

Accommodation to Sudden, Traumatic Death

This is written for someone who has experienced the sudden, traumatic death of a loved one.

Helpful information is included in a condensed way. In our view, it would be misleading to promise short-term answers to something so overwhelming. Instead we emphasize that you not be burdened by the expectation that you will quickly recover. Recovery suggests regaining who you were before the death. The sudden, traumatic dying of a friend or family member is the sort of life change that will probably 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 an anticipated death (from disease or old age), 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 anticipated dying went on for weeks, months, or years, you would have time to adjust to what was happening. There would be a role for you 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 sudden, traumatic dying. With a traumatic death, you not only mourn their loss, but it is a double blow – not only have they died, but the way they died is senseless. Traumatic dying is abrupt, and, in most cases, the victim was alone, separated from friends and family. There is no time for caring or a goodbye.

Traumatic dying has unique dimensions (the 3 Vs), making it different than anticipated dying:

Violence – The dying is injurious and often mutilating.

Violation – The dying is transgressive. Sudden, traumatic 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 terrorism) or some degree of negligence or fault with accident.

These three V's of sudden, traumatic 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 sudden, traumatic 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 law enforcement whenever a traumatic death occurs demanding a thorough investigation to document how this happened and who was responsible. Family members have no choice. They must cooperate with the media, law enforcement and sometimes the courts.

Early Response to a Sudden, Traumatic Death

There seem to be at least two distinct reactions to sudden, unanticipated dying: the first and most primary is ***traumatic distress***, and a second response is ***separation distress*** to the loss of the relationship.

Trauma distress is the stronger and more immediate response. In the initial days or weeks after a sudden, traumatic death, it is common to avoid the reality of the dying and to be enveloped in a numbness that cannot admit to what has happened. This protective numbness is challenged by a reconstruction of the way the person died. Often, our minds construct events in the form of a story with a beginning, middle, and an end. The story of a traumatic dying, even though it may not have been witnessed, may become an intense and terrifying reenactment. This reenactment story of the dying includes the last thoughts, feelings and behaviors of the person who died. Even though you weren't there, your imagination of what they experienced may become a replay or reenactment. These reenactment stories probably occur in every surviving loved one immediately after learning of the dying, occur on a daily basis, and also recur as nightmares accompanied by intense feelings of remorse: "This dying never should have happened, and I should have somehow prevented it from happening." Thankfully they usually begin to diminish spontaneously, but it's the persistence of this reenactment story of the traumatic dying and remorse for many months that may distort one's view of the world as no longer safe, trustworthy, or caring.

Combined with trauma distress and remorse are waves of **separation distress**. A close friend or family member is an important part of your own identity, and in losing them, you lose a part of yourself. Acceptance of the loss will be delayed until your mind is able to calm and divert itself from the reenactment fantasies. If you have an established religious or spiritual belief system, the permanency of this loss may 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 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 conversation 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, responding instead with stoicism and a grudging acceptance of this tragedy. Longer-term study of stoic responders suggests that stoicism is a not an unfavorable sign and should not be challenged. Adjusting to a sudden, unanticipated death does not always mean the acknowledgement and expression of traumatic or separation distress. Not everyone cries or struggles with prolonged 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.

Essentials of Management

There is no definitive treatment for bereavement after a sudden, traumatic 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 spontaneously improve. Periodic distress may recur 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.

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 a sudden, traumatic death. These groups offer a particularly relevant resource in that all members have experienced a traumatic dying. Members are able to empathize readily with one another.

Individual Psychotherapy

Some individuals are more comfortable in individual counseling. Finding an appropriate individual therapist may be challenging. Not many therapists have been trained in the management of traumatic grief. 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.

Outcome

The intense symptoms of trauma and separation distress after traumatic 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.