The terror of television

Made worse by family stress

EDITOR,—D Simons and W R Silveira describe post-traumatic stress disorder in two 10 year old boys, which was apparently precipitated by the programme *Ghostwatch* shown on television on Hallowe'en (31 October) 1992.¹ We have treated an 11 year old boy who was referred with a 12 month history of sleep difficulties, nightmares, fear of the dark and of sleeping alone, fear of ghosts, intrusive thoughts, and panic attacks; the onset of these symptoms had been sudden, occurring immediately after he had watched *Ghostwatch*. He had become phobic about going upstairs to his bedroom (he said that the house reminded him of the haunted house in the television programme) and had begun to stay overnight in an aunt's flat. He had had no symptoms before watching the television programme, although his mother described him as having a slightly anxious personality. His older sister, however, had a history of encopresis and enuresis and emotional disorder, which had been diagnosed after a lengthy and acrimonious parental separation several years previously.

The boy responded to cognitive and behavioural strategies addressing his anxieties and behaviour, including gradual reintroduction to his bedroom, and ultimately he could sleep in his own bed without a light being left on. This boy's disorder seems undoubtedly to have been precipitated by the television programme, although it was maintained by factors within the boy and the family.

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1 Simons D, Silveira WR. Post-traumatic stress disorder in children after television programmes. *BMJ* 1994;308:389-90. (5 February.)

Anxious children at greatest risk

EDITOR,—D Simons and W R Silveira report two cases of post-traumatic stress disorder after the television programme *Ghostwatch*.¹ We have recently seen four children with symptoms apparently precipitated by television programmes.

An 11 year old boy was referred with a one year history of panic attacks, which started after he saw *Ghostwatch*. He had always been a nervous child, unable to stay in his own bed at night. His mother had also seen *Ghostwatch* but had not realised that it was a hoax and had been unable to reassure her son about his fears.

An 11 year old girl was referred urgently in November 1992 because of panic attacks that occurred during school assembly. Her mother blamed *Ghostwatch* but said that the girl had always been nervous and shy.

A 14 year old boy continued to suffer from anxiety, persistent sleep disturbance, and intrusive visual images of ghosts at night one year after viewing *Ghostwatch*. He was regarded by his parents as nervous and emotional.

An 8 year old girl presented with episodes of panic, clingy behaviour, and complaints of generalised pains three months after becoming distressed while watching an episode of the tele-

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vision programme *Casualty*. Closer questioning elicited the fact that the girl had witnessed her mother suffering an episode of severe chest pain two weeks before the programme. There was no evidence of abnormal temperament or of family dysfunction. The parents had not linked their daughter's symptoms with seeing her mother in pain.

We suggest two aetiological considerations that may be important in understanding sustained psychological reactions in children after they have watched television programmes. Firstly, Bloch *et al* described how parental reactions at the time of the trauma determine children's subsequent psychological recovery.² The realistic quality of both *Ghostwatch* and *Casualty* may have prevented the parents from adequately containing their children's anxieties. Secondly, the four children we saw either had anxiety prone temperaments or had had recent experience of other psychological trauma. The diagnosis and aetiology of prolonged psychological reactions after television programmes seem to require further debate.

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1 Simons D, Silveira WR. Post-traumatic stress disorder in children after television programmes. *BMJ* 1994;308:389-90. (5 February.)

2 Bloch DA, Silber E, Perry SE. Some factors in the emotional reaction of children to disaster. *Am J Psychiatry* 1956;113:416-22.

Distress not confined to children

EDITOR,—D Simons and W R Silveira describe an important, probably underrecognised, adverse effect of television.¹ Adverse effects can occur in other susceptible groups. Elderly people, who often use television as a social substitute, suffer substantial psychological effects, including that of 24 hour television on temporal orientation. This contributes to day-night reversal, increased demand on general practitioners' time, and impaired compliance, as described in psychoses.²

The "deludogenic" influence of television is also important.³ These delusions principally emanate from the person's interpretation of programmes but may be influenced by the programme's content. We have observed considerable distress from such delusions both in the affected person and in his or her friends, relatives, and carers. An example of this is seen in the reidentification syndrome described by Fulton *et al*.³ In this, a televised character's personality and behaviour are transposed on to someone with whom the affected person is familiar. There are obvious, potentially distressing, implications of this reidentification. For example, one woman was convinced of the

transvestitism of her consultant after watching a television programme. In these circumstances, explanations have to be convincing, but down regulation and cure of such delusions are possible through withdrawal of television.

Elderly people in hospital and in the community may be exposed to many hours of television daily. The possibility of an adverse reaction to television should be considered, particularly in people with affective or psychotic disorders or with organic brain disease.

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1 Simons D, Silveira WR. Post-traumatic stress disorder in children after television programmes. *BMJ* 1994;308:389-40. (5 February.)

2 Howard R. All night television can damage your health. *Br J Psychiatry* 1991;158:577-8.

3 Fulton JD, MacDonald E, Scott PJW. Television: fantastic reality or realistic fantasy? *J Am Geriatr Soc* 1990;38:829.

Post-traumatic stress disorder cannot follow television viewing

EDITOR,—D Simons and W R Silveira report possible repercussions when children are exposed to horrific images in the media.¹ They do not, however, describe two cases of post-traumatic stress disorder. According to the criteria of the *Diagnostic and Statistical Manual of Mental Disorders*, third edition, revised, a person with post-traumatic stress disorder has "experienced an event outside the range of usual human experience and that would be markedly distressing to almost anyone."² Examples of this cited include threats to your life and the sudden destruction of your home or community.

The rapid resolution of the children's symptoms suggests that the children suffered a brief anxiety reaction to the television programme; although they may have exhibited some of the features of post-traumatic stress disorder, this diagnosis in their cases is inappropriate.

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1 Simons D, Silveira WR. Post-traumatic stress disorder in children after television programmes. *BMJ* 1994;308:389-90. (5 February.)

2 American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 3rd ed. Revised. Washington, DC, APA, 1987.

**We received a further seven letters questioning the diagnosis of post-traumatic stress disorder in these children.

Management of breast cancer

Refer women to multidisciplinary breast clinics

EDITOR,—In their audit of patients with breast cancer treated in the Thames regions A M Chouillet and colleagues show and comment on wide variations in the treatment delivered in early 1990 to women of the same age and with disease of