

GRIEF COMPLICATIONS

You must respect a person's way of coping with loss, while at the same time looking for signs and symptoms of potentially serious complications that could be relieved.

The following are symptoms that should be immediately addressed by a professional, even if the person is grief-stricken:

- Talking about suicide.
- Unable to function for weeks to months after the death.
- Abuses alcohol and/or drugs.
- Shows signs of severe major depression or post-traumatic stress disorder (PTSD).



Although grief resembles major depression in many ways, a skilled clinician can determine whether a bereaved person is suffering with depression. It is wrong to assume that a bereaved person with major depression symptoms is just having a “normal” reaction, since depression is a serious, but treatable, disorder. When the death is shocking and unexpected, there also can be symptoms of PTSD.

UNDERSTANDING POST-TRAUMATIC STRESS (PTS)

It is completely normal for an officer who has experienced a traumatic event to experience stress following the event. Some of the reactions of this stress injury could include:

- Re-experiencing the traumatic event through painful, intrusive thoughts or nightmares about the death.
- Avoidance or emotional numbing, as indicated by efforts to stay away from activities, places or things related to the person's death.
- Feeling detached from others and an inability to feel positive emotions.
- Increased persistent anxiety and physiological arousal, as indicated by difficulty sleeping, irritability, difficulty concentrating and a tendency to become easily startled.

Although many of these symptoms are common following a traumatic event, if they remain persistent over time and begin to interfere in normal activities and relationships, the officer's traumatic injury may need immediate treatment. Thankfully, traumatic injuries are treatable and most officers are capable of working through the trauma and returning to a healthy life.

AFTER LOSS, HOW LONG WILL THE FEELINGS LAST?

Because survivors must often come to terms with not only the death itself, but the manner of the death (e.g. if it was violent or painful), it can take many months for the most painful feelings and thoughts to go away.

It is common to worry about what the person experienced during his or her final moments of life. If

other people were directly or indirectly responsible for the death, the survivor must struggle with the realization that others can and will commit evil acts. This awareness can provoke intense reactions, such as powerful rage toward the person (or people) responsible.

If the death was a result of a crash or mistake, grief reactions may be clouded by confusion since there isn't someone to blame or hold responsible.

If a loved one's death was not in the line of duty but by suicide or drug overdose, anger, shame, guilt and feeling abandoned by the deceased are common emotions.

It also may take longer to deal with the loss if the survivor:

- Has previously experienced psychological problems, such as major depression or separation anxiety.
- Was very dependent (e.g., financially and emotionally) on the person who died.
- Has experienced previous trauma or traumatic loss, especially if it is similar in some way to this loss.
- Has few friends or relatives who are supportive.
- Is simultaneously coping with other serious concerns, such as major health problems, psychosocial stresses or other losses.

As the initial shock of the death wears off, there may be times when the survivor can focus on other issues and not feel the pain of the loss so intensely. Gradually, these moments will become longer, and there will be more good days and fewer bad days.

However, people can experience setbacks during the process. People often have difficulty dealing with occasions such as holidays, birthdays, the anniversary date of the death, or other times that have meaning.

Research suggests that if after six months the grief has not become easier to bear, the bereaved person should take extra steps to help the process along.

WHEN IS IT A GOOD IDEA TO GET PROFESSIONAL HELP?

If the intensity of grief is still strong after six months, and there are symptoms of PTSD or major depression, or if these reactions interfere with other parts of normal life, such as holding a job, ask for support from a professional. Also, any of the following experiences suggest that professional help may be needed:

- Continuing to experience intense yearning for the deceased that does not diminish over time.
- Struggling with feelings of guilt or uncontrollable rage.
- Becoming severely depressed and feeling hopeless about the future.
- Harboring persistent suicidal thoughts.
- Abusing alcohol or drugs, or increasing tobacco use.



TREATMENT CAN HELP

No matter how long someone has been suffering from the impact of a sudden, traumatic loss, comforting and effective treatments are available. It is important for survivors of sudden, traumatic loss to select a therapist who is experienced in treating both trauma and bereavement. Many psychotherapies and support groups are available. Medication and psychotherapy may be effective with symptoms of depression and PTSD.

In addition, temporary medication may be useful for those who experience intense anxiety or insomnia. A family doctor, clergy person, local mental health association, state psychiatric, psychological or social work association, or health insurer may be able to provide a referral to a counselor or therapist with experience in treating sudden, traumatic loss.

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EMDR

Eye Movement Desensitization and Reprocessing (EMDR) is a therapeutic technique that can help process the “stuck places” that people often experience as a result of a traumatic event (i.e. images, sounds, smells, emotional reactions or negative beliefs about themselves regarding the event). For a single incident trauma, often one to three sessions with a trained EMDR therapist is all that is needed.

For more information about EMDR or to find an EMDR therapist in your area, go to emdria.org.

