

Accommodation to Unnatural Death

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This is written for someone who has experienced the death of a friend or family member by an unnatural dying—accident, suicide, or homicide. Helpful information is included in a condensed way. This is not the place for complex theory or explicit instructions that tell you what you should or should not do. In our view, it would be misleading to promise short-term answers to something so overwhelming. Instead we emphasize that one should not be burdened by the expectation that they will quickly recover. Recovery suggests regaining who you were before the death. You will probably be changed by this event and will spend the rest of your life accommodating to what has happened; unnatural dying of a friend or family member is the sort of life change that will change you.

The Uniqueness of Unnatural Dying

When someone close dies, it is natural to mourn their loss—to think of them with sorrow and miss their presence in your life. If they died from a natural death (from disease or old age), then the dying would be understandable. One could understand what was going wrong in their body and why they couldn't be saved — and if the natural dying went on for weeks, months, or years, you would have time to adjust to what was happening. There would have been a role for yourself in the story of their dying while you tried to save them and when you and the doctors could no longer prevent death, you could say goodbye knowing you had done everything in your power to keep them alive. And they would not have died alone – you would have been there with them.

This is not the case with unnatural dying; when someone close dies an unnatural death, you not only mourn their loss but are forced to adjust to the unnatural way that they died. It is a double blow: not only have they died, but the way they died is senseless. Unnatural dying is abrupt, and traumatic and the victim was alone – separated from friends and family. There is no time for caring or a goodbye.

Unnatural dying contains other unique dimensions that make it different than natural dying:

Violence—The dying is injurious and often mutilating.

Violation—The dying is transgressive. Except for suicide, unnatural dying is forced upon the deceased who has no choice in avoiding or preventing it.

Volition—The dying is a human act of intention (with homicide or suicide) or some degree of negligence or fault with accident.

These three V's of unnatural dying (violence, violation and volition) rob the death of meaning – this is a death that never should have happened. Family members may not quietly and peacefully accept unnatural death. Even if they wanted solitude and tranquility, their surrounding community would not allow it. There will be an immediate response from the media and police whenever an unnatural death occurs. This demands a thorough investigation to document how this happened, who was responsible, and punishment that promises redemption. Unfortunately, this social response promises more than it delivers. Family members have no choice — they must cooperate with the media, the police and sometimes the courts.

Obviously this is not fair. It is already “too much” to accept such a dreaded dying. It is hard enough to remain resilient and stable without the media and police questioning — questions that often suggest that the victim was somehow at fault for what happened. Besides, these are questions you would be bound to seek answers for yourself — this is a part of the never-ending search for meaning to the dying.

Early Response To An Unnatural Death

There seem to be at least two distinct reactions to unnatural dying: the first and most primary is ***traumatic distress*** to the unnatural dying and a second, underlying response is ***separation distress*** to the loss of the relationship. To illustrate the descriptive differences, the distress patterns are listed below.

Traumatic Distress

Separation Distress

Thoughts Reenactment of dying

Reunion with the deceased

Feelings Terror

Pining and Sorrow

Behavior Avoidance of reminders of the dying
Protection of self and others

Searching

Trauma distress is the stronger and more immediate response. In the initial days or weeks after an unnatural death, it is common to avoid the reality of the dying — to be enveloped in a numbness that cannot admit to what has happened. This protective numbness is challenged by a reconstruction of the way that the person died. Often, our minds construct events in the form of a story with a beginning, middle, and an end. The story of an unnatural dying, even though it was not witnessed, may become an intense and terrifying reenactment. This reenactment story of the dying often includes the last thoughts, feelings and behaviors of the person who died. Even though you weren't there, your imagination of what your loved one experienced may become a dreaded replay or reenactment. During the initial weeks of adjustment, these reenactment fantasies may occur on a daily basis, and also recur as nightmares at night. These reenactments make it difficult to concentrate because of the accompanying terror that you and other family members are now at risk for an unnatural dying as well. It is the persistence of this traumatic story of the unnatural dying for many months that may distort your view of the world as no longer safe, trustworthy, or caring.

Intertwined with this initial response of trauma distress are waves of **separation distress**. In most instances, the permanent loss and separation from the relationship is a major disruption. A close friend or family member is an important part of your own identity and in losing them, you lose a part of yourself. It is difficult to begin accepting the finality of this loss until your mind is less preoccupied with the terrible fantasies of the dying. Acceptance of the loss will be delayed until your mind is able to calm and divert itself. Separation distress follows the realization that your friend or family member will never return as a tangible, physical presence. If you have an established religious or spiritual belief system, the permanency of this loss will be softened by the promise of continual spiritual existence and reunion at the time of your own spiritual release with death. But that belief system will only serve to soften the despair, and place it a more hopeful context. It will not allow the total denial of your loved one's "here and now" absence. Just as the mind composes stories of the trauma of the dying, so it creates stories about separation. With separation distress, the theme of the story is different from traumatic reenactment: most commonly, the theme involves an intense *fantasized reunion* with the lost person. The image of the deceased becomes a persistent figure in one's mind and there is a strong yearning for their return and a reconstructive fantasy of rescue and repair. The yearning often involves an active "searching" — to places (including the grave site) associated with the deceased and an involuntary visual scanning for their face in a crowd, or an anticipation of hearing their voice when you return home. Your mind is acutely alert for any sign of their presence and the fantasy that once found, you will comfort them and protest that they no longer put you through something so traumatic again!

Exceptions

A minority of individuals will experience little, if any, trauma or separation distress. They respond with stoicism and a grudging acceptance of this tragedy. While stoicism may be followed by a delayed response of grief months or years later, this is a rarer occurrence. Long-term study of stoic responders suggests that stoicism is a favorable sign and should not be challenged. Adjusting to an unnatural death does not always mean the acknowledgement and expression of traumatic or separation distress.

Exceptions (Continued):

Not everyone cries or struggles with fantasies. It is best to respect the uniqueness of any response and not expect that others experience what you are experiencing — especially other members of your family.

An even rarer explanation of muted or absence of distress is when the deceased was burdensome, hated, or feared. Under these circumstances, their death may be followed by a sense of relief more than distress. This relief is difficult to share with others and may cause some secondary guilt or shame because, “I am feeling relieved that this person can’t make me suffer any more.” Under these circumstances, relief is a natural feeling.

Complications

There are several factors that are associated with very intense and prolonged responses of trauma and separation distress — distress that will last for many months and will handicap functioning at work or at home:

- **Death of a child** — Perhaps the strong separation and trauma distress after the unnatural death of a child is associated with the strong care taking and nurturing assumptions that form a basis of such a relationship. The child had a vulnerable dependency upon all members of the family when they were tiny; most particularly, the parents or sometimes parent “substitutes” such as grandparents, older siblings, or aunts or uncles. Because of the underlying attachment and strong sense of responsibility for the child, their unnatural death *at any age* may cause not only intense trauma and separation distress, but a sense of somehow failing the obligation of protecting the child from harm. The persistent belief that “I somehow could have prevented this from happening” is especially intense after the death of a child.

Complications (Continued):

- **Age and Gender** — Young women (less than age 40), who lose a spouse or child, are at much greater risk for complications than young men. Undoubtedly there are sex-linked differences between men and women, reinforced by our society and culture that allow women to be more open and responsive about their distress. It is also obvious that the loss of a young woman's spouse has immediate implications for her economic security—so she may not be only distressed but poorer as well.
- **Intense Reenactment Imagery** — There are several studies that suggest that persistence of intense traumatic distress (daily occurrence of reenactment imagery or thoughts) beyond two or three months from the time of the death is associated with dysfunction and the need for treatment. The daily repetition of the reenactment story and the accompanying feelings of terror and anger will make it increasingly hard to concentrate at work or to communicate meaningfully with friends and family members.
- **Previous History of Emotional Problems** — Many studies have demonstrated that a past history of psychiatric disorder (particularly, depressive and anxiety disorders) makes an individual more vulnerable to developing complicated grief.

When Does Distress Become a Disorder?

The difference between distress and disorder has major implications for management. **Distress** refers to a nonspecific pattern of subjective symptoms of discomfort that last for a short time, have a minor affect on one's functioning, and spontaneously disappear without treatment. The majority of individuals who are coping with an unnatural death match this definition.

When Does Distress Become a Disorder? (Continued):

A significant minority of individuals who have experienced an unnatural death of a friend or family member will develop a **psychiatric disorder** within the first year after the death (estimates range from 25% for depression to 40% for anxiety disorders). Unlike distress, a disorder presents with a predictable syndrome of specific and objective signs and symptoms that last for a much longer period of time (months or years) and have a major impact on function for which specific treatment has been developed.

The two psychiatric disorders that are commonly associated with complicated grief are major depressive disorders and anxiety disorders. These disorders are defined by the process of self-report interviews and psychiatric examination. There is no objective laboratory or pathologic test that will define a psychiatric disorder. Other sorts of tests define *diseases* (like diabetes or cancer) where there are measurable, physical changes. Instead, psychiatric disorder is defined by the presence of sufficient signs and symptoms to meet rigorous criteria for the diagnosis. Your doctor or a mental health specialist needs to evaluate you carefully to see if you meet criteria for a psychiatric disorder – if so, medication may be indicated in your treatment.

Essentials of Management

There is no definitive treatment for bereavement after an unnatural death. Beware of anyone who claims certainty about what should or should not be done. Respect the uniqueness of your own response and search out the sort of support that meets your own needs. With the sensitive encouragement of family, friends, work associates, and spiritual support, most individuals will spontaneously improve. Their distress will linger for many years (particularly at commemorative times — birthdays, anniversaries, or the specific time of the year when the person died) but these responses of distress will no longer be so intense nor so preoccupying and the memory of the deceased will be more tranquil and positive.

Psychological Support

This form of assistance has the clearly defined, short-term goals of restoring one's sense of self-esteem, safety, and confidence of accommodation in the future. The essential components for support are a trusting relationship, clear and concise information about the crisis, a nonjudgmental acceptance of responses, and a realistic and reassuring preparation for the future.

Support is inherent in most families, friendships, and social and religious groups offering support during the early phase of bereavement. For most, a month or two of this intense concern and attention is sufficient, but for those who need longer term support, it is surprising to realize how impatient and intolerant the surrounding support figures can become.

Support Groups

Support groups offer free care. Most major metropolitan areas contain groups of family members and friends who meet to support one another after an unnatural death. These groups offer a particularly relevant resource in that all members have experienced the same form of traumatic loss. Members are able to empathize readily with one another. Leaders and members of the group are especially well informed regarding:

1. How to deal with the media
2. How to communicate with the police and the Medical Examiner's Office
3. How to understand the criminal judicial process
4. How to apply for Crime Victims Compensation if you are eligible.

Accurate information of this sort varies from one jurisdiction to the next, so local support groups can provide updated information that would take you countless hours to gather on your own.

Individual Psychotherapy

Some individuals remain distressed for several months after the death and are more comfortable in individual counseling. Finding an appropriate individual therapist may be challenging. A minority of therapists have been trained in the management of complicated, unnatural death accommodation. A knowledgeable therapist will recognize that trauma distress leads to more dysfunction than separation distress. The presence of recurrent reenactment imagery and feelings of intense fear are strongly associated with the need for treatment. Once treatment begins, it is this trauma distress that takes priority in management. If the individual therapist is unaware of this need, therapy may reach a sudden impasse of heightened frustration, resistance, and termination.

Family Therapy

The unnatural death of a family member may have significant impact on the relationships between family members. Since the family system is a primary source of support during accommodation, it may be helpful to have one or several family sessions. The objective of these sessions will be supportive — to allow family members to clarify how they are dealing with this tragedy and reinforce the acceptance and respect for individual differences. The entire family will be traumatized by the death. This is not the time to deal with long-standing issues of conflict. An inexperienced family therapist may create the same scenario of heightened frustration, resistance, and termination if they fail to deal directly with the shared traumatic distress.

Medications

The use of medications during bereavement challenges some commonly held beliefs:

1. Medicines will cover up the natural responses of bereavement.
2. Healing demands that any bereavement response (including a diagnosed disorder of depression or anxiety) must be expressed and transformed into mourning.
3. Interrupting this natural "healing" with medications will create an imperfect scar (a distorted grief reaction).

Recent studies citing the use of medications during the first year or two of bereavement disprove these absolute assumptions. The reader will recall our promise that we would not become imperative in our recommendations; we are **not** recommending that medications should always be considered with bereavement after an unnatural death. Their use is indicated for a distinct minority (those with diagnosed disorders of depression and anxiety) and are an addition to on-going psychotherapy. Studies have shown that medications will not supersede or replace therapy because they are selective in only relieving depression and anxiety — they have no direct effect on the distress of separation or trauma. This would suggest that the management of complicated grief reactions that did not include supportive therapy or individual therapy would be negligent and incomplete.

Prognosis

The intense symptoms of trauma and separation distress after violent death show improvement with time and support - and for those who remain highly distressed with complicated grief six months after the death mental health intervention has demonstrated effectiveness.

With time or mental health intervention, you can count on the direction and purpose of your own life continuing beyond this tragedy. Eventually you will recall the memory of your loved one without being overwhelmed by trauma or separation distress and you will view your future as meaningful and hopeful.