapproved
of and punished more than rein-
forced. Girls, on the other hand,
can be more emotional and caring,
trying out the role more 'typical' for
their sex, maybe being more 'emo-
tional' than later in life. Thus our
results may also reflect a particular
polarity in 'emotionality' at this life
stage.

Girls were more able to put their
feelings into words, to admit openly
how they reacted to the event, and
to use their friends and family to
talk about what happened. It is in-
teresting to speculate whether the
boys' learned, automatic or con-
scious suppression of reactions
will have negative consequences
in the long-term. Pennebaker et al's
research indicates that traumatic
events that are not discussed with
others are associated with health
problems. Talking about a traum-
atic event may help to organise
and integrate thoughts and mean-
ings, it may help to abreact feel-
ings, and it may trigger comfort
and support. It can also help nor-
malise feelings as one finds that
others are reacting similarly to
oneself.

By the end of the school year the
students left for different schools,
and both practical and ethical con-
siderations precluded a formal
follow-up.

Schools represent continuity for
children and adolescents in times
of crisis. When a traumatic event
directly strikes a school, it is im-
portant that the school continues
as a supportive and stable part of
the students' environment.

It is hoped that distress and long-
term adaptation problems were
prevented by the way the school
handled the situation following this
murder, with considerable empha-
sis on letting the children take part
in rituals, and in letting the students

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Boys n=33</th>
<th>Girls n=30</th>
<th>Chi²</th>
</tr>
</thead>
</table>
| Sleep disturbances                            | 3.2       | 20.7       | 10.56*
| Anxiety for parents                           | 6.1       | 27.0       | 5.92  |
| Feeling depressed and sad                     | 21.2      | 66.7       | 19.05***
| Keeping thoughts away from what happened     | 34.4      | 20.0       | 7.07  |
| Life got new meaning                          | 6.3       | 31.0       | 12.22***
| Anger towards the murderer                    | 36.3      | 43.4       | 4.0   |
| Became more jumpy than usual                  | 0.0       | 40.0       | 15.91***
| A more pessimistic view of the future         | 3.0       | 20.0       | 15.73***
| Cried easily/wanted to cry                    | 3.0       | 50.0       | 24.02***
| Concentration difficulties                    | 9.1       | 56.7       | 16.70***
| Strong reaction came long afterwards          | 25.8      | 66.7       | 11.80  |
| Jumped at loud noises                          | 6.1       | 26.7       | 16.75***
| Did not want to be alone                      | 6.5       | 58.6       | 20.58***
| Thoughts about event always present           | 9.7       | 46.4       | 10.21  |
| Sometimes difficult to stop talking about the event | 9.4   | 53.3       | 16.11  |
| Everything seems all wrong                    | 78.2      | 80.0       | 6.65  |
| Lack of initiative                            | 9.7       | 62.0       | 18.99***
| Made inner 'picture' of the event             | 43.4      | 69.0       | 6.10  |
| All in all, how upset were you by this event? | 87.5      | 98.6       | 6.68  |

* p < 0.05, ** p < 0.01, *** p < 0.001.
deal with the event through classroom discussions.

To provide adequate crisis intervention, we need to know more about differences in reaction between the sexes in order to tailor our intervention to the needs of children and adolescents. One of the questions raised by our research is: Is the value of expressing or suppressing a traumatic event the same for the two sexes? We hope to continue our research in this area, as well as refine our work in crisis intervention. The models we create must be tailored to the culture and tradition of our continent, region and country.

References

TWO POEMS
by Alan Harris

Continuation

John the Arthritic limps in on crutches, finds, in his path, the inconvenient widower whose unexpected grief and first public showing silences the talk and glasses.

How can he reconcile the need for chair, warmth, normality, with the pub's decencies; what does one say (coping with giraffe-like tendency to sprawl)
to grief roaring in a sound-proof cage?

Thankfully there are no buns or nuts. The locals adhere to customary rounds. John's chair is sorted out. Collapsed, yet with a dignity relieving all embarrassment: "My condolences",

he says. And conversation of a sort, resumes.

Give Sorrow Words

Shakespeare was very good at doing so. The grief that does not speak whispers the o'erfought heart and bids it break.

If I had such talent grief would be an ease.

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