

Responding to trauma

about grief

Grief is not the only experience that people bereaved by suicide face. Many people also suffer the impact of trauma. Some people will have found the person who died and will usually be affected by trauma. But those who have not found the person may also be traumatised by the impact of the death

Definition of trauma

The word *trauma* derives from the Greek word for wound. Melbourne psychologist and trauma expert Rob Gordon writes:

we can define psychic trauma as an experience with such intensity or meaning as to injure the psychic apparatus—the mental, physical, and social systems that provide the framework for psychic life.

The suicide of a loved one certainly falls into this meaning for many people. It is an event of such intensity as to seriously wound a person's sense of themselves, their value and worth, their world view and their sense of safety in the world.

Trauma is caused by witnessing disturbing and horrific scenes but can also occur for those not present, when they are told about what happened. The experience of trauma is a reaction to these traumatic events.

As trauma is different to grief, trauma and grief may be experienced either alternately or at the same time. It is possible that the combination of trauma and grief may intensify the reactions they have in common. Sometimes, impact of the trauma must be addressed

before bereavement can begin to make progress.

Reactions to trauma

A person's mind and body may react to trauma over a period of time, perhaps days, weeks or months. As with grief, people react to trauma in different ways.

Some of the more common reactions are listed below. We don't expect that everyone will experience all of these reactions.

Behaviour

- palpitations, trembling or sweating
- easily startled by noises
- breathing difficulties
- headaches or muscle aches
- digestive problems such as nausea, constipation, diarrhoea or a change in eating patterns
- tiredness, fatigue, restlessness
- increased irritability
- increased use of alcohol and/or drugs
- withdrawal or detachment from others, loss of interest in social activities
- lack of motivation
- avoidance of certain places or situations that are reminders of the experience
- sleep problems

Thoughts

- flashbacks or re-experiencing the disturbing event while awake, or in dreams
- pre-occupation with what happened, repetitive thoughts, asking 'why?'
- confused or slowed thinking

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- difficulty concentrating or making decisions
- experiencing memory problems
- feeling responsible

Emotions

- increased anxiety, panic attacks
- troubled or distressed when exposed to other disturbing events e.g. on television or in the newspaper
- worry about others
- feelings of abandonment, isolation, powerlessness
- feeling out of control or that life and the world are out of control
- numbness and/or have mood swings
- may experience a variety of emotions, including depression, sadness, guilt, blame, anger, frustration, fear, and irritability

These symptoms can be distressing, however there are ways to work through trauma. In many cases, these symptoms decrease dramatically in the weeks following the traumatic event.

Ways of responding to trauma

Acknowledge that you have experienced a traumatic event and consider trying some of the following:

- reassure yourself that the traumatic event is over, that you are safe now, and that seeing mental images of the events is normal and will decrease over time
- if you want to be left alone, allow yourself time to be alone; this is a normal way to react after a highly stressful experience. However, if your mood is not improving when alone, it may be better to seek company
- if you are feeling alone or isolated, spend some time with friends or family
- express your thoughts and feelings by talking to friends and family, or write, listen to music etc. Only do this if it feels comfortable, do not push yourself
- do not feel that you have to be in control of your life straight away. Give yourself time to recover and rest
- try to get back to your normal routine and go back to work when you feel you are able, even if at reduced hours

- rest more; if you are having difficulty sleeping, get out of bed and try to do something calming instead, then try again
- take care of your health as best you can; eat healthily, in smaller portions if necessary, and drink fluids regularly
- be aware of how much tea and coffee you are drinking. These may further agitate your body when it is already under stress. Exercise can help burn off the stress chemicals
- because traumatic events affect concentration, be more careful when undertaking activities like driving and cooking
- avoid making major decisions. However, making smaller, day-to-day decisions can help to restore a sense of control

It is important not to go through this experience alone. Grief is difficult enough by itself but when there is also trauma it is better to seek support (see below).

It is best to avoid increased use of alcohol, prescription medication and other drugs. These can interfere with the recovery process and cause additional problems later on.

You should consider seeking out some professional help if:

- you are having panic attacks
- you feel very distressed and your life and routines are significantly disrupted
- you are thinking of harming yourself or someone else

Support available

- Support After Suicide 9427 9899
- Bereavement Counselling and Support Service 9265 2111
- The Compassionate Friends 9888 4944
- Mercy Western Grief Services 9364 9838
- Griefline (12pm-3am) 9596 7799

Web site

Australian Centre for Posttraumatic Mental Health

This web site has some helpful fact sheets specifically about the impact of trauma.
www.acpmh.unimelb.edu.au/resources/resources-community.html#fact_sheets