

Death and grief are never easy to experience, but a sudden death or loss usual means that the bereaved may encounter additional difficulties and traumas than those experienced after an expected death. As well, the types of loss, such as: heart attack, stroke, suicide, accident, homicide, or other such traumatic death can effect and complicate the grief process that follows. This complicated mourning often benefits from and even requires additional support, some of it even professional.

Such death without forewarning means that the grief is not only more pronounced but also that the accompanying shock and disruption to the bereaved's normal life pattern is profoundly intensified. The stages of grief that follow and the spin-offs from such tragedies are compounded and multiplied. The feelings of helplessness and powerlessness, distorted, chronic or frozen mourning rituals, the inability to 'make sense' of the tragedy let alone effectively cope, are all examples of such accentuated and magnified reactions to sudden loss.

Such intensity is primarily due to the lack of opportunity beforehand to say farewell, resolve unfinished issues, or prepare in any way for the death. The grieving are also left with feelings of vulnerability, especially if the death were accidental or due to homicide. Likewise, the army of police, media, and the curious that descend upon the survivors is part of the immediate aftermath. Other resulting court cases or challenges, the lack of recovering a body, or a particularly brutal, horrific or disfiguring death also compound the grief.

Being aware of the various components of a sudden death can help foster some understanding. Such insight can in turn lead to a healthier coping with the loss.

There are two types of loss due to natural disaster: catastrophic weather and bodily disease. An act of nature, (inappropriately often called an act of God), such as: a tornado, hurricane, snow storm, or flood, would be examples of the former. A fatal physical disorder, such as: a stroke, heart attack, or blood clot, would be examples of the latter. With both these types of calamities there is no one to blame or hold responsible. Often God might incur the wrath of the survivors for being the 'author' of such misfortune or in the case of some ailments the victim for not having taken better care of their health.

Another type of sudden loss does provide an outside human agent to direct one's anger at. In the case of a vehicular homicide there is the person(s) who killed the deceased. Mitigating somewhat their culpability may be the degree to which they intended to kill someone; that is pre-mediated or not, purely accidental or due to reckless or drunk driving. Most deaths from car accidents are not pre-meditated and is seen differently that if the driver was under the influence of alcohol or drugs, or was deliberately driving in an abandoned and dangerous manner. Even in these instances culpability and intention are due to a variety of other factors. The same can be applied to health problem deaths. A sudden heart attack in an otherwise seemingly healthy, non-smoking, exercising person may be viewed differently than one in an obese, or physically

stagnant, smoking individual. The result is that blame may be ascribed and guilt may be directed in a higher ratio when intentionally and 'preventability' are factored in.

The circumstances involved in the way people die can be extra traumatic to the survivors. When disfigurement, suffering, rape, torture, murder or sadism are involved, the grief and trauma are accentuated. Likewise, in horrific multiple deaths resulting from a war, plane crash, murder, or conflagration, the same heightened shock and stress apply. In large number losses there is some additional support from realising that others are sharing the same pain you are. However, that pain is still more pronounced.

All suffering and grief is difficult. No two people grieve the same even over the same loss. Each stage of the grief process still must be experienced but the anger and guilt for example, over a death by suicide, will be more emphatic than over an aged parent who lived a long and productive life. Sometimes advocacy programs such as M.A.D.D. (Mothers Against Drunk Driving) or teen counselling programs about suicide introduced into schools can result. In this way anger, grief and victimisation may turn into a proactive involvement and feeling of empowerment. Skilled counsellors and professionals are often the best assistance that can be offered as well as ongoing group support. Appropriate intervention with the survivors at the time of the traumatic deaths must be followed up with skilled post traumatic grief counselling and support. All too often the first may be done and even done well but the follow-up may be poor or negligible.

In sudden deaths where a survivor is actually involved, i.e. a car crash in which the survivor who is the driver lives, while his loved one dies, there can be even greater psychological stress and complication. The bereaved may blame themselves for the accident (whether objectively true or not). The "if only I had ...." statements run rampant here and guilt and blame can become self-directed and hence impede the natural grief process. Likewise, in an airline crash or multiple murder, one family member survives while all others perish, the same type of scenario exists and the questions usually start with "why me" or "why them".

In the case of mutilation, drowning, disfigurement, rape, or fire there are the additional traumas associated with finding such a body or viewing the deceased for purposes of identification. Such sensory images of sudden death become imprinted on the bereaved's mind and heighten the traumatic effect. Likewise, they can produce flashbacks or reoccurring nightmares, thus, again adding to the level of stress and complication in the grief process.

It is most important as well, to realise that the objective reality surrounding the circumstances of a sudden death, are not as important as the survivor's own perception. It is this perception from which the grief work begins and prudence must be exercised by care givers in introducing other objective focal points. Some will deal with the issues quite well but others may have great difficulty. It is also important to accept that all questions may not be answered and indeed, accepting the unknown may be a requisite of our healing.

The bottom line is that the survivors of sudden loss need professional and long term help. The earlier the intervention and more skilled the care-giver, the better will be the survivor's personal grief therapy journey. As well, the ongoing supportive counselling and group support are invaluable. Indeed, a poorly delivered care-giving or the lack of adequate follow-up can adversely impact on the mourner and even append additional issues to confront. The element of trust and confidentiality must be a given in the relationship between care-giver and survivor. Likewise, care-givers need to be aware of the impact of supporting the bereaved of sudden loss can have on them. There are even special debriefing programs and support groups for them available. Within the support and assistance you receive, remember to include your faith resources. No matter what belief you hold, prayer, meditation, and the support of one's belief community and clergy can be invaluable. Perhaps, one's best solace might even be found within these realms.

### **Community Resources**

Depending on your locale, some support sources may not be present. A family doctor, mental health centre, hospital, social worker, counsellor, clergy or your funeral director can assist you with an appropriate referral in these cases.

ARK - Counsels children and teenagers who have experienced the loss of a parent through death or divorce

COMPASSIONATE FRIENDS - Supports parents who have lost a child

HOSPICE - Supports the dying person and their family, before, during and after a death.

M.A.D.D. - MOTHERS AGAINST DRUNK DRIVING - A support group for those who have lost someone through the trauma of a vehicular accident in which alcohol was involved.

SUICIDE SUPPORT GROUPS - Check the phone book or your mental health centre for these.

### **Suggested Reading**

There are many books available on a variety of topics dealing with death and grief. The following are a few of my favourites.

Doka, Kenneth J., Living With Grief After Sudden Loss, Hospice Foundation of America, 1996.

Kushner, Harold. *When Bad Things Happen to Good People*. New York: Schocken, 1981.

Leviton, Daniel. *Horrendous Death, Health, and Well-Being*, Hemisphere Publ. Co. , 1991.

LORD, J., *No time for good-byes: coping with sorrow, anger and injustice, after a tragic death*, Pathfinder Publ., 1986.

Redman, L. *Surviving: When Someone you loved was murdered*, Psychological Consultation and Education Services, 1989.