

# Haven Herald



## Traumatic Loss by Jill Bellacicco

The loss of a loved one is always traumatic on some level, but few experiences are more traumatizing than a sudden, unexpected, and intense loss that is shocking and disturbing to the point that it causes horror and disbelief. Such events may include death by homicide, in war, suicide, accidents, multiple losses, and untimely deaths caused by catastrophic events. Our assumptions about the world and our place in it are shaken to the core and somehow we have to work our way through it. Such losses can cause post-traumatic stress disorder and require a great deal of time and support. Any number of difficult scenarios, such as trials and lawsuits, may be involved in addition to the trauma of the death. Control is lost and anger and other emotions are intensely felt in a world that seems anything but fair.

Most people have no experience to draw from after a traumatic loss and often feel very isolated. Finding appropriate help and ongoing support is critical. Telling the story can help if the individual feels safe, and a support group of others who have had a traumatic loss is often the best place for this. The normal grief process is usually put on hold until the person can put the pieces together as to what really happened. It is important on the front end to explore the circumstances of the loss until one finds some sense of peace with it.

Healing can take place if thoughts and feelings are worked through until they become more manageable. The loss and grief will always be there, but the feelings will become less intense. By understanding and accepting the fact that you may not be able to reconcile the events that occurred with the anger and frustration that you feel will be a challenge that may require long-term support. Justice may not be attainable, but resolution, on some level, is possible.

## Letter from the Executive Director

The long days of summer are giving way to the anticipation of fall and winter. The days become shorter and we must adjust and prepare.

Haven tends to be a busy place in the fall with meetings, in-services for our volunteers, and the start of our six-week support groups. In May, we offered an in-service, "Grief in the Military Culture," that was very informative and provided an excellent opportunity for our volunteers to learn more about the complications of a traumatic loss. We have seen several clients recently who have had such a loss. This newsletter deals more specifically with the impact of this particularly difficult type of loss. All losses are traumatic in many ways, but a very intense and sudden loss can be more overwhelming for the individual experiencing it. We hope that the information and articles in this newsletter will be both helpful and meaningful to those who have suffered such a loss or know someone who has.

Jill Bellacicco

## Eye Movement Desensitization and Reprocessing by Joni Greene

*Eye Movement Desensitization and Reprocessing, or EMDR, is a powerful new psychotherapy technique which has been very successful in helping people who suffer from trauma, anxiety, panic, disturbing memories, post-traumatic stress and many other emotional problems. The EMDR technique uses a natural function of the body, rapid eye movement, or REM, as its basis. The human mind uses REM during sleep time to help it process daily emotional experiences. When trauma is extreme, this process breaks down and REM sleep doesn't bring the usual relief from distress. This is where EMDR comes in. The therapist works gently with the client, guiding him or her to revisit the traumatic incident. As images and feelings arise, the client's eye movements are "matched" with the remembered events and then re-directed into particular movements that cause the release of the memories.*

[Extracts from "EMDR--Eye Movement Desensitization Reprocessing—Therapy," written by Carol Boulware, Ph.D.]

One scenario would be a wife watching her husband drown in the ocean. The image of him drowning and the guilt she feels because she could not save him is constantly being played in her mind whether she is asleep or awake. She might picture how she would have saved him. Another example would be seeing your child run into the street and being killed by a car. You are the protector, but you didn't save your child. People may tell you that it was an accident, but you can't forget the image of your lifeless child lying under the car. These feelings of helplessness may prevent you from moving through the grief process because you cannot move past the day your loved one died.

EMDR is an excellent technique, but it should be used only by trained clinicians. It is best to find a qualified person to help you in using this technique.

## What Worked for Me by Mary Smith

In July 1984, a neighbor, who was also a friend and our pediatrician, was murdered. Around 10 p.m. on a Sunday evening, a hit man knocked on Rob's front door, and when Rob opened it, the man shot and killed him. Rob's three young daughters were asleep upstairs. Neighbors heard the hit man's car idling in the driveway and heard the gunshots, but because it was almost July 4<sup>th</sup>, they thought the sounds were firecrackers. I don't remember who found Rob, but the next morning, the news of his murder was racing through our neighborhood and playing on the news. We gathered in groups at our schools, playgrounds, and yards, on corners, and in parking lots. Wherever we went, we discussed Rob and what had happened and why. It was all we wanted to or could talk about. We were trying to make sense of what had happened. To say that we were shocked is to put it mildly. How could a murder take place in our safe suburban neighborhood and to a well-respected and beloved doctor? It didn't seem possible or real.



The mystery of Rob's murder was eventually solved in 1987, and the husband of Rob's ex-wife, who paid for Rob's killing, was sentenced to life in prison, where he remains today.

Rob's murder was so shocking, senseless and cruel that the only thing that got me through it was the community around me. Without others to talk to who knew Rob and were suffering as I was, I would have gone crazy. Rob's elderly parents and his brother and sister-in-law lived in my neighborhood. They often mentioned how much the community's support meant to them. They could feel the neighborhood's love and care for Rob and his daughters and for them. I don't doubt that the community's support helped everyone tremendously, as it did for me, in coming to terms with Rob's death.

## “A Grief Like No Other: Surviving the Violent Death of Someone You Love”

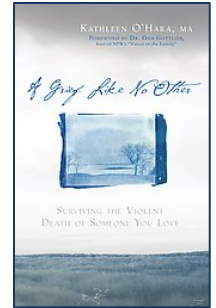
By Kathleen O’Hara

Ms. O’Hara is a therapist in private practice. Her son Aaron, a college student, was murdered by strangers in 1999 in what began as a random robbery. Ms. O’Hara’s practice has since evolved to specialize in traumatic grief counseling and victims’ rights advocacy. Ms. O’Hara wrote this book to “offer concrete, practical, and compassionate steps” for others who are grieving the violent death of a loved one. Through her practice and research, she has interviewed many individuals who have suffered traumatic losses, including murder, accident, suicide, and overdose. Excerpts from their stories are included throughout the book.

The book seems poorly organized. It covers seven “stages,” eight “qualities,” three “principles,” and multiple bulleted lists. The categories seem more contrived than useful, creating confusion rather than clarity. A number of quotes from victims were also unclear as to their circumstances.

As a survivor of suicide loss as well as a Haven volunteer, I reflected on the book from both points of view. Though intended as a guide for the grieving, I would not personally have found this book helpful, though I might recommend it to someone if I felt the fit was good for the individual.

I find the book more appropriate for use by those who support victims of such complicated loss. It offers suggestions on coping techniques, creative outlets, different grieving styles, relationships, holiday celebrations, alternative therapies, and lists of resources and recommended books.



Reviewed by Linda Torezan

## Military Death: What Happens When a Warrior Dies?

by Lt Col R. D. "Charlie" Brown, USAF, retired



The military is sometimes viewed as a strange community for those who are not a part of it. It truly has a different culture with its own rules, traditions and language. Those in the military tend to be younger than those in the surrounding civilian community, and while some of the military families may be integrated into the community at large, many are only superficially connected, if at all, since many military bases are self-contained communities with their own stores, schools, and hospitals.

When a military death occurs, the immediate family may be thousands of miles away from both the service member and his or her supporting families

Under the military system, a casualty officer and a chaplain are required to personally deliver the news of a service member’s death to the immediate family, who is then to inform all other family members about the death. Sometimes the family has difficulty finding out exactly how the service member died; this is more often true if the military member was in a war zone. Also, the body may not be recoverable or recognizable. This can cause some family members not to believe that the death actually occurred. The military has its own funeral rites, which may or may not be embraced by the family. Many military members are unwilling to talk about death and dying or the feelings associated with them as this is seen as a weakness and inappropriate for a “warrior.” Going for counseling is also seen as a weakness and is often discouraged by one’s peers. Helping families navigate the grief process under these conditions takes patience and understanding. A number of organizations specialize in this effort. Two popular ones are the Tragedy Assistance Program for Survivors (TAPS), which offers peer-to-peer counseling, and Give an Hour (GAH), which offers pro bono professional counseling by licensed therapists.



### HOW HAVEN IS FUNDED

Haven is classified by the Internal Revenue Service as a 501(c)(3) nonprofit organization. It is funded mainly by donations from individuals in the community who wish to support our work and by those who donate in memory of a loved one. Donations are tax deductible. If you are interested in making a donation, please contact Haven at (703) 941-7000 or at [havenofnova@verizon.net](mailto:havenofnova@verizon.net)

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## **Fall Schedule**

Six-week General Bereavement Support Group  
Tuesday, September 24 – October 29, 2013  
7:30 – 9:00 p.m.

Six-week Suicide Loss Support Group  
Wednesday, September 25 – October 30, 2013  
7:30 – 9:00 p.m.

Six-week Widow/Widower Support Group  
Saturday, September 28 – November 2, 2013  
Time to Be Determined

Call or email Haven to register for the Six-week Groups.

Open Suicide Loss Support Group  
1st and 3rd Saturdays of each month  
11:00 a.m. to 12:30 p.m.

*Haven also offers individual support by phone and in person; please call to schedule an appointment. For immediate support without an appointment, a volunteer is available on a walk-in basis Monday through Friday between 10:30 a.m. and 1:00 p.m.*

### **Contact Information**

Haven of Northern Virginia  
4606 Ravensworth Road  
Annandale, Virginia 22003  
Phone: (703) 941-7000  
Fax: (703) 941-7003  
E-mail: [havenofnova@verizon.net](mailto:havenofnova@verizon.net)

### **Hours of Operation**

Monday through Friday  
9:30 a.m. – 2:30 p.m.  
[www.havenofnova.org](http://www.havenofnova.org)

Messages may be left on our voicemail after hours