NO CHANCE TO SAY GOODBYE: TRAUMATIC BEREAVEMENT AND ITS MANAGEMENT

INTRODUCTION

The aims of this video are:

- To help people understand the reactions of people experiencing a sudden death;
- To identify factors that differentiate the grieving process after sudden death from that following an expected death;
- To enable people to provide relevant help from the earliest stages onwards;
- To increase awareness of the stresses that professionals face in helping someone through the aftermath of a sudden loss and to suggest ways of mitigating these.

Sudden death has many causes. The video 'shows' the effects of a fatal heart attack in a seemingly fit and healthy person; an accident; a murder and a suicide.

The very unexpectedness of sudden death means that people have had no opportunity to prepare. There can be many extra burdens imposed when they are suffering from shock and other initial reactions. This is a time when they are at their most vulnerable. Among these extra stresses they may be involved with identifying the dead person, who may be mutilated in some way, and this memory can haunt the survivor day and night. Sometimes a post mortem will be necessary to establish the cause of death (See Appendix C).

Additionally in many cases the police will be involved and may need statements. Being questioned and cross questioned - particularly if the police believe the survivor is implicated in the person's death can be as traumatic as the event itself. Attendance at court as a witness can be an extra stress.

If criminal proceedings are involved it may be a long time before the case comes to court - creating a state of 'limbo' for mourners and even worse, where no-one is apprehended, the 'limbo' can carry on

indefinitely. At times, criminal proceedings may centre around a relative or previous family friend.

In the meantime any 'unusual' death will have gained media attention. For many this will be unwanted publicity, for others the opportunity to speak of the person's special qualities and to reminisce.

COUNSELLING AND SUPPORT

Following sudden death/traumatic bereavement help ideally should be available immediately, which will commence with the breaking of the news if the person was absent at the moment of death. How the person is told, how they are cared for immediately afterwards, can ease their pressures and will remain an unforgettable memory.

Those interviewed recall both good and bad practice. At each stage sensitive caring can lessen traumatic effects. Appropriate early sustained counsel and support can ease the grieving process and particularly lessen the likelihood of Post Traumatic Stress Disorder.

But this video is not solely concerned with grieving relatives and the offer of appropriate support but also challenges trainers and managers to address the needs of the wider community and professionals -hospital accident and emergency staff, the police, other professionals. Their needs are not intrinsically different from the primary mourners. They, too, need the opportunity for debriefing, for counselling where particular personal problems have surfaced, to be recognised as human beings with feelings (how ever tough they are trained to be) and not to be victimised in terms of promotion when affected by a trauma.

Trainers need to be aware that this video may well trigger painful personal memories. They should prepare participants for this possibility and provide permission for them to express emotion or if too stressed to leave the room.

IMMEDIATE AFTERMATH

AIMS

• To enable people to understand the early decisions and legalities required after sudden death.

• To appreciate the possible emotions experienced.

• To be aware of the continuing basic requirements ("the 5 't's" - tears. tissues, talking, telephone, tea)
Show the whole video

Exercise

• If you have sufficient time get people to work in groups of 4 or less and to draw a flow chart of what is involved for each of the 4 families represented in this video. It is probably easiest for each group to have a number of strips of paper about 50cm by 16cm and to write the name of each professional or potential support on a separate strip and then to place them in an appropriate order. If you are limited for time get each group to work on a different situation.

• In the full group stick them on the wall and discuss any issues the group raises.

Exercise

• Ask each person to imagine they are Heather (David's wife). Think through and list the issues with which she was confronted in the first 24 hours after her husband found Tessa's body.

Exercise
• In pairs decide on ways in which she could be helped. **Exercise**

• In pairs role play selected issues from the list and the ways the group decided she could be helped. List key principles.

During these exercises ensure that participants remain aware of the psychological needs of "survivors' - supportive listening, freedom to keep talking over the event, recognition of their suffering, ministering to their sense of and control, expressing their feelings of guilt and rage. providing useful activity, supplying as much information as possible. meeting their physical needs.

POST TRAUMATIC STRESS DISORDER

From Dr Colin Murray Parkes Counselling in Terminal Care and Bereavement 1996.

The term **Post-Traumatic Stress Disorder** (or PTSD) has received a lot of attention in recent years, because unlike pathological grief, (which is contained in other categories), it has been deemed to be a psychiatric illness in its own right and sufferers can appropriately be referred for treatment to a psychiatric service.

The essential feature of PTSD is the existence of haunting memories or images of the traumatic event which intrude on the mind of the sufferer and evoke severe anxiety or panic. This is so unpleasant that it causes the sufferer to attempt to avoid all situations that might bring the traumatic event to mind. There are many bereaved people who have minor degrees of PTSD without meeting all the criteria for a psychiatric diagnosis. Many of these will benefit form counselling without the necessity of referral to a specialist.

Intrusive memories are so common after bereavement as to be almost the rule rather than the exception. The only difference is that, whereas in PTSD these memories are dreaded and avoided, in typical grief they are cherished and treasured. Sudden, unexpected and untimely deaths. especially if the survivor was present at the time, or if they too were in serious danger, are particularly liable to give rise to PTSD.

The key to treatment seems to be to help the sufferer to get back a feeling of being in control. They will do this, not by fighting against the thoughts and feelings, that just makes them worse, but by choosing to think about them and thereby regaining control of them. A clear example is the treatment of recurrent nightmares of the death which recur partly <u>because</u> people go to bed dreading them. The bereaved need to be told that, while they cannot prevent the dream form occurring they can influence how it will end. Having thought up a less horrifying end to the dream, they will usually find that this puts them in control and enables them to stop dreading the dream. When they stop dreading it, the dream itself will stop recurring.

The treatment of intrusive memories is similar to that of recurrent dreams. The sufferer needs to discover that attempts to force such memories out of consciousness are doomed to disappointment. But by deliberating thinking about the memories one can bring them under control. One way of doing this is to go over the memory of the event again and again until the feeling associated with it begins to change. This relies on the fact that if we repeat anything often enough it becomes boring. Once the feeling has changed the bereaved can put the memory aside without it returning. This will not permanently solve the problem, the memory will certainly return again, but at least the bereaved person now has something that they can do about it and this increases confidence and leaves them more in control.

MURDER AND MANSLAUGHTER

NOTE: As special counselling help is available to the immediate relatives of a murder victim these exercises will focus on the other relatives, the community and the professionals involved.

AIM

• To help people identify particular issues raised with this type of death.

Exercise:

• Ask people to identify the facets of death which are intensified in these circumstances. List them on a sheet or if you have completed the exercise on bereavement reactions you may like to add / highlight that list.

• Play the video component featuring David.

In Australia, the United States of America and Great Britain, support services for relatives have considerably improved. You will find it helpful in all cases to find what is available locally. If there is little or nothing you may like to devise an exercise about providing the help David needed and identify appropriate sources of that help.

In cases of murder local community leaders often carry a heavy burden of availability to both members of the community who knew the murdered person and/or the murdered and to the family. (In 1989 some 70% of murderers were intimately connected with the family).

David's family lived on an owner occupied estate, where the murderer also lived with his parents. The majority of youngsters went to the local school and the headmaster was a non-stipendiary priest (i.e. unpaid) servicing the local parish as the post of Vicar was vacant. Tessa had only left school some 15 months previously.

Exercise

• Ask the group to list the headmaster / priest's tasks, the stresses and strains that he was likely to experience and the issues he would need to keep in mind (eg if the funeral was delayed whether / when it would be appropriate to suggest to the family the holding of a memorial service in the meantime)

• If group members have done the exercise about local community resources they could individually consider the names on that list and identify individuals / groups who might be able to unobtrusively offer support to themselves or the community leader.

Unfortunately, it can often be some time before the murdered person's body can be released, and on occasions a body may never be found. People, relatives, friends, community can them be helped by devising some kind of memorial.

Exercise

• Ask people to share examples of memorials that they know. List them and discuss how they might be used or adapted for different circumstances, eg. a memorial service may be inappropriate where religion has no meaning to those concerned. Some families like to make some sort of permanent 'shrine' to the dead person. For instance this could be to plant a particular shrub or designate a piece of garden for the purpose.

POST TRAUMATIC STRESS DISORDER

AIM

- To increase awareness of Post Traumatic Stress Disorder and ways of responding appropriately.

"The combination of sudden, unexpected horrific and untimely death may be expected to overwhelm the family and lead to lasting psychological problems including inducing PTSD. Avoidance of reminders and depressive withdrawal can lead to social isolation which aggravates depression and lack of trust. It may cause people to turn away from sources of help, angry outbursts may further alienate others and feelings of guilt may lead to self punitive behavior. It can be no surprise that most of the families bereaved by murder saw themselves as stuck in a rut from which they could not escape. By the same token it was important for me not to be drawn into this maelstrom so that I too felt overwhelmed. By adopting a slow and gentle approach insisting on dealing with only one problem at a time maintaining a calm but caring attitude, and by allowing the bereaved to choose an agenda it was usually possible to create a safe place in which the bereaved could gradually begin the process of reviewing and building their lives" Parkes C.M. (1996. 3rd edition) *Bereavement: Studies of Grief in. Adult Life.* Routledge. London.

Play the video asking people for people to watch for symptoms of PTSD expressed by the participants.

Exercise

- Ask participants how they would define PTSD and give examples from the video. List these.
- Discuss and list a variety of 'alternative endings' from each example.

Exercise

- In groups of 3 (clients / counsellor / observer) role play some of the problems together with alternative endings.
- After each one, ask people to debrief within their group and discuss the appropriateness of the counsellors approach, before moving on to another problem and changing the roles, (with people inexperienced in dealing with PTSD we suggest you start with simpler problems (eg high winds) and then move on to more difficult memories)
- When everyone has had at least one turn in each role, discuss in a full group what has generally been difficult / easy. helpful / unhelpful.

SUICIDE

The families of suicides often blame themselves and may feel socially stigmatised. On the other hand. according to Cleiren (1992) 50% of suicides have been anticipated so we should not expect all to be equally traumatic. His comparison of people bereaved by suicide, road traffic accident s and long illnesses indicate that road traffic accidents caused the most sever depression with suicide second and long term illness third. Those bereaved by suicide were most likely to feel guilty and to wonder what more they could have done but this was seldom a mqfor problem. On the whole parents of suicides suffered more than spouses (who tended to become depressed and to withdraw during the first four months but recovered sooner than the bereaved parents). Parkes C.M. (1996. 3rd edition) Bereavement: Studies of Grief in Adult Ufe. Routledge, London.

AIMS

- To identify particular issues for people bereaved by suicide.
- To recognise the effects suicide has on the wider community including friends, relatives and employers.

Exercise

- Ask the group to suggest particular reactions of friends and relatives bereaved by suicide may face. List them on a flip chart.

(We have listed some in Appendix B but you and the group should be able to think of more. Not all suggestions will apply every time.)

- Play the video interview with Jane Cooper.
- Whilst Jane felt that she did not experience particular problems with her parents' decision to end their lives this may not have been true for neighbours and those friends providing day to day support.
- Because her parents had lived in a rural community, the numbers of people affected by their suicide is probably greater than when someone commits suicide in a large town or city.

Exercise

- Draw a large circle on flip chart paper, inside draw a small circle in the centre and write Jane's parents inside it. divide the large circle into three 3 segments. In one segment list family members, in another segment list friends and community members, in the third segment list the professionals. As far as possible write the names of those most affected nearest to the centre and those least affected towards the edge.

- The extent of external support is one of three factors in helping someone resolve a bereavement crisis.

- In this case there was probably a key person in her parents' community to whom people will turn - the parish priest, a G.P for example.

Exercise

- List the ways the various members of Jane's parents' community may have reacted to her parent's suicide and then discuss how people could have helped each other.

NOTE. These exercises would also be valuable in respect of reactions to sudden death, murder and road accident.

The first exercise is better done **BEFORE** showing the video as otherwise participants may be unable to think more widely than issues raised by the person you present.