Death Notification

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Death notification—informing the deceased's family of an unexpected death—is a singularly stressful task common to medical personnel, clergy, and police. We surveyed by questionnaire a group of 50 Los Angeles Police Department homicide detectives, 21 of whom were subsequently interviewed by telephone. The detectives stated that their initial apprehension stemmed from feeling unprepared. Identification with victims' families was common and compounded the stress. One prevalent worry concerned the possible reactions of the family upon hearing the news, especially the risk of a violent attack on the police officer. Several coping styles were recognized. Our findings suggest that the repetitive performance of this continuously stressful task may be a prominent and underappreciated contribution to occupational burnout.

Death notification is the informing of family or friends of the unexpected death of a loved one. It is generally assumed that this uncomfortable task is performed primarily by physicians and clergy. However, as a result of other research conducted by the authors, we have become aware that law enforcement personnel are quite active in delivering death notifications in the United States. Further, police officers suffer unique disadvantages in discharging this duty. Physicians and clergy are usually

in the position of having established a relationship with the deceased's family and often have some specific knowledge of their likely emotional response to the death. Additionally, when a hospitalized patient is fatally ill the family has the opportunity to face the impending death while the hospital staff is available to support the bereaved in their efforts to cope with the loss.² Such is not the case with homicide detectives confronting strangers who are unprepared for the death of a loved one and who have no relationship whatsoever with the officer suddenly disclosing the grim news. Officers are forced to interact with unsuspecting and frequently devastated family members.

The notion that being the bearer of bad news is both a stressful role and one associated with significant consequences is not new. A sentinel in Antigone proclaimed, "None love the messenger who brings bads news." In contrast to the attention this subject has received in

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literature, there has been little written from a psychiatric perspective, except for the occasional article offering practical advice 4,5

Methods

We chose to survey a group of police department detectives by questionnaire and follow-up telephone interview to ascertain the degree of discomfort associated with death notification and to identify common coping strategies the officers used in managing this task.

Fifty questionnaires were distributed during a monthly meeting of the Homicide Squad. The first eight questions provided information about the officer's experience performing death notifications. The ninth and final item inquired whether the officers would be willing to speak with a psychiatrist about the topic. Those willing were asked to include their name and telephone number. The officers who responded to this request were subsequently contacted, and a semistructured telephone interview was conducted by one of the authors. The officers were encouraged to describe in detail their background, their subjective sense of this task, and the methods they might have developed to handle this assignment.

Results

The 50 questionnaires were all completed and returned. Twenty-six officers, three women (12%) and 23 men (88%), responded to item nine. All of these police officers were called, and 21 interviews were actually performed (81%). The remaining five officers had transferred, left the force, or were unavailable despite repeated attempts to contact

them. The telephone interviews averaged 26 minutes in duration: the briefest interview was nine minutes and the longest was 56 minutes. The detectives who were interviewed averaged 14.8 years on the force, which extrapolates to a total of 740 years of service and over 5000 death notifications performed by the entire sample.

The results of the questionnaire document the intense discomfort caused by delivering death notifications. modal detective described himself as experiencing moderate stress performing this task, having moderate difficulty serving as the bearer of bad news, and being moderately concerned about the possible reaction of the next of kin (all 5s on a scale of 1 to 7). Forty-four percent (22) of all the detectives endorsed a rating of moderate, very or extremely stressful, while only 34 percent (17) chose a rating of slightly stressful, ordinary task or of no concern (Fig. 1). The results were similar when the detectives were asked to assess their difficulty in being the bearer of bad news (Fig. 1). A major source of this distress seems to be the officers' specific concern about the possible reaction of the recipient of the

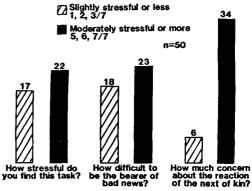


Figure 1. Results of stress questionnaire.

death notification. Sixty-four percent (32) described themselves as being moderately, very, or extremely concerned about the potential response of the next of kin. Only 12 percent (six) rated this concern as slight, negligible, or non-existent (Fig. 1).

Only nine officers had received some formal instruction or training in delivering death notifications. Six of these officers felt adequately prepared in this area at the start of their police careers. All nine proceeded to discuss this topic informally with other officers. Despite their training and informal discussions, these detectives still experienced considerable ongoing distress, although somewhat less intense than those who had received no training whatsoever.

Of the 14 officers who felt adequately prepared at the start of their careers, less than half (six) had received formal training, but more than 70 percent (10) had discussed the subject with their peers. Not surprisingly, this group continues to experience somewhat less stress, difficulty, and concern over death notification.

There were 11 officers who had never discussed death notifications with colleagues. None of these detectives had received formal training. In the absence of training and discussion, these officers rated themselves as having levels of stress, difficulty, and discomfort comparable to those of the entire group.

The officers were divided according to the numbers of death notifications each had delivered. The officers who had delivered 20 or fewer were placed in one group (28) and those who had delivered 21 or more in another (22). Similar per-

centages of both groups had received formal training, felt prepared at the start of their career, and had discussed the topic. However, 29 percent of the more experienced officers found death notifications to be very or extremely stressful versus only 9 percent of the less experienced officer. Similarly, less than a third of the officers delivering 20 or fewer notifications found it very or extremely difficult to be the bearer of bad news compared with those having delivered more than 20 (18% versus 5%); 43 percent of the more than 20 group versus 27 percent of the 20 or fewer group had very or extreme concern about the reaction of the next of kin. These data are summarized in Table 1. Hence, continued performance of death notification does not reduce the associated anxiety; in fact the discomfort seems to grow worse for many of these detectives. That might explain why a greater percentage of the experienced officers were interested in more training (70% versus 52%).

Table 1
Questionnaire Results

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No. of death notifications	≤20	>20
Sample size	22	28
Very or ex- tremely stressful task	9% (2)*	29% (8)
Very or ex- tremely diffi- cult to be the bearer of bad news	5% (1)	18% (5)
Very or extreme concern for the reaction of the next of kin	27% (6)	43% (12)
Interested in more training	52% (11/21)	70% (19/27)

^{*} Numbers in parentheses, number of respondents.

Twenty-six of the 50 (52%) questionnaire respondents indicated their willingness to be interviewed. This group was similar to their anonymous colleagues in training, in the number of death notifications delivered, and in their self-perception of stress, difficulty, and concern. The major difference between the groups was that 81 percent (21) of those officers listing their name, compared with only 38 percent (nine) of the unnamed officers, indicated their interest in additional training. Perhaps they thought that speaking with a psychiatrist would offer a convenient opportunity to learn more about this area of police work and thereby reduce their level of stress.

Having demonstrated by questionnaire the high level of distress associated with death notification, we attempted to identify the specific causitive factors. Reviewing our series of semistructured telephone interview protocols, it is apparent officers' initial apprehension that stemmed from both the anticipated discomfort of imparting tragic news and from a sense of feeling unprepared to deal with a task of this emotional magnitude. One senior officer reported that during his first death notification he became so nervous that he was literally unable to speak and was forced to ask his partner to deliver the message for him.

As the questionnaire revealed, the vast majority of officers had not received training and were not given support by their superiors for this difficult work. A number of detectives confided during the telephone sessions that the isolation they felt derived from their sense that this subject should not be mentioned to headquarters. As a result many of the officers avoided discussing their emotional reactions with fellow officers as well. Some officers recognized that sharing their feelings about death notification with colleagues could result in a loss of face. The concerns about the reactions of peers seem validated by these spontaneous remarks of veteran detectives: "You're soft if it's stressful"; "if you can't stand the heat get out of the kitchen." Our interviews confirmed repeatedly that death notification was a duty that every officer knew was difficult but saw as off limits to discussion.

A potent source of discomfort was an identification with the grieving survivors, although not with the victims. One officer had recurrent dreams in which he would receive the grim news. Several officers described feeling particularly "bothered" when children were involved, though in adult cases the officers felt that "most of the time they deserved it." A detective related in highly emotional terms the feelings generated by delivering a death notification to a teenager's family. He became flooded with sadness as he imagined what it would be like to hear such news about his own adolescent son. The reactions precipitated by these notifications were of greater intensity and persisted far longer than when the victim was an adult.

A frequently reported concern of the officers was the fear of physical attack as a consequence of transmitting tragic news. This was especially true for the younger officers who disclosed the fantasies they had of being assaulted. Two officers mentioned incidents in which

violence erupted after the delivery of a death notification. In one case the mother of the victim suddenly began to punch the officer when she heard the news. One senior detective stated that, although he formerly worried about aggression directed against him, he is now more concerned about the risk of family violence in a home infused with blame and anger.

The officers often expressed feelings of helplessness in dealing with the highly charged emotional issues involved in death notification. A few detectives experienced an uncomfortable ambivalence: on one hand having the desire to alleviate some of the family's suffering and on the other hand recognizing that they lacked the professional skills to do so. One caring officer sought to establish a relationship with the family before imparting the news. He then made himself available to stay and listen to the griefstricken family as they tried to contend with their loss. Another detective observed, "It's not what you say, but how you say it." Although some officers realized the importance of offering support, they felt unable or unwilling to provide it themselves. These officers elected to summon a neighbor to accompany them during the death notification. They explained that the presence of someone who knew the family could be a source of useful information and could assume the emotional burden of caring for the surviving family. One officer preferred securing a relative or priest because, "I don't know if they get along with their neighbor."

In an effort to contain an unpredictable and demanding situation, the detectives tended to develop their own structured routine for delivering death notifications. One officer's standard procedure was to ask the family some general questions. This opening encouraged the family to anticipate being told that something terrible had happened. He then disclosed the news while his partner observed the family's reaction, in some cases noting possible suspects. Finally, the detective knew he could relax when the family began to cry, signifying relief of the tension.

In marked contrast to the sympathetic approach of support and understanding. many officers imparted the news with dispatch and professional detachment. They believed that bluntness was a way to neutralize the intensity of emotion. One detective described his technique as brutally honest: "I don't pull any punches." Finding nobody at home, another officer left this note on the front door: "Your son hanged himself in jail. For more information call _____." These officers viewed the recipients as fundamentally different and distinct from themselves. A "cops versus next of kin" split served to protect the officers from acknowledging that the risk of sudden death is shared by police. This is similar to the doubling phenomenon described by Lifton⁶ as a mechanism for adapting to a bizarre and stressful work environment.

In order to avoid thinking about the task and to preclude any involvement with the family, some officers relied on a prepared announcement and did not modify it for individual cases. This ritualized style of delivering death notifications can be seen as a reaction to the

repetitive nature of this stressful act. A small number of police officers admitted avoiding the assignment whenever possible. They knew that they could always find someone willing to perform the death notification for them. Often this would be one of the small group of detectives who readily approached death notification with what appeared to be a counterphobic attitude. One such officer noted proudly. "It's not my job to deal with their [the family's] stress." However, the questionnaires confirm that none of these methods of performing death notifications succeeded in eradicating the officers' anxiety, which remained long after the interaction ended.

Discussion

The level of distress associated with performing death notifications is well illustrated by the results of our study. What does not emerge from the raw data is the degree of impairment observed in several officers. During the course of the study the authors were repeatedly consulted about severe problems, including alcoholism, substance abuse, and marital discord in individuals who appeared to be exhibiting a chronic stress response syndrome.⁷ One detective confided that after delivering a death notification he would always go to a bar and "get loaded." Another officer lamented, "Being a cop ain't easy."

The coping mechanisms used by the officers were often ineffective in relieving the personal sense of despair arising from this special aspect of their work. Identification with the recipients of the

tragic news is a major psychosocial stressor over which the officers feel they have little control. Denial, as used by some in conjunction with ritualization or counterphobia, is only partially effective in managing the underlying anxiety.

We believe this small but emotionally powerful component of police work is a prominent factor in occupational burnout that should be systematically addressed.8 Based on our conversations with the officers, we suggest that formal attention to death notification be initiated during training in the police academy. There is also a conspicuous need for ongoing consultation during the routine performance of this task. We found it remarkable that the detectives studied had never contacted a police psychiatrist. Once the taboo is lifted from talking about death notification, peer support can be openly elicited from colleagues and administrators within the force. Further research is needed in planning, implementing, and evaluating the impact of psychological services for police officers. This may also have a reciprocal beneficial effect on the recipients of death notifications.9

Although we chose to examine homicide detectives, it is well known that other professionals are asked to deliver death notifications as part of their own responsibilities. Little is known about the actual levels of stress associated with the performance of death notifications by medical staff working in emergency rooms and intensive care units. This preliminary study documents the need for more extensive explorations in this fascinating area.

References

- 1. Pynoos RS, Eth S: The child as witness to homicide. J Soc Issues 40:87-108, 1984
- VandeCreek L: How to tell the family that the patient died. Postgrad Med 68:87-108, 1984
- Sophocles: Antigone, in Greek Dramatists. Translated by Young G. New York, Grosset & Dunlap, 1946
- Robinson MA: Informing the family of sudden death. Am Fam Physician 23:115-8,

1981

- 5. Wehlage DF: How to say it. J Indiana State Med Assoc 72:593–5, 1979
- 6. Lifton RJ: Medicalized killing in Auschwitz. Psychiatry 45:283–97, 1982
- 7. Horowitz MJ: Stress Response Syndromes, 2nd ed. New York, Jason Aronson, 1985
- 8. Freudenberger H: Burnout. New York, Doubleday, 1980
- Schneidman E: Postvention: the care of the bereaved. Suicide Life-Threat Behav 11:349– 59, 1981