THE EXPERIENCE OF GRIEF

When a person dies suddenly either from an accident, murder or suicide or is a young person, such a death is not only completely unexpected, it also violates our sense of what is right or normal.

Death from cancer, stroke or a debilitating heart condition, by the very nature of these illnesses, helps us to prepare for what is to come. Typically, it is an elderly member of a family who suffers such an illness. Yet the death of a loved one still comes as a shock to us even if we have had some forewarning.

As intelligent as we human beings are and as much as we know and are able to control different aspects of our lives, there is still much that we do not know about human emotions, the working of the mind or the part that chance plays in our lives. As a result, we find it almost impossible to explain to a grieving mother or father why their son or daughter committed suicide or was killed.

We have, however, come to understand the experience of grief. We do know for instance, how a survivor will generally react when informed of the unexpected death of a loved one.

SHOCK

Initially, the reaction is one of profound disbelief; the mind rejects such unacceptable news. The survivor in fact may become so numb emotionally that a mother, for example may even be incapable of crying over the death of her child.

ANGER

A second reaction may be one of anger. Often time's survivors express an unpacifiable anger towards some person who appears to be responsible for the death: the "incompetent" doctor, the "negligent" driver or the "careless" friend. Even God may be blamed for allowing such a tragedy to occur. At the same time that anger is focused on the person to punish themselves, even to the point of serious injury or death.

Anger is a profound and frequently uncontrollable emotion. It may at times be directed to the one who has died. Anger is one of the more difficult aspects of the grief experience for the survivor/s.

GUILT

A third reaction often experienced by a survivor is a feeling of personal responsibility for the death. Irrational guilt can sweep over the survivor in relentless waves. A mother for example, may feel just as responsible for the death of a son that occurred a thousand kilometers from home and under circumstances over which she had no control as a mother whose child has been poisoned with a household cleaning product thoughtlessly left within reach.

SHAME

In the case of suicide, especially, feelings such as guilt can also be accompanied by an overriding sense of shame and embarrassment. The suicide of a child or spouse can be interpreted as an implicit, if not explicit, act of rejection. To be compelled to face the fact that the deceased preferred to take his or her life rather than to continue living can induce a wrenching sense of shame in the survivor, and with it the loss of self-esteem.

PREOCCUPATION

A fifth aspect of grief that has been recognised is the desire of the survivors – the spouse, the parents, the brother or sister – to describe and explain in detail the circumstances surrounding the death. This is an important, although frequently overlooked and often times resisted, reaction to loss. It is however, part of the process whereby survivors come to acknowledge and accept what has occurred.

SUGGESTIBILITY

What is also frequently observed in recently bereaved persons is heightened suggestibility. A widow may impulsively sell her home on the advice of family or friends and move to another city. A grieving widower may remarry shortly after the death of his wife. Such hasty decisions may add to the burdens of the survivor at a later date. Care should be taken by all concerned to minimise the difficulties and potential problems associated with the twin grief reactions of dependency and suggestibility.

DREAMS AND NIGHTMARES

Another aspect of sudden and unexpected loss that can be very disturbing to the survivor is the experience of vivid dreams and nightmares. While they may be distressing and indeed on occasion terrifying, in most cases they will, in time, fade away.

HALLUCINATIONS

What can also be upsetting to the survivor are hallucinations. These are apparent sights or sounds or a 'sense of presence' of the deceased. Widows have reported hallucinatory experiences for up to ten years following the death of their husbands. Many report, however, that such experiences are a welcome comfort. Others, on the other hand, unfamiliar with such mental processes are profoundly disturbed by them, and believe that they may be losing their minds. Hallucinations however, like vivid dreams and nightmares, generally disappear over time.

BEHAVIOURAL CHANGES

Far more common, however, are the abrupt changes in behaviour that can be observed in survivors. Such changes include: inability to sleep (insomnia); lack of appetite; an increase in smoking or drinking; repetitive speech or actions; impulsive acts such as quitting a job or breaking off a long-term friendship; persistent irritability or emotional outbursts or acts of violence toward a family member, friend, or even a total stranger. Survivors should keep in mind the possibility of such behaviours, and their general 'normalness'. They should, be cautioned that when such behaviour threatens to become injurious to themselves or others, professional guidance or assistance should be considered.

NEWS/MEDIA

Frequently in the case of sudden unexpected deaths, particularly those of a more unusual nature – suicide, homicide, or sudden infant death (SIDS) – the intrusion of the news media or public agencies into the lives of the surviving family members is potentially fraught with trauma and psychic injury. Careful attention needs to be paid to the survivors' grief and their privacy and dignity need to be protected. The potentially abrasive and insensitive behaviour of newspaper reporters and other media representatives need to be defended against, lest they aggravate the grief of the survivors. So, too, might well-meaning public officials whose task it is to investigate the circumstances surrounding the death, be cautioned. An act or gesture or even the intonation of a voice that implies negligence or responsibility for the death on the part of a blameless survivor can only add to the burden of loss.

COPING

What can be done when the tragedy of death suddenly strikes? This is a time when a survivor needs the support of other family members and friends, the clergy and possibly other members of the caring professions like workplace support programs such as the SES Employee Assistance Program, Chaplaincy or support through the Critical Incident Support Program. This is often the very time when such comfort and support is most resisted or rejected by the survivor. The survivor should do everything in his or her power, however, to overcome the impulse to refuse assistance and to recognise the value of outside help as well as the need for it.

On the other hand, a relative, friend or caregiver should continue to stand by the survivor and assist him or her whenever possible, even in the face of protest and anger. Grief, we have come to learn, is too profound an emotional experience to be left solely a private matter.

TRYING SOME OF THE FOLLOWING HINTS MAY HELP TO ALLEVIATE THE SYMPTOMS ASSOCIATED WITH A GRIEF AND CRITICAL INCIDENTS

FOR YOURSELF

- Eat well-balanced and regular meals even when you don't feel like it.
- Within the first 24-48 hours, periods of appropriate physical exercise, alternated with relaxation will help to alleviate some of the physical reactions.
- Do not make any life changing decisions while experiencing
- Reach out, people do care.
- If you are experiencing re-occurring thoughts, dreams or flashbacks – try not to fight them – they are unpleasant but will decrease over time and become less painful.
- Re-establish and maintain as normal a schedule as possible.
- Fight against boredom – keep busy.
- Give yourself permission to feel rotten and share your feelings with others.
- Spend time with others.
- Contact your EAP counsellor or Chaplain or the services and referral through the Critical Incident Support Program if the feelings are prolonged or are too intense, or if you just need to talk to someone.

FOR FAMILY MEMBERS AND FRIENDS

- Listen.
- Spend time with them.
- Offer your assistance and a listening ear even if they haven't asked for help.
- Re-assure them that they are safe.
- Offer to help with everyday tasks such as cleaning, cooking or minding children.
- Give them some private time.
- Do not tell them "they are lucky it wasn't worse".
- These statements do not provide comfort. Instead, tell them you are sorry they had to experience such an event and that you want to understand and assist them.

IF YOU EXPERIENCE SEVERE SYMPTOMS, IF THE SYMPTOMS LAST LONGER THAN SIX WEEKS OR IF YOU NEED TO TALK TO SOMEONE CONTACT EASA ON 0407 918 998.