

Complicated Grief

Coping With Sudden, Unexpected and/or Violent Death

COURSE DESCRIPTION

It is reported that one in three losses (from death) involve sudden or unexpected loss. The aftermath of these losses, also known as complicated mourning, affects millions of people and can have both short and long term impacts upon the individual, family and society. Sudden loss can be the catalyst for increased symptoms of anxiety, stress, depression, intrusive images, addiction and abuse.

There are as many ways to adjust to sudden loss as there are individuals who experience it. This course provides personal and professional information, testimonies and time-tested tools for healthy ways to cope and adjust to life after sudden and/or violent loss. It looks at the reality of sudden loss with perspective and insight, including the author's personal experiences, as well as those of his clients and colleagues, who have been walking, crawling and sometimes running in the midst of sudden, unexpected, often horrific circumstances.

OBJECTIVES

Upon completion of this course's offering the learner will be able to identify, assess, summarize and utilize:

- The differences between anticipated and sudden loss
- At least five factors that affect individual reactions to loss
- How people perceive and make sense of trauma and unexpected change
- What information and education is most helpful immediately after death
- Effective presence and support measures
- Self-Care techniques, including self-awareness, externalization and actions
- Associated complications that can arise from sudden and/or violent death
- How to effectively mourn the person who died and maintain a healthy connection

COURSE CONTENT

Introduction

Differences Between Sudden and Anticipated Loss.

Expected or Anticipated Loss

Sudden, Unexpected and/or Violent Loss

Factors That Effect Individual Reactions

Age

Relationship to the Deceased

Circumstances of Death

Support and Perceived Support

Past Coping Behavior, Personality Traits and Pre-Existing Issues

Secondary Losses

Social, Ethnic, Religious and Cultural Orientation

Tools for Living After Sudden and/or Violent Death

Providing Safety

Debrief

Facts and Information

Education

Validation, Presence and Support

Self-Care

Corresponding Complications

Maintaining Connection

References

Additional Resources

Test Questions and Answers

About the Author

INTRODUCTION

It is reported that one in three losses (from death) involve sudden or unexpected loss (Raphael, 1983). Though anticipated or expected loss can be just as painful, there are some distinct differences from sudden loss. What are those differences and how do they affect peoples' reactions and ability to cope?

The aftermath of sudden loss, also known as complicated mourning, hits millions of individuals and can have both short and long term effects upon the individual, family and society. Sudden loss can increase existing physical, emotional and mental distress or be the catalyst for newfound anxiety, stress, depression, intrusive images, addiction and abuse.

There are as many ways to adjust to sudden loss as there are individuals who experience it. Some people shut off their feelings and "numb out" with obsessive behavior and others become so overwhelmed with the shock, emotion and change that it is difficult for them to function or cope.

This course provides personal and professional information, reflection and time-tested tools for healthy ways to cope and adjust to life after sudden and/or violent loss. You will learn how to differentiate grief from sudden and anticipated death and the corresponding reactions as well as the many factors that affect our reactions to sudden loss and how to normalize and validate those feelings and reactions. Also presented are tools you can utilize for healthy grieving and ongoing connection with the deceased.

COMPLICATED GRIEF

Differences Between Sudden and Anticipated Loss

Expected or anticipated loss is when someone has a life-threatening illness or disease and it is known before they die that their death is or was imminent. This period of time can be weeks to years, depending on how fast the illness or disease progresses and what the individual does or does not do in response to the situation.

Because an anticipated death is known of beforehand, grieving is easier (though does not always take place) for there is usually time for that person's family and friends to have opportunities to communicate whatever they wish to communicate with the person dying and vice-a-versa. This is often referred to as "anticipatory grieving", though it is actually taking place in the present moment and is more accurately referred to as "active grieving". Because of this opportunity, there is the chance for the person dying and those who will live on to say and do what they feel is necessary, thus alleviating or at least diminishing further feelings of being "unfinished" or having guilt and remorse.

- A woman came to see me, whose husband had died after being ill for three years with Alzheimer's. It had been two months since his death. She said, "I didn't feel anything but relief for the first month or two and after having little sleep for years and slept 12 to 14 hours a day. I loved my husband, but in many ways he died long before his body did. It felt like a part of him died day by day. The

person I married and knew for thirty-four years was gone. Even though towards the end he didn't understand what I was saying, I was able to tell him how much I loved him and what a pleasure our lives together had been. Sometimes he heard me loud and clear and responded in kind; at others, especially in the last half year, I don't think he comprehended what I was saying. Even though it was long, exhausting, sad and frustrating, I much preferred having the opportunity to share what was on our minds than if he had died suddenly, without warning. This way we had no unfinished business."

Knowing of someone's expected death also provides time to make arrangements – financial, funeral, health-care decisions, children, living arrangements and work. It doesn't always give time to have everything in place or taken care of, but there is more opportunity to do so. These issues are often referred to as "secondary losses", though they can at times be just as primary as the loss of the individual who is about to or did die. "A secondary loss is a physical or psychosocial loss that coincides with or develops as a consequence of the initial loss. Each of these secondary losses initiates its own grief and mourning reactions, which ultimately may be greater or lesser in intensity and scope than those following the precipitating loss." (Rando, 1993).

Having the chance to know what someone's health care wishes are before they are in a situation where they cannot let you know can make a world of difference to the survivor's peace of mind. Letting a loved one die or "live while they die" in the fashion you know they wanted lessons guilt, anger, frustration and questioning after they have gone.

- A man who came to me for counseling said his mother laid out everything before she died “in black and white”. He said, “It would have been a mess if my mother hadn’t been so prepared and let us know what she wanted. She completed a Do Not Resuscitate form as soon as she learned she had pancreatic cancer and gave copies to my sister and me. She made me her Durable Power of Attorney for Health Care and told us all, including her doctor, that she didn’t want any heroics when her time came. She was at home and we were caring for her,” he continued, “when she went into a coma and eventually stopped breathing. I freaked out and was about to call 911. I couldn’t stand to see her that way, but my sister reminded me what Mom wanted and that this was the natural progression of things and I was able to let her be.”

There are a number of common reactions, though not inclusive, to expected or anticipated death. They can include physical, cognitive, emotional and behavioral manifestations.

Physical symptoms can involve: shakiness, dizziness, nausea, disorientation, sweating, shortness of breath, chest pain, headaches, backaches, muscle tightness, fatigue, thirst, tightness in the throat, weakness and chills.

Cognitive symptoms can include: blaming, confusion, poor attention and concentration, memory problems, poor problem solving and abstract thinking, loss of time and place.

Emotional reactions may include: anxiety, guilt, grief, denial, uncertainty, loss of emotional control, depression, apprehension, feeling overwhelmed, anger and irritability.

Behavioral responses often encompass: changes in activity, withdrawal, emotional outbursts, loss or increase in appetite, increased alcohol or chemical abuse, inability to rest or excessive sleeping, pacing and lowered level of functioning.

“I seem to be falling apart.

My attention span can be measured in seconds;

my patience in minutes.

I cry at the drop of a hat.

I forget things constantly.

The morning toast burns daily.

I forget to sign the checks.

Half of everything in the house is misplaced.

Feelings of anxiety and restlessness

are my constant companions.

Rainy days seem extra dreary.

Sunny days seem an outrage.

Other people’s pain and frustration seem insignificant.

Laughing, happy people seem out of place in my world.

It has become routine to feel half crazy.

I am normal I am told.

I am a newly grieving person.

(Eloise Cole, 1985)

Sudden, unexpected and/or violent loss comes out of the blue and hit you in the face BAM! Without any preparation or expectation, death has knocked down your door and no matter what you do to deny, resist or wish it away, it remains. With sudden loss there is no time to say your goodbyes, make arrangements or emotionally prepare for the impact and its effects. It is as if the rug was literally pulled out from under you.

On top of dealing with the shock and pain of the loss are all the other issues that arise, including the questioning and disbelief. How did it happen? Who or what caused it? Did I do or not do something to make this happen? Was their death preventable? What are the charges? Why did they do it? Where is the body? What would they want done (if they are on life-support)? How do we arrange the funeral? Who will pay the bills? Will we have to move or get a new job? Where will the children go to school if we move? Who will their children live with? I can't believe this! It isn't real! This must be a dream! The world has gone mad!

- When my friend died in an automobile accident I remember saying to the colleague who called me with the news, "What? You've got to be kidding. Are you sure she's dead? Could they have gotten the wrong person or misidentified her somehow? I can't believe this. Don't tell me any more!" And when my

uncle killed himself I said to my dad, “Quit joking around. I just saw him two weeks ago and he was fine. Tell me the truth; why did you really call? He killed himself? How? Why? When? No!”

The **reactions to sudden, unexpected and/or violent death** can include all those stated for anticipated or expected death, as well as: shock, shaking, elevated blood pressure, vomiting, grinding of teeth, numbness, hyper vigilance, obtrusive images and/or thoughts, severe panic, nightmares, intense anger and/or guilt, suspiciousness, anti-social acts, anxiety, depression, cognitive disconnect, disassociation, isolation and post-traumatic stress.

The **difference between anticipated or sudden loss** can best be illustrated by **imagining you are walking down a city sidewalk**. With **expected loss**, someone approaches and tells you that “death is up around the next corner”.

“Are you sure about this?” you ask the stranger.

“Absolutely,” they reply. “I’ve seen it many times and it is coming regardless of what you do.”

Once they realize they have been told the truth, some people decide to keep on walking and say, “I want to meet this thing face to face.” Others choose to run the opposite direction and avoid it at all costs, while some will keep questioning, bargaining or fighting with the messenger, trying to find someone to blame.

With **sudden loss** you **walk down the same city sidewalk**, when KABOOM, someone comes up behind you and clobbers you without any warning. As you’re lying

on the sidewalk in shock and pain, your first reactions are not to bargain, question or prepare yourself for loss, but to say “What happened? Will it happen again? Am I safe? How do I stop the pain? What’s wrong? How’d I end up here?”

“There is no way to prepare. No way to brace yourself or let yourself down easy. When a loved one dies suddenly or their death is perceived as sudden, your entire world is turned upside down and inside out.” (Constans, 2005)

Factors That Affect Individual Reactions

There are a myriad of **factors that shape and determine how an individual will react to sudden loss**. Some of these factors are: **age, relationship to the deceased, circumstances of death, support and perceived support, past coping behavior, personality traits and pre-existing issues, secondary losses and social, ethnic, religious and cultural orientation**.

Age – A child of six years of age will have a completely different understanding about death than a child of twelve, who comprehends the finality of death and its impact upon their life. A twenty-year-old whose father suddenly dies from a heart attack has a different life experience than someone whose parent dies when they are in their fifties (Harris Lord, 1995). As people age and mature, their comprehension of death being permanent, that it happens to everyone and it will also happen to them, is usually

conscious at some level and influences their reactions to loss, their acceptance of the situation and their ability to cope.

- A six-year-old, who was on the back of his father's motorcycle when they crashed and his father died, told me, "I know he's dead, but my birthday is next week. He'll come back for my birthday won't he?" A nineteen-year-old woman said, of her father's fatal aneurism, "Sure, we all die, but I never thought it could happen to my parents, let alone me. I mean, intellectually I did, but not on a gut level. Now I know it's for real."

Relationship to the Deceased – The fact of whether the person who died was a family member, friend, relative, spouse, lover or colleague is less important than what kind of relationship existed between the survivor and the deceased prior to the death. Were they close, emotionally intimate, intellectually connected, dependent, distant, ambivalent, conflicted, estranged, or a combination of any or all these factors?

Someone who was dependent on the person who died for their emotional stability or sense of who they are in the world will have a more difficult time than someone who is independent, resourceful and self-sufficient.

- A man in his sixties explained, "I don't know who I am anymore or how I'll survive. She did everything. We've been together forty-seven years and like that . . . she's cut down crossing the street. Nobody knows me like she does."

Likewise, if a couple is close, loving, respectful and supportive of one another and both people are equally responsible for tasks and emotional support, the loss of the “perfect relationship” can be devastating.

- “The ground has dropped from under me,” a thirty-two-year old woman shared, after her partner of seven years died in a plane crash. “I will never find someone who loves me as much as she did. She knew me inside and out. Don’t get me wrong . . . we were very different and didn’t always agree on things, but we could always talk it out and listen.”

If a relationship is conflicted, ambivalent and/or abusive, there can be pain over the loss of what didn’t exist and now never will, as much as what was present before the loss (Matsakis, 1992). Not only does the survivor have mixed feelings about the deceased, which can include relief, distance, pain, anger and guilt, but also sadness over never getting to “set things right,” hear an apology or have the relationship be like they would have wanted it to be.

- “He deserved to die!” a man in his forties said about his father, who had died from an overdose of heroin. “He treated us like shit! What kind of a father was he? He was never around, always out looking for a fix. And when he was home he was useless. He’d sit around and stare at the TV or tell my sister and me to go talk to mom. We could never talk to him about anything. I wanted so much to be

able to have him see me for who I was and to be proud of me, but he couldn't even do that for himself."

Circumstances of Death – Was the survivor present at the Time of Death (TOD) or did they hear about it in person or on the phone? Did the person die a violent death in a car wreck, homicide, suicide or disaster or did they die suddenly in their sleep or drop over dead from a heart attack or stroke?

If the survivor witnessed the death, they are more likely to have intrusive images and wonder if there was something they could or should have done or not done.

- "My sister was right behind me," a mother of two said of her sibling. "We were going out for one last swim. I said, 'I'll race you to shore' and turned around, but she was gone. I can't believe it. She must have cramped up or something and gone under; she just wasn't there anymore. I looked everywhere. If I hadn't been so childish about racing I would have seen her. I could have grabbed her or something."

If they were absent at the time of death, they may start filling in the blank spots with their own scenario or wonder how much suffering was involved.

- “They said my son died instantly. He was shot in the head. But I wonder how long he lay on the pavement bleeding before someone found him. I pray he didn’t suffer. If he suffered I couldn’t bare it.”

When someone witnesses a violent death, it can increase stress, anxiety, hyper-vigilance, depression and repression, and be difficult to get the TOD images out of their head and/or protect themselves from experiencing it again (Moshoures Redmond, 1989).

- A man who saw his fellow soldier blown up by a land mine said, “It’s been over a year now and I’m out of the service, but everywhere I go I look down. Even on the sidewalk in town I look down, never at where I’m going. And sleep . . . sleep is so hard, it’s almost non-existent. Whenever I close my eyes I see pieces of his body flying in the air.”

If someone dies peacefully in their sleep or favorite armchair, it has quite a different effect than seeing them gasping for breath as they drown, bleeding to death after they cut their wrists or having body parts severed in an accident.

- “It was startling to see my father-in-law dead, but not horrific,” said his forty-year-old son-in-law. “I walked in to tell him dinner was ready and there he was, out cold in his recliner. His skin was white. I knew right away he was totally gone. We weren’t expecting it, but than again, at age eight nine it wasn’t totally unexpected either.”

When a death is perceived as having been preventable, either by the person who died or by the actions or inactions of others, an added layer gets slathered on the survivor's sense of the world being a "good or safe place". Knowing that something "could have been done" to prevent the death, pain and subsequent suffering of the bereaved can add additional fuel and complications to the fire of mourning (Figley, Bride & Mazza, 1997).

- "Why did he do it?" a relative said, speaking of his nephew who took his own life. "He was such a bright kid. It doesn't make sense. He was one of the good guys."

Support and Perceived Support – A perception or reality that someone is lacking social support is a high-risk factor for complicated mourning and sudden loss (Rando, 1993). Some people have few social contacts or support networks and are isolated from family and/or friends and some may have their loss ignored or avoided if it was an ex-spouse who died, a suicide, AIDS death or drug overdose (Doka, 1989).

- "I don't have any friends. They've all moved or died," an elderly woman told me, following the sudden death of her brother. "There's nobody to talk to here. They're all old or crazy." She was living in a board and care home.
- "Nobody pays any attention to how I feel," a woman cried. "He was my ex-husband and he died of AIDS. We were still friends and I always cared about

him, but nobody else seems to get it. All they do is tell me to ‘Forget about it. It’s not like you were together or anything.’ It hurts so much when they say that - I want to scream.”

Others, though they have family and friends, **may feel inhibited to speak about certain aspects of their experience** (especially anger, fear and guilt) or are not really listened to, but instead told what to do. It is painful to be with someone you love when they are in a rage and it hurts to listen to them beat themselves up over something they had no control over, but it is often the ability to do just that, that gives survivors permission to express all of what they are thinking, who they are and what they feel. If someone has to keep certain parts of their grief hidden, those parts can fester and cause physical, emotional, cognitive and behavioral infections.

- A teenage client once told me, in relation to her grief and mourning after her brother was killed in a drive-by shooting, “My parents try . . . they try real hard. And my uncles and aunts are angels, but whenever I try to tell them the truth or let them see what I’m REALLY feeling, they clam up, walk away or change the subject. Sometimes they tell me what I should be doing or feeling, without listening or acknowledging what I have just said. They only want to see me in a certain way.”

Past Coping Behavior, Personality Traits and Pre-Existing Issues – Most people react to sudden and/or violent death the same way they have with other crisis in

their lives. If they tend to take care of others in the process, that is what they do after sudden loss. If they are someone who numbs out and acts as if nothing has happened, that is what they do. If their tendency is to drink or sedate their problems or emotional pain, they do so with increased frequency.

- When my uncle shot and killed himself my first tendency was to take care of the rest of the family. “Are you OK?” I repeatedly asked my parents, sister and aunt. “Make sure you get some help. Do you want to talk about it?” All the time I was caretaking I was avoiding my own reactions, questions and distress.
- “I’m fine with what happened. Hell, it was a long time ago,” a friend told me, explaining how he was coping with the death of his mother six months ago, while at the same time drinking a six-pack of beer almost nightly for the last four months, after the shock of her sudden death had worn off.

When someone is living with a pre-existing condition, such as depression, schizophrenia or diabetes, the loss can be a catalyst for decreased management of these conditions and thus increase the likelihood of symptoms getting out of control.

- When I noticed a hospice bereavement client, whose husband had been stabbed to death, looking more and more disheveled and talking about and to people that I could not see, I knew she had stopped taking her medication for schizophrenia and would soon be out on the street if I did not intervene.

People who tend to lash out at the world, project their distress on to others and blame life for their circumstances usually do so with added fervor after an unexpected death. “Our culture leads us to believe that for every effect a cause can be determined. When the effect is a bad one, like the suicide of a child, cause becomes blame.” (Smolin & Guinan, 1993)

- “They totally screwed up! I’ll sue them for every penny they’ve got!” a young engineer told me after his father died in the emergency room after being crushed to death when he swerved into the path of a semi-truck. His father had been drinking and been the cause of the accident, from all accounts, but the young engineer was focused on the medical personnel in the ER who could not “save him”. “How could they do that?!” he screamed. “They didn’t do anything right!”

Secondary Losses – When someone dies suddenly and/or violently, the survivors not only have to comprehend what has happened, they have to quickly adapt or not adapt, to the **many changes the death has created**. These changes can include one’s job, school, housing, finances, parenting and overall sense of safety and security.

- “We’re going to have to leave town and move back in with my parents,” a young widow explained, once the funeral for her police officer husband, who had been killed on the job, was completed. “I hate moving the kids, but there is no way we

can survive in this town with such a high mortgage. We'll just have to all adjust as best we can."

Even though many losses following a sudden death are labeled "secondary losses", they can be primary for those involved and just as painful. **It isn't just the loss of the person that must be confronted, but all the losses surrounding that person's life and their connections with those still living.** The roles the deceased played in the family are all up for grabs. The memories of the life lived come flooding through with reminder after reminder of their absence: dreams and hopes for the future, of seeing children achieve milestones of graduation and marriage, birthdays, holidays, anniversaries and vacations – all must be acknowledged and grieved as additional losses.

- "Every year in the United States well over one-third of all the babies conceived will not survive. One in every three women who conceive is touched by childbearing loss. Countless others – women and men – grieve over their broken dreams of pregnancy, childbirth, and parenthood." (Panuthos & Romeo, 1984)

Social, Ethnic, Religious and Cultural Orientation – The messages we are given about death, loss and grief from our families, churches, culture, society and ethnic and religious backgrounds play a pivotal role in how we respond or don't respond to sudden loss and mourning.

If we see our parents avoiding the pain of loss by not speaking of it or ignoring it when it occurs, we are more prone to do likewise. Or, if our family reacts with frequent outbursts to every perceived change or possibility of change or loss, we may also follow suit as we mature.

- “My parents were stoic, salt of the earth people who never showed emotion,” a recent client reflected. “They kept a ‘stiff upper lip’ and held everything in, even when there was a death in the family. No wonder I’ve buried all the feelings surrounding my younger brother’s death for all these years. I didn’t think I was supposed to let anybody know it hurt, let alone a stranger.”

When the predominant religion and/or community in which people live screams, wails and trills at funerals, is it any wonder they can feel out of place or uneasy when those things are NOT happening and find it hard to understand why everyone is so stoned faced or “cold” at a memorial or burial?

- “I was shocked,” said a woman whose parents are from Lebanon, “when I went to my British friend’s funeral service and there wasn’t a tear or sound to be seen or heard. My God, this young man had tragically died and they acted like they were in court or something.”

Personal, familial, societal and cultural influences can inundate us with messages about loss that we seldom stop to acknowledge or admit, yet when we do we then have

more choice about how we respond, as opposed to doing so out of expectation and habit. “Death and loss are not only personal matters. They are also social. Society prescribes standards for grief and mourning, and each individual grieves not only from his personal sorrow, but in a style which is the product of early socialization and later social dictates.” (Kalish & Reynolds, 1981).

Tools for Living After Sudden and/or Violent Death

There are a number of observations, insights and actions that can be used to minimize the impact, re-frame the experience and help clients live constructively with the reality of sudden, unexpected loss. These tools consist of **providing safety**, an opportunity to **debrief, facts and information** about the loss, **education, normalization and validation** about reactions to sudden loss and **healthy self care**. There may be a need for the treatment of **corresponding complications** such as disassociation, panic, drug use and/or depression. **Maintaining a connection** with the person who died in a way that supports, honors and nourishes both the living and the dead is also important.

Providing Safety – If you are near the scene where a death has occurred and there is any chance of further injury or taking of life, the first objective is to get yourself and survivors to safety. Once you have done so, you can provide them with simple nourishment of a blanket, water, food, a safe place away from the scene and someone to

hold, or be nearby to answer questions and provide some semblance of reality. (Young, 1993).

- “I didn’t know what to do. I just stood there, frozen. Someone took my hand and led me to a shelter. They sat with me and put a coat over my shoulders. It didn’t seem like much at the time, but I couldn’t do it myself.” Statement of a survivor who saw her best friend crushed in an earthquake.

Debrief – Give the survivor the opportunity to do what they need to do, say what they need to say or remain silent, if they wish, immediately following the loss. Giving them the option to speak about and try to figure out what has just happened provides an outlet for their pain, confusion and shock about the horrible event that just occurred and lets them begin to try to make sense or have some semblance of what has just happened. “Intrusive repetitiousness and denial are labels for two extremes of response to stressful life events.” (Horowitz, 1976) “The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma. When the truth is finally recognized, survivors can begin their recovery.” (Lewis Herman, 1992)

- A man who found his dead wife (who had also been raped) said, “It was unbearable. Part of me wanted to scream and tell somebody about it and the other part wanted to die . . . to disappear and fall down a dark hole. Somebody, I don’t remember who, maybe it was a cop, let me be. They let me cry, scream and lay

on the floor. I talked nonstop. They didn't say a word. They stayed with me. Their presence and attention provided some kind of sanity.”

Facts and Information – Many times, after sudden loss, people just want to know what happened. Once they are safe and have had a chance to debrief, they want the details. Not everyone wants the details, but for those that do it can be a great comfort and provide some clarity to the events that have taken place. Speaking with others who were present, obtaining a police or coroner's report and/or reading the medical report can provide solace, comfort and make real what has taken place (Lattanzi-Licht & Doka, 2003). Talking to others and seeing these reports can also be extremely painful, upsetting and confusing, even if the individual was adamant to see them. You can be of assistance by putting them in contact with the proper authorities, helping them write or fill out forms to obtain the necessary paperwork and making sure that you or someone else is with them when they first read anything they receive.

- “I had to know what happened,” said the father of a teen killed in a car chase. “It was driving me mad. I had to know what the police said, exactly what happened minute by minute. I needed an explanation. I wasn't trying to blame anybody, I just needed to know. It helped. It hurt and it helped.”

Sometimes people have had enough of “the facts” and just “want it to be over,” especially if it involves an ongoing court case that reopens the wounds again and again and doesn't seem to ever come to completion. The time and energy it takes to follow

court proceedings of someone charged with the death of another can take years and put the survivor's grief on hold as they seek revenge, retribution and/or are afraid the person will be released (Gayton, 1995).

- “It was too much. It just went on and on and on. The amount of money, travel and time off work became too much. No matter how much I hated the man who murdered my sister, it got to a point where the hate and time wasn't worth it and I gave it up to God.”

Education – Letting clients know about the **common and human reactions** to sudden and/or violent loss with words and/or written material can decrease the intensity, duration and frequency of anxiety, guilt and frustration about feeling and reactions (Worden, 1991). Understanding that they aren't “going crazy” and that most or all of their symptoms are normal and to be expected can release an unbearable amount of pain and fear. Letting them know about the physical, mental, emotional and behavioral reactions from sudden loss that often occur brings them back to the world of the living and connects them with the rest of humanity. They realize that after all is said and done they are not as “weird” “off the wall” or “strange” as they had imagined. The shock will wear off, the intensity of the pain will subside and there are ways and means to help them through the horror they are experiencing.

- A man whose fiancée suddenly died in a head-on collision with a drunk driver told me the most reassuring thing he heard in the first few months were the words,

“you aren’t alone” and “what you are feeling is normal”. He said he’s not sure if those were the exact words, but that is what he remembered.

As important as education, are **validation** of an individual’s experience and their cognitive understanding of what has and is happening, along with your **loving presence and support**. Survivors need to know that they have been heard; that they can tell their story, share their feelings (no matter how horrific or intense) and have someone who will listen to their version of events as often as necessary. They don’t need someone who is afraid of their rage, frustrated with their repetition or dismissive of their reasoning and explanations of what happened and why they are acting as they are (Wholey, 1992).

Validating someone’s experience doesn’t mean supporting destructive or unhealthy social behavior; it means paying attention and being present, not only with your words and emotions but with your entire being (Brandon, 1976). It is often difficult for survivors of sudden and/or violent death to find someone who will actually listen without placating or trying to “fix” them (Constans, 2001). They need someone with a big heart, big ears and a little mouth. Validation is communication. It isn’t saying “I understand”; it is **demonstrating with your presence** that you are willing to be with them as they grasp for understanding and go through the roller coaster of emotions while simultaneously navigating the pendulum of time (between what has occurred in the past, what is taking place now and what may transpire in the future).

- “People tell me they don’t know what to say or how to be when they’re around me, so they avoid calling or stopping by altogether,” said an older woman whose

husband died in a plane crash. “There are no magic words. I just want them to be with me, let me know they care and listen to whatever I’m feeling today. Hell, I don’t know how I’ll be one moment to the next, let alone day after day. When I’m left alone I start to wonder if I’m the only one in the world like this or if I’m making things up.”

- A twenty-something young man told me, “I’ve gone to counselors before and all they did was tell me I shouldn’t feel how I did, that I should learn to forgive the son-of-a-bitch who killed my father and ‘move on’ or ‘let go’. They were more scared of how I was feeling than I was myself. It seemed to make them uncomfortable. After awhile I shut down or said what they wanted to hear. It made me feel invisible and like I didn’t exist.”

Self-Care – In addition to seeking help from counselors, clergy, physicians, support groups and self-help organizations, there are many things survivor’s can do to take care of themselves and adjust to life with the loss of the person who died (as they physically knew them). Some of these include –

- **Eat one good meal a day**, even if it seems tasteless. Make sure it has protein, vitamins and carbohydrates.

- **Exercise:** even when you don't feel like it. Walk, run, and swim, work out, hike, bicycle or dance. One man whose sister died in an automobile accident said running every day is what saved his life and made his loss bearable.
- **Find a way to acknowledge and release your pain in a safe manner.** Scream, wail, moan, sob, laugh hysterically, play music, sing, howl or cry out loud; in the shower, on the floor, into a pillow, in the woods or with a trusted friend. After the death of her husband a friend of mine said she would face the ocean and cry and scream for a few minutes every day and nobody could hear her (Kennedy, 1991; Doka, 1996).
- **When you feel stuck and believe nothing will ever change,** take the following three steps. First, **be honest with yourself** about what you are presently thinking, feeling and telling yourself about your experience. Second, **externalize whatever you have discovered** going on inside: talk, write, yell, exercise, draw, cry, etc. Third, **take action.** Do something for yourself, for someone else and/or for the person who died.
- **Breathe,** visualize, relax, stretch, meditate, pray and/or use affirmations. Yoga, meditation and prayer have all been shown to relieve stress and anxiety, and generate positive endorphins to help the body heal (Lowen, 1972; Hymes, 1988; King, 1999). After my uncle committed suicide I found that deep breathing and yoga helped give me more energy when I felt sad or depressed.

- **Relax in a hot tub, hot bath, shower, sauna or sweat lodge** and let the emotions and stress seep from your pores. A colleague whose mother had died suddenly said she attended numerous sweat ceremonies and found that she was transformed with new understandings each time.
- **Create** a collage, altar, memory book, picture frame, treasure box, sculpture, painting, video or audio tape about the person who died. A child I know routinely goes to the memory book she made after her mother's death.

Corresponding Complications – It is difficult, if not impossible, to grieve and mourn the loss of a loved one while also experiencing post traumatic stress, intrusive thoughts and images, depression, anxiety, sleep deprivation, nightmares and/or self-abuse with alcohol, drugs or other addictions. It is advisable and usually imperative to first treat these often corresponding and sometimes pre-existing issues before delving into the trauma and all the implications of someone's loss (Rando, 1993; Sprang & McNeil, 1995; Gil, 1988). In the least, they can be simultaneously supported with reducing these symptoms and/or seeking help and treatment from other professionals and/or inpatient or outpatient facilities and programs.

There are a number of new, successful treatments for these symptoms and behaviors, including Thought Field Therapy (TFT), Eye Movement Desensitization and Reprocessing EMDR, Neurolinguistic Reprogramming (NLP), Mindfulness Stress Reduction Programs and Biofeedback (Callahan, 2000; Gallo, 1999). Conventional

treatments and programs can also be recommended and accessed, such as: 12-Step Programs, Behavior Modification Therapy and/or physician prescribed medications.

- “It took months before I could even talk about it,” said a mother, whose six-week old child died unexpectedly and suddenly from Sudden Infant Death Syndrome (SIDS). “I was a basket case. We had waited so long to have her and then have her taken away . . . I couldn’t sleep. I kept having nightmares of her crying and nobody being able to hear her. It wasn’t long until I started using downers to sleep and block out the dreams.”

Maintaining a connection with the person who died in a way that supports, honors and nourishes both the living and the dead may sound like a lot of hocus pocus, but is in fact one of the primary means survivors of sudden loss have used for centuries to maintain their sanity and keep on living (DeSpelder & Strickland, 2001). It isn’t something that happens immediately after a loss and it is often difficult to think of in the beginning, but over time, by using the self-care means and supports previously described and allowing oneself to fully and honestly grieve all aspects of the person who died, a new, healthy connection and relationship can begin to form between the survivor and the deceased (Staudacher, 1987).

- I spend time each morning in front of pictures on our mantle and light a candle for family and friends. When I look at the picture of our friend Marcia, who died in a car accident, I cry. When my eyes go to the next picture of our neighbor’s dead

baby, I cry. When I see my father-in-law and Uncle who died, I cry. Sometimes, in the midst of my tears, feelings of anger, guilt, frustration and helplessness crash land in my body. Once they are recognized, I cry some more and let them go. I hope I have enough room in my heart for ALL of those who have died and for those living. I hope I can integrate death into life and use this precious container we call living to help others keep their loved ones present.

By realizing that people who have died are still in our memories, thoughts, dreams, biological makeup and personality and our relationship with them has shaped who we are and will be, we can choose **how** we wish to keep them in our lives and what we want to leave with their death. Numerous generations and cultures have practiced the art of remembering the dead by -

- Having funerals, memorials and days of remembrance, including Day of the Dead in Mexico, Memorial Day in the U.S. National Day of Remembrance in Canada and International AIDS Day.
- Numerous religious holidays and festivals that recall and honor the dead, including saints, sinners and everyone in between.
- Writing, talking and praying to those who have died. Looking at their pictures, lighting candles, creating alters with some of their belongings and significant objects.

- Creating a memorial, planting a tree, making a donation, volunteering or starting an organization or task in memory of the person who died are all forms of keeping the dead with the living. It helps keep the person's memory alive by embodying the attributes we admire and wish to hold onto.

We don't have to ignore or try to "get over" a sudden and/or violent death by avoiding or suppressing it. As hard as it may seem, loss can also be used as an open door for change, growth and transformation.

Remembering the dead is vital to our health. Keeping them with us, close to the bone, close to our hearts and minds, is the first step in transforming our past so we can bring them with us into the future. Remembering is the road, the path and the catalyst that can teach us how to adjust to a loved one's physical absence and live a life that has room for them *and* those who are living.

The morning glory blooms but an hour

And yet it differs not at heart

From the giant pine

That lives for a thousand years.

Teitoku Matsunaga

(Kapleau, 1971)

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ADDITIONAL RESOURCES

Anxiety Attacks and Disorders (www.helpguide.org) - risks and benefits of medication for anxiety in Helpguide's Medications for Treating Depression and Anxiety

Association for Death Education and Counseling (ADEC) (www.adec.org) - ADEC is one of the oldest interdisciplinary organizations in the field of dying, death and bereavement. The almost 2000 members are made up of a wide array of mental and medical health personnel, educators, clergy, funeral directors, and volunteers. ADEC offers numerous educational opportunities through its annual conference, courses and workshops, its certification program, and via its acclaimed newsletter, The Forum.

Awareness and Relaxation Training (www.mindfulnessprograms.com) – Mindfulness based stress reduction.

David Baldwin's Trauma Pages (www.trauma-pages.com) - These Trauma Pages focus primarily on emotional trauma and traumatic stress, including PTSD (Post-traumatic Stress Disorder), whether following individual traumatic experience(s) or a large-scale disaster. The purpose of this award winning site is to provide information for clinicians and researchers in the traumatic-stress field.

GriefLossRecovery (www.grieflossrecovery.com) - Offers emotional support and friendship and provides a safe haven for bereaved persons to share their grief.

GriefNet (www.griefnet.org) - GriefNet is an Internet community of persons dealing with grief, death, and major loss. They have 37 e-mail support groups and two web sites. Their integrated approach to on-line grief support provides help to people working through loss and grief issues of all kinds.

National Hospice and Palliative Care Organization (NHPCO) (www.nhpco.org) - NHPCO cares for terminally ill persons and their families, and is dedicated to making hospice an integral part of the US health care system. Most hospices throughout the U.S. have grief and bereavement programs and support for the community, regardless of whether the individual who died was on hospice or not.

National Institute for the Clinical Application of Behavioral Medicine (NICABM) (www.nicabm.com).

Neuro-Linguistic Programming (NLP) (www.nlpschedule.com) - Collection of articles, information, and resource hotlinks.

Thought Field Therapy™ Callahan Techniques (www.tftrx.com) - Official website of Thought Field Therapy and its founder Roger Callahan, Ph.D.

TEST QUESTIONS

- 1) Anticipated loss can be defined as a death that is:
 - A. Not expected.
 - B. Expected in advance.
 - C. Supposed to happen.
 - D. Pre-determined.
- 2) The length of time for anticipatory loss can be:
 - A. Weeks to years.
 - B. At least one year.
 - C. Less than six months.
 - D. Longer than three months.
- 3) Are people able to have completion with someone dying when it is known ahead of time?
 - A. Never.
 - B. Always.
 - C. Rarely.
 - D. Sometimes.
- 4) A secondary loss is defined as:
 - A. Losing one's home.
 - B. A loss that is precipitated by the initial loss.
 - C. Uncovering issues and separations of the past.
 - D. Having to move and find a new job.

5) Knowing of someone's death ahead of time makes it easy to make arrangements.

- A. Always.
- B. Never.
- C. Usually.
- D. Sometimes.

6) Common physical, emotional and cognitive reactions to anticipated loss can

include:

- A. Dizziness, sadness and confusion.
- B. Heart problems, hysteria and shock.
- C. Bulimia, guilt and ambivalence.
- D. Insomnia, traumatic stress and disassociation.

7) Sudden/unexpected death:

- A. Makes people want to curl up and hide.
- B. Makes people want to know why and how it happened.
- C. Makes people vulnerable and lifelong victims.
- D. Makes people desperate to get their life in order.

8) The reactions to sudden, unexpected and/or violent death usually include:

- A. Peace and joy.
- B. Shock, anger and guilt.
- C. A desire to pay all your bills.
- D. Wanting the holidays to arrive.

9) Factors that effect individual reactions to sudden loss are:

- A. Circumstances of the death.

- B. Personality and character traits.
 - C. Pre-existing issues.
 - D. All the above.
- 10) The age of a survivor can affect their understanding of deaths:
- A. Permanence.
 - B. Smell.
 - C. Color.
 - D. Feelings.
- 11) Which is most important in determining the effects of loss?
- A. The income level of the survivor.
 - B. The familial connection with the person who died.
 - C. The kind of relationship between survivor and deceased.
 - D. The last words ever spoken between the survivor and the deceased.
- 12) If someone witnessed a sudden and violent death they are more likely to:
- A. Fill in the blank spots.
 - B. Wonder if the person suffered or died alone.
 - C. Have intrusive images.
 - D. Get over the trauma quickly.
- 13) People can feel a lack of support when:
- A. They have no family.
 - B. Both A and D.
 - C. They scream and yell at friends.
 - D. They have family.

- 14) People usually react to sudden and/or traumatic loss:
- A. The exact way their parents did.
 - B. With anger, blaming and filing law suits.
 - C. By drinking and sleeping all the time.
 - D. The same as they have with previous crisis.
- 15) Which of the following can significantly influence how people grieve?
- A. The kinds of foods they eat.
 - B. At which age they learned how to talk.
 - C. How they've seen family members act.
 - D. What year they graduated from high school.
- 16) Which three factors contribute to healthy adjustment after loss?
- A. Education, normalization and validation.
 - B. Instructions, repetition and information.
 - C. Background, adaptability and courage.
 - D. Travel, moving and change.
- 17) If you witness an accident or traumatic event, your first priority should be:
- A. Counseling.
 - B. De-briefing.
 - C. Safety.
 - D. Revenge.
- 18) People should be _____ to debrief an incident.
- A. Forced.
 - B. Required.

- C. Expected.
 - D. Encouraged.
- 19) Details about the death:
- A. Should always be provided to survivors.
 - B. Should be provided if requested.
 - C. Should never be provided.
 - D. Should be provided after a reasonable period of time.
- 20) Education about sudden loss can help:
- A. Alleviate guilt.
 - B. To find closure and move on.
 - C. To understand what has happened and find peace.
 - D. Normalize and decrease intense reactions.
- 21) To validate someone's experience you should:
- A. Listen.
 - B. Educate.
 - C. Explain.
 - D. Refer.
- 22) People who have experienced a sudden and/or violent death need someone with a:
- A. Big heart, little head and long arms.
 - B. Big heart, big ears and little mouth.
 - C. Big head, little ears and big heart.
 - D. Big mouth, big heart and big ears.
- 23) THE most important aspect of validation is:

- A. Your education.
 - B. Your experience.
 - C. Your presence.
 - D. Your understanding.
- 24) Healthy self-care measures include:
- A. Drinking as much alcohol as necessary to get through the day.
 - B. Practicing a daily routine of exercise and emotional release.
 - C. Working as much as possible to not think about loss.
 - D. Selling your home and moving to another city to get a fresh start.
- 25) It is important to address complications from trauma and loss:
- A. Before or while someone is grieving.
 - B. After someone has come to completion with their loss.
 - C. Before they do anything else.
 - D. After they are done with the hardest part.
- 26) What are some methods of help for complications with nightmares and anxiety?
- A. Eat lots of carbohydrates.
 - B. Altruistic and Attitude therapies.
 - C. Chiropractic rejuvenation and mental re-coordination.
 - D. Yoga, medication and Thought Field Therapy.
- 27) Maintaining a connection with the person who died was:
- A) Just invented.
 - B) Practiced for centuries.
 - C) Discovered by Joseph Campbell.

ABOUT THE AUTHOR

Gabriel Constans worked at the Center for Grief and Loss at Hospice Caring Project of Santa Cruz County as a social worker, educator and bereavement counselor since its founding in 1977. The center provides grief and bereavement support to individuals of all ages from various cultural, economic, familial and religious backgrounds who have or are confronting various kinds of loss and death in their lives.

Gabriel has also worked as a program manager for an innovative mental health center that provided support to people that were homeless, using drugs and alcohol and simultaneously living with a major mental illness (sometimes referred to as “dual-diagnosis”).

As a chaplain in a metropolitan hospital’s emergency rooms and intensive care units he helped families cope with the sudden death or dying of family members and all the accompanying decisions and emotional trauma that ensued. He has been a member of the county crisis response team and worked with the coroner’s office by responding to school shootings, deaths, earthquakes, accidents and murders.

His work as a drug and alcohol counselor for teenagers and ex-convicts has looked at the long and short term consequences of self-abuse, crime and violence and provided a deep understanding and commitment to helping alleviate and lessen the resulting pain and suffering.

Dr. Constans has written extensively about death, loss and grief for numerous magazines, journals and newspapers in North America, Europe and Asia, including an

ongoing column on death, dying and grief for the *Santa Cruz Sentinel*, which was the only column of its kind in the country. His published books include: *Good Grief: Love, Loss & Laughter* (Helm Publishing); *Picking Up The Pieces: A program about violent death for use with middle school students* (Marco Publishing); *Beyond One's Own: Healing Humanity in the Wake of Personal Tragedy* (Xempler Press); and *Just a Heartbeat Away: When a mother dies of AIDS* (Centering Corporation).

Gabriel's doctorate is in Death Education, his Masters degree is Pastoral Counseling and his Bachelor's was in Human Relations and Organizational Behavior. He has been a guest lecturer at numerous high schools, colleges and universities throughout California and is a mental health advisor at the Santa Cruz Center for Integrative Medicine.

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