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CHAPTER 13

EMOTIONAL RESPONSES TO UNEXPECTED LOSS.

A sudden and unexpected death is the most stressful experience that anyone must endure.

Common feelings include: guilt, depression, anger, bitterness, and anxiety. Some even feel some sense of relief. Others feel suicidal. Almost every aspect of one's life is impacted.

For many of our clients, the feelings of guilt are particularly strong. "If only …" is a strong theme in these wrongful death cases. If only I had gone to a different doctor, if only I was driving more cautiously, if only … . Many times, our clients also suffer from post-traumatic stress disorder, in which they personally experience significant fear and anxiety.

Worse, in many of these actions, the defendants focus upon identifying all the possible things that the decedent or the loved ones might have done wrong. The defendants will seize on just about anything that they can to diminish their responsibility and they will stoop to any level. In cases of children killed or injured,

the defense spends significant time trying to spear the character of the parents. In cases of medical malpractice, the defendants will always argue that it was the decedent's fault for failure to disclose a fact or condition. Needless to say, this causes the family further pain and anguish.

So, how should one deal with this pain, anger, guilt, etc.?

There is no "one way." Rather, there are many different ways.

A. There is no Magic. Grief Takes Time. Be Prepared to Respond Unexpectedly.

How one will respond to the situation is unknown. We know that grief takes time. At one point in time, the DSM, the diagnostic manual for mental health practitioners, determined that one could not be diagnosed as being clinically depressed if grieving for less than one year. Many religions also consider the mourning time period to be at least one year.

The response to grief comes out at unexpected times. One can feel just fine the whole day and then – wham – one feels terrible just one second later, or feels angry, etc.

There are a few things that I can share from my observations. First, my clients and my clients' families do get better over time. I am always amazed at the transformation of my clients. Needless to say, when I meet them, they are facing the worst crisis of their lives. They are utterly lost, confused, angry, and sad all at once. Yet, at the conclusion, they have returned to some enjoyment of life. They often find an inner strength to return to a life worth living, taking care of their families, and thriving.

Second, there is no secret or magic that allows one to feel better faster. While there are strategies and approaches that can be

helpful, there is no quick or easy fix. It typically takes at least one full year for most individuals to return to normalcy after a significant loss.

B. Some Suggestions to Take Care of Yourself

You need to take care of yourself.

At the beginning, just eating is difficult.

Likewise, normal sleep patterns are abnormal. Either one sleeps too much or too little.

You will need to determine how to take care of yourself now that your life is changed. This will be difficult. Yet, even more difficult is to find some time to take care of yourself.

One of the best things that you can do is go for long walks, thirty to forty-five minutes at a time, four to six times per week. Make sure that you can find a place where you can be left alone. Studies repeatedly show that walking helps to restore the body's natural daily balance, releases brain endorphins, helps improve circulation, and helps the healing process. In fact, simply walking has been shown to be more effective than taking antidepressant medication.

Also, keep and maintain a journal. This is not a diary; one does not need to write in it every day. Rather, it's a journal that keeps track of your thoughts, concerns, and ideas.

Of course, journaling and walking can also be painful, constant reminders of the loss of the loved one. However, I always suggest that clients keep journaling and walking. Eventually, it helps.

C. Know the Five Stages of Grief Model

At one point in time, it was believed that everyone grieving must follow the five stages of grief: denial, anger, bargaining, depression, and eventually acceptance. While we now know that not everyone must go through the states, the model is still helpful in understanding the grieving process.

The five stages[19] are:

Denial. While one understands, intellectually, that the loved one has passed, it is often difficult to believe emotionally. To a lesser degree, this is the phenomenon of turning to the loved one to tell them something that happened that day, momentarily forgetting that they have passed.

Anger. Being angry is one of the most common feelings. Family members are angry. Their feelings are raw. The anger can be directed in various directions. The anger is often directed towards the loved one who died. Many times, the family members ask "how could you have left me with so many responsibilities?" Sometimes the anger is directed towards oneself. Sometimes, people are angry at God, asking how a God could allow this to happen.

Bargaining. This is a type of wish fulfillment, when one attempts to make a type of grand bargain, agreeing to forgo something in exchange for bringing back the loved one, such as, take my life in place of my loved one. This is the constant replaying of the event in one's mind, trying to correct the wrong.

Depression. It's normal to feel extreme sadness when a loved one dies. Often, part of the mourning process is the complete

19 The original author of the five states was Elisabeth Kübler-Ross, MD. in her 1969 book, On Death and Dying.

lack of energy to take on the daily tasks of living. It can feel like life is not worth living. One can feel like not taking care of their children, and sometimes, not even feel love for their surviving children or other family members. Sometimes, the depression can last a very long time, and go really deep. Suicidal thoughts are not uncommon, but repeat focus on suicidal thoughts does require intervention. More on this topic below.

Acceptance. This is the stage when there is an emotional understanding of what has occurred, and the beginning of the willingness to pick up the pieces and continue to live.

One of the great values of this model is the understanding and appreciation that one can move between different stages, or experience multiple stages at one time. Acceptance can merge into depression then into anger, into bargaining, and back to acceptance.

D. Watch Out for Harm: Suicidal Thoughts, Obsession and Planning

It's ok and normal to be extremely sad, to have fits of crying, anger, and rage. It's ok and normal to feel overwhelmed and lost. It's also ok and normal to think or have thoughts about suicide.

However, you must pay attention if you are continually thinking about suicide, or if you start making up very specific plans to commit suicide. The more specific the plans, the more troublesome this is. Likewise, you must pay attention if you are feeling like injuring third parties, particularly, if the third parties are children. **If you are feeling any of these ways, you must get help immediately.**

- Call 911 or report to the nearest hospital emergency room;

- Call the National Suicide Prevention Lifeline at 1-800-273-8255 (TTY: 1-800-799-4TTY);
- Call your clergy, priest, or therapist;
- Call a friend or family members.

These folks care and can help if there is an emergency.

E. Trust Your Lawyer and Appointment Setting

Litigation is stressful. There are many strategies that can be helpful in managing the stress. Below, are two approaches that have worked for many of our clients.

First, let your lawyer do the worrying about your case. If you have done a good job selecting your attorney, and your attorney has earned your trust, then letting your attorney worry about the case eases your burdens. Know that litigation takes a long time. There are various fits of starting and stopping, and other periods of time where the pace of the case seems incredibly fast. By letting your attorney worry about the case, you can then focus on more important things like your family and friends. To understand the time parameters, please see the different phases of litigation in Appendix 2.

Second, we often encourage clients to make appointments with themselves to think about what happened and how they are going to deal with the case. I often suggest starting to make appointments every other day, at a specific time, say between 1:00pm and 2:00pm. Then, when the time comes, spend time thinking about all the scary stuff for the entire hour. Sit with the feelings, write them down. Then, at the end of the hour, stop.

When the worry feelings return, remind yourself that you have a special time for the worry and try to stop worrying. Hold

off until the next appointment. This is difficult, but eventually, you can gain control over your thought process — in which your worry and concern are managed. Combining this approach along with walking, and even better, vigorously exercising, can be particularly helpful in dealing with your new circumstances.

F. Get Support

As a preliminary note, "support" does not mean "psychotherapy". Nor does getting support mean that you are mentally ill.

The simple truth is that you have gone through one of the worst possible tragedies any human is forced to endure and you or members of your family may need special human contact to help.

Children, particularly, need assistance to work through these issues. There are wonderful organizations and individuals who are willing to help. There are many good resources at religious institutions. For many clients, they actually find they become closer to God and more spiritual, as they wrestle with feeling angry and betrayed

Likewise, a lot of people benefit from religious- or non-religious-based grief work. If, for example, the loss was due to a sudden catastrophic event, such as a motor vehicle collision, many folks will benefit from cognitive-behavioral therapy, which helps to get symptoms of anxiety and stress (i.e., PTSD) under control.

For others, group-based grief experiences – sitting with others who has suffered similarly – can be helpful. There are many great resources on the Web. Some of our favorites include: www.griefshare.org and www.goodtherapy.com.