
Sudden Death In Disasters And Transportation Accidents: A Guide To Survival For Family Members And Friends

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Abstract

Revised and printed from an earlier version that is posted at: <http://ourworld.compuserve.com/homepages/johnweaver/> I am uncertain of the original author of the document upon which this has been based. Several years ago I received a copy of a similar document, but it had no author or source reference. After receiving it, I extensively edited and expanded it. I then shared it with survivors and with other mental health workers, many of whom are Red Cross Disaster Mental Health Services volunteer leaders. Based upon the feedback I received, major revisions were made and it is now in use in several places. To learn more about the American Red Cross or to donate to the Disaster Relief Fund, please call your local ARC chapter or this toll free number: 1-800-842-2200

Someone you love has died. It is an understatement to say that your life has been changed forever. Your pain and perhaps anger are deep and it will be a very long time until you can resolve the strong mix of feelings you are now experiencing. Getting from where you are now to a point of resolution about your loss will take a great deal of hard work and determination on your part, as well as the support of one or more caring listeners.

Right now, there is a flood of thoughts, emotions, and reminders of the person(s) you lost. You should expect to have crying spells, mood swings, sleep difficulties, and troubling memories and dreams. This painful array of feelings and reactions is often so intense that people may wonder whether they are losing their minds. All of this is actually a normal part of coming to terms with a traumatic loss like this one.

You may have had a previous experience like this earlier in your life, having suddenly lost someone close to you. If so, you will be able to use what you learned from that

experience to help you handle this one. Each of us must ultimately resolve these horrendous life experiences in our own way.

THE MOST COMMON FEELINGS OF GRIEF

The process of mourning the loss and healing the emotional wounds from such an event generally takes at least one year and, in most cases, it will continue for several more years. It can require even more time if mourning is complicated and delayed by the stress associated with any related issues (e.g., lawsuits or criminal trials). The following information is offered to help you better understand some reactions you may be having now and learn a bit about the reactions you may face in the future. Much of this may not make sense to you right now, but keep it handy and refer to it whenever times are tough. The messages will gradually become clearer as you experience typical stages in the healing process.

SHOCK

In the beginning, most people feel a profound numbness. Some liken it to being in a fog. This numbness may actually be helpful to you. It allows you to make the necessary arrangements for the funeral and handle other immediate duties.

MEMORIES, TURMOIL, AND DENIAL, AND GRIEF

When the fog clears, most people's emotions fall into a state of turmoil. You may have flashbacks of the moment you were notified of the death, or of the last time you saw your loved one alive. Little things like everyday sights, sounds, and smells will occasionally trigger both good and bad memories of the lost loved one(s). This may continue to occur months or even years after the death. You may dream of your loved one, or believe that he or she will soon walk

through that door. Part of you will deny that your loved one is dead.

At first, you may experience spasms of grief and find yourself crying as if you cannot stop. The spasms gradually will become farther apart. You may have panic attacks and feel afraid for your own life or the lives of other family members and friends. You may be filled with restlessness and unable to concentrate on anything. Your appetite may change. You may also be unable to sleep at night or you may have a hard time getting out of bed in the morning to face another day.

GUILT

Each survivor lives with What-ifs? and has questions like: Why did I let them go?; What if I had been with them?; and Why didn't I act differently at our last moment together? This is a normal reaction. Please remember that no one can predict the future or recreate things into what might have been. Adults know that we cannot change events that happen. Children often feel that they themselves have actually caused the terrible event by their actions and thoughts, regardless of how irrational that thought might be. Adults stressed by traumatic events often dip back into childhood thought patterns. It is likely that your guilt feelings are based here.

ANGER

Anger can be both frightening and motivating. Sometimes it may feel as if anger will overwhelm you. It may be directed at the system, an agency, a carrier (e.g., airlines), or even close family members and friends. It is also common to be angry with God. Once people recognize and admit their anger, they may feel guilty about it. The anger is another completely normal feeling experienced by survivors.

Be careful to avoid letting this event become an excuse for child abuse, spouse abuse, substance abuse or other forms of behavior harmful to yourself or others. Anger may immobilize you or move you to relentless activity. Either way, it is a natural reaction to sudden, severe loss. Your anger probably will never completely go away but, with time and support, you will learn to manage the anger. You may even find that it is helping you take back control of your life.

REVENGE

For the first time in their lives, many survivors find themselves thinking of ways to get back at _____ for their loss. Understandably, some people are deeply disturbed by

this emotion. This is another thing that can cause you to worry that you are losing it (going crazy). This is generally a normal reaction. Counselors of survivors find that almost every person they work with thinks about revenge. Having these feelings does not mean you are going to act on them.

Some people will tell you that wanting revenge is unhealthy and that the only way you can find peace is to forgive. If forgiveness is in your heart, fine, but do not allow people to place unnecessary guilt on you if you do not feel forgiving. Chances are they have never been through what you are experiencing.

DEPRESSION

As the reality of the death sinks in, depression usually is not far behind. The world may seem to lose meaning for you. Activities that you once enjoyed may now seem like a burden. You may feel as if there is little point in going on, or you may want to avoid contact with others.

During all of these phases of mourning you will need to keep talking with someone you can trust, a person who is non-judgmental and has a listening ear. This may be the only way to keep from getting stuck in one phase. Don't be afraid to get some counseling if you feel more support is needed.

SEEKING INFORMATION

Factual information is a critical need for family members and close friends following a fatal event. You will likely want to know the specific details surrounding the death of your loved one. You will likely not find answers to all of your questions. While you will initially find yourself focusing on the most minute details, as you begin accepting your loss, this obsession will diminish.

Look to the agencies responding to the disaster as sources of factual information. For example, the transportation carrier (e.g., an airline) and the lead government agencies that are involved in a transportation accident (e.g., the National Transportation Safety Board) will provide the facts as they become available. The coroner can provide information in other situations.

SEARCHING FOR MEANING AND UNDERSTANDING

You will probably experience a great need to understand why this tragedy happened. In your search for understanding, you may feel the need to know everything there is to know about what happened, where it happened,

etc. Visiting the area where the death occurred helps many survivors process the event. After some time has passed, you may decide to become an advocate, working to prevent similar tragedies from happening in the future.

MEDIA ISSUES

There may be lots of media coverage. The best approach for you is generally to avoid paying much attention to it - the media reports many things that are sensational, but are not always factual. The media may invite you to talk about how you are feeling to educate others about trauma.

You may be tempted to take part in radio or TV interviews during an early stage of your coping. Be aware that some others who have done so in similar situations have later regretted having participated in this way. Why? At the time they were accepting the media interviews request(s), they did not realize how media edits can sometimes change the intended tone and meaning of their words. Also, once something emotional is captured by the media, it tends to be replayed over and over again, sometimes for years to come, and this can be tough to live with as you try to put things behind you.

COPING WITH THE REACTIONS OF OTHERS

You are now painfully aware that most people in our society struggle to insulate themselves from feeling vulnerable to injury and death. Know that it will be very difficult for acquaintances and strangers in your daily life to be comfortable putting themselves in your shoes now. Many individuals struggle to deal with bad things that happen to others, often using humor as a defense. You may become aware (in a new way), of the tasteless jokes that often circulate after a tragedy.

Another common reaction of acquaintances and even friends is to try to manage or criticize your manner of reacting to this event. The fact is that each of us is an individual. We like different foods, wear different clothing, and choose unique lifestyles. It stands to reason that, at the most painful times in our lives, each of us will grieve in our own way. How we choose to grieve is determined by things like our heritage (including religious, cultural, and family issues that we have learned), our society's views of death, and our individual personalities and beliefs.

FAMILY

When a tragedy happens to a family, you might expect it to pull the family together. This is not always the case. It is not

unusual for counselors to see families separate, both physically and emotionally, following a major stress like this kind of sudden loss. At a time like this, communication is very important. Work hard to express your feelings within your family and with your supportive friends. Seek counseling if you realize that communication is breaking down and you and your family are unable to improve it by yourselves.

FRIENDS

When you hurt, you often turn to people outside your family who have always been there for you - your friends. But, can they be there in the way that you need them a month, six months, or a year after the death? Often, they have gone back to focusing more on their own lives, even though you still need to talk.

If you bring up the death (or the circumstances surrounding it), they may change the subject. Many people do not want to listen to the details of a tragedy, although it is very important for survivors to continue to talk about those details. It is tough for many people who have not been through it to talk about something this frightening. They may fear they will not say the right things or they will not be good listeners on a subject that is so emotionally charged. They may also feel hopelessly inadequate. Remember that the loss of your loved one(s) probably hit them with the stark reality that, if this happened to you, it can just as easily happen to them, turning their world upside down, just as it has done to you.

You may notice that people you have known for years now avoid you on the street or in a store. Your coworkers may avert their eyes and not see you, as though you have suddenly become invisible. This is because they usually have no idea what to say and they do not realize that, for you, this feels like rejection. This, in turn, adds to your grief because now you feel that you are losing your closest circle of friends, in addition to the person(s) who died.

This problem can be faced in a variety of ways. You can write these friends off and stop seeing them altogether. You can continue to have contact with them but avoid the subject that you most need to discuss. You can raise the issue directly with your friends and try to deal with it openly and honestly with them. You can also add to your circle of friends by spending more time with people who can respond to you in sensitive and helpful ways. Talking with survivors who have been through similar events can be extremely valuable because they know how important it is to talk about

the experience rather than avoid it. They can also identify with what you are going through because they have been there, not in exactly the same way, but enough to reassure you that what you are experiencing is normal and not crazy.

COPING WITH BIRTHDAYS, HOLIDAYS AND OTHER SPECIAL TIMES

Holidays and other special days like anniversaries, birthdays, etc. can be very difficult. This is especially true during the first year following the death. These days usually are steeped in traditions and customs created by families and meant to be shared. When a member of the family is no longer there to share a cherished tradition, the special day often becomes a painful reminder of the loss, rather than a time of joy.

The first time you experience holidays or other memorable occasions after the death, it may seem to be a nightmare. Gifts that once were ripped open immediately may sit for days. Thanksgiving will seem to be a hollow sentiment as you find yourself asking What do I have to be thankful for? New Year's Days and birthdays, which formerly were times to celebrate another year of life, are now disturbing reminders of death.

It will be helpful to plan to include your lost love one(s) in each occasion in a very deliberate way. Evoking their memory by creating a toast to them, or a prayer in their honor; by imagining for the group what they would be saying or doing were they still among you; and by acknowledging their ongoing presence among you, although in a different way now.

You may find the need to develop new traditions. For some, a trip out of town or going to someone else's home at holiday time can be helpful. For others, buying a gift for someone less fortunate and doing so in the name of the lost loved one(s) provides some relief. Making birthday donations to charitable organizations, in their name, or creating some similar, new traditions, is often a meaningful way to channel some of the feelings at these difficult points in the year.

There is no simple rule to follow on how to get through these especially rough times. You will grieve and you must allow yourself enough time to do so, in order to heal.

EPILOGUE

The rest of your life is the epilogue. Your life has been permanently changed by the untimely loss you have suffered, but you need not be psychologically damaged by

this trauma. It is OK to question who you are and what is to become of you. You will see things differently than before. You will sometimes be more irritated by little things in life. Your faith and your view of humanity may be shaken. You may find it impossible to trust strangers, even those who may genuinely be trying to offer help. You may feel that nothing having to do with the survivorship paperwork (e.g., insurance claims, damage settlements or other legal issues, etc.) is working out in your favor. You may also question your rights and who can best advocate for you. Other times, you'll be amazed by things that formerly would have seemed catastrophic and now seem insignificant in comparison to your loss. You will have a much clearer notion of what your priorities are. You will feel you've been through and survived the worst that could happen. You will continue to find joy in treasured memories of your loved one(s).

Although the process is slow, most survivors heal and return to living their lives to the fullest. Meaning gradually returns to the daily activities of survivors' lives. Try to keep a positive attitude. Keep yourself as busy as possible. Do some fun things and be good to yourself. Take part in events with family members and/or friends. Become involved with group activities with others that share your interests (e.g., singing in a choir, taking bus trips, or doing some volunteer work). Spend some time and energy arranging these kinds of activities. Getting out and doing things will help the time pass. Many report it allows them to begin to experience some happiness they would otherwise miss.

Some day, when you look back, you will find that most people did stand by you and support you. You may also find that you've become more sensitive to the pain of others struggling with similar issues. You have also learned ways to survive the pain and loss. Many survivors join others in doing volunteer work and offering support to those with similar burdens. This may be an activity that will help you to heal while also helping others in their journey toward healing.

ABOUT THE AUTHOR

John D. Weaver, LCSW, BCD, ACSW, CBHE, is a Casework Supervisor (and the Mental Health Disaster Response Coordinator) for Northampton County Mental Health and works as a part-time therapist for Concern, both in Bethlehem, Pennsylvania. He is a member of the Adjunct Faculty of DeSales University's ACCESS Program (Center Valley, PA), where he teaches undergraduate social work courses. He has served in a similar capacity with Marywood

University's Graduate School of Social Work and the Psychology Department of Northampton Community College, both in the Lehigh Valley, PA. In addition to his direct-service work, noted above, Weaver is a founding partner of EYE OF THE STORM, Inc., a private consultation and education group practicing specializing in disaster mental health, crisis intervention, and risk management related training and support. He served as a DMH consultant to Operation Help (the FEMA crisis counseling grant program in PA resulting from the January '96 blizzard and subsequent flooding, FEMA-1093-DR.

Weaver received his undergraduate degree in Psychology from Moravian College, Bethlehem, PA and his Masters Degree in Social Work from the University of Pennsylvania, Philadelphia, PA. Throughout his career he has written several articles and two books. He recently served as an expert reviewer for crisis management guide for schools. Weaver is frequently invited to present seminars and papers at national conferences in social work (including NASW '90 in Boston, '95 in Philadelphia, and '96 in Cleveland), psychology (APA '95 in New York), counseling (ACA '96 in Pittsburgh and '97 in Orlando), and nursing (ACAPN '97 in Philadelphia).

He has been an active volunteer with several organizations including the Mental Health Association and the American Red Cross (ARC). Weaver currently is ranked as a DMH Coordinator and has assisted at several local and national disasters including service during the Great Mississippi River/Midwest Floods of 1993, the 1994 airline crash in Pittsburgh, and the 1996 airline crash in the Everglades. He is also a volunteer DMH instructor for ARC and travels the country several times each year to help teach their two-day classes and expand the level of preparedness. In recognition of his service to the organization, ARC has presented him a Clara Barton Honor Award for Meritorious Volunteer Leadership. Weaver is donating half of his royalties from *Disasters: Mental Health Interventions* (1995, Sarasota, FL, Professional Resource Press; phone 1-800-443-3364) to the American Red Cross National Disaster Relief Fund and his publisher, Larry Ritt of Professional Resource Press, is matching his donation.

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To view more information about DMH and disaster preparedness, see Weaver's Internet web site:
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References

- r-0. Abueg, F. R., Drescher, K. D., & Kubany, E. S. (1994). Natural disasters. In F. M. Dattillio & A. Freeman, (Eds.), *Cognitive-behavioral approaches to crisis intervention* (pp. 238-257). New York: Guilford Press.
- r-1. Armstrong, K. R., Lund, P. E., McWright, L. T., & Tichenor, V. (1995, January). Multiple stressor debriefing and the American red cross: The East Bay Fire Experience. *Social Work*, 40, 83-90.
- r-2. Bell, J. L. (1995, January). Traumatic event debriefing: service delivery designs and the role of social work. *Social Work*, 40, 36-43.
- r-3. Bruder, C. (1995, August). The psychological lifeguard: a new model for catastrophic disaster mental health. Paper presented at the American Psychological Association Annual Convention, New York, NY.
- r-4. DHHS (1996). Responding to the needs of people with serious and persistent mental illness in times of major disaster. (SAMHSA Publication No. SMA 96-3077). Rockville, MD: CMHS (NIMH). Phone 800-789-2647.
- r-5. Dingman, R. (Editor). (1995, July). Disasters and crises: a mental health counseling perspective. *Journal of Mental Health Counseling* (special issue - Disasters and crises: a mental health counseling perspective), 17, 3.
- r-6. Educational Service District 105, Yakima, WA (1997). Quick response: a step-by-step guide to crisis management for principals, counselors, and teachers, Alexandria, VA: Association for Supervision and Curriculum Development. For information, please call: Randal Town (509) 575-2885.
- r-7. Everly, G. S., Jr. (1995, July). The role of the critical incident stress debriefing (cisd) process in disaster counseling. *Journal of Mental Health Counseling* (special issue - Disasters and crises: a mental health counseling perspective), 17, 3, 278-290.
- r-8. Everly, G. S., Jr. & Mitchell, J. T. (1999a). *Critical incident stress management - cism - a new era and standard of care in crisis intervention* (second edition). Ellicott City, MD: Chevron Publishing.
- r-9. Everly, G. S., Jr. & Mitchell, J. T. (1999b, December 7). A Primer on Critical Incident Stress Management (CISM) [On-line]. In ICISF: New Era. Available: [<http://www.icisf.org/icisfn~1.htm>]
- r-10. Farberow, N. L. (1978). Training manual for human service workers in major disasters (DHHS Publication No. ADM 83-538). Rockville, MD: CMHS (NIMH). Phone 800-789-2647.
- r-11. Farberow, N. L., & Gordon, N. S. (1981). Manual for child health workers in major disasters (DHHS Publication No. ADM 81-1070). Rockville, MD: CMHS (NIMH). Phone 800-789-2647.
- r-12. Figley, C. R. (Editor). (1995). *Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel.
- r-13. Fullerton, C.S., & Ursano, R. J. (Editor). (1997). *Posttraumatic stress disorder: acute and long-term responses to trauma and disaster*. Washington, DC: American Psychiatric Press. (Phone 1-800-368-5777)
- r-14. Mitchell, J. T. (1983, January). When disaster strikes...the critical incident stress debriefing process. *Journal of Emergency Services*, 8, 1, 36-39.
- r-15. Myers, D. G. (1994). Disaster response and recovery: a

- handbook for mental health professionals (SAMHSA Publication No. SMA 94-3010). Rockville, MD: CMHS (NIMH). Phone 800-789-2647.
- r-16. Quarantelli, E. L. (Editor). (1998). What is a disaster? perspectives on the question. Florence, KY: Routledge. (Phone 1-800-248-4724)
- r-17. Siporin, M. (1987). Disasters and disaster aid. Encyclopedia of Social Work (18th edition). Silver Spring, MD: NASW.
- r-18. Smith, R. (1995, June). In the wake of the blast. NASW News, 40, 6, 3-5.
- r-19. Stern, P. N., & Kerry, J. (1996). Restructuring life after home loss by fire. Image: Journal of Nursing Scholarship, 28, 1, 11-16.
- r-20. Underwood, M. M., & Dunne-Maxim, K. (1997). Managing sudden traumatic loss in the schools. Piscataway, NJ: University of Medicine and Dentistry of New Jersey - University Behavioral HealthCare. This 126 page paperback book is an excellent, practical volume for managing school crises. For more information phone the UMDNJ Office of Prevention Services: (732) 235-9260.
- r-21. Ursano, R. J., Fullerton, C. S., & Norwood, A. E. (1995). Psychiatric dimensions of disaster: patient care, community consultation, and preventive medicine. Harvard Rev Psychiatry, 3, 4, 196-209.
- r-22. Ursano, R. J. & Norwood, A. E. (1997). Consensus conference on the role of psychiatrists in disaster. Springfield, VA: National Technical Information Service. Publication #AD-A332 982/81NF. (Phone 1-800-553-6847)
- r-23. Ursano, R. J., et al. (1997). Role of psychiatrists in disaster. Springfield, VA: National Technical Information Service. Publication #AD-A332 908/31NF. (Phone 1-800-553-6847)
- r-24. Weaver, J. D. (1995). Disasters: mental health interventions. Sarasota, FL: Professional Resource Press.
- r-25. Weaver, J. D. (1996). Disaster mental health services (Chapter 19). In L. Grobman, (Ed.), Days in the lives of social workers (pp. 115-119). Harrisburg, PA: White Hat Communications.
- r-26. Weaver, J. D. (1999). How to assist in the aftermath of disasters and other life crises. In L. VandeCreek & T.L. Jackson (Eds.), Innovations in clinical practice: a source book, Vol. 17, (pp. 397-411). Sarasota, FL: Professional Resource Press.
- r-27. Weaver, J. D., Morgan, J., Dingman, R. L., Hong, B. A., & North, C. S. (2000, August). The american red cross disaster mental health services: development of a cooperative, single function, multidisciplinary service model. Journal of Behavioral Health Services and Research, 27, 3, 314-320.
- r-28. Weeks, S. M. (1999). Disaster mental health services: a personal perspective. Journal of Psychosocial Nursing, 37, 2, 14-18.
- r-29. Worden, J. W. (1991). Grief counseling & grief therapy, a handbook for the mental health practitioner (second edition). New York: Springer.
- r-30. Young, B. H., et al. (1998). Disaster mental health services: a guidebook for clinicians and administrators. Menlo Park, CA: Department of Veterans Affairs.
- r-31. Disasters. Audiotape produced in 1995 by Barbara Alexander, On-Good-Authority, Vol. IV, Tape 6. Side One contains John Weaver speaking on disaster mental health issues. Side Two contains Jeff Mitchell, Ph.D., describing his Critical Incident Stress Debriefing process. For information or to order, please phone: 1-800-835-9636.

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