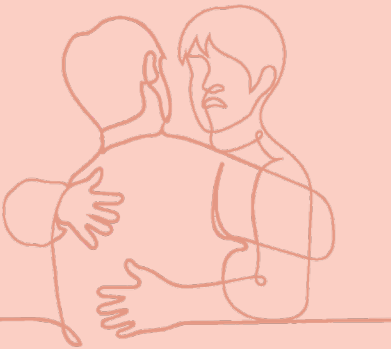


SIX MHS TOOLKITS: TRAUMA & BEREAVEMENT



SIX MHS TOOLKITS:

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WHAT IS TRAUMA?

Trauma: A powerful emotional response to a distressing event, such as war, an accident, the unexpected loss of a loved one, or abuse.

Trauma can continue to cause both emotional and physical symptoms for many years after the event has concluded.

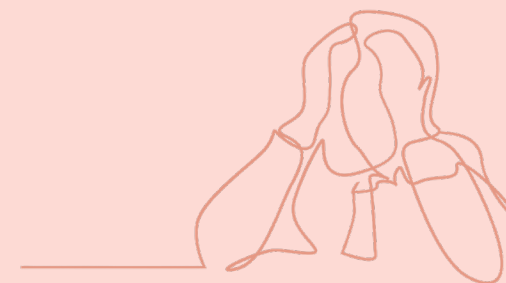
WHAT IS A TRAUMATIC EXPERIENCE?

Life is full of stressful changes. Some stressful experiences can be good, such as the birth of a child; some bad, such as financial difficulties. In our everyday language we use the word 'trauma' for many types of stressful experiences. However, 'traumatic experiences' are unique because they specifically threaten us with serious physical injury or death. Common examples include car accidents, rape, assaults, war, fires and man-made or natural disasters.

Often, traumas caused by people (e.g., violent crime) have additional psychological challenges, compared to natural disasters (e.g., floods or earthquakes). Individuals who witness such dangerous situations or their immediate aftermath may also experience traumatic reactions.

FACTORS THAT INCREASE RISK OF EXPERIENCING TRAUMA

- The traumatic experience was unexpected
- The victim has experienced past traumas
- The experience happened repeatedly, or over a long period of time
- The trauma occurred during childhood
- Feeling of hopelessness during the experience
- The victim is dealing with other major stressors, unrelated to the trauma



WHAT REACTIONS DO PEOPLE COMMONLY HAVE FOLLOWING A TRAUMATIC EXPERIENCE?

As we might expect, life-threatening situations will produce a variety of intense and unusual stress reactions in our emotions, thoughts and actions. The most common symptoms of trauma fall into three broad areas: re-experiencing, avoidance and hyperarousal. Other emotions such as guilt, anger, and depression can also commonly occur following a trauma.

RE-EXPERIENCING: Repetitive, vivid, and intrusive thoughts, images, memories, and sensations about the trauma and its consequences are hallmark symptoms and can create tremendous anxiety. Traumatic images or thoughts may intrude during the day as “flashbacks” or during sleep as nightmares. Other typical thoughts may include: believing you are in danger; believing that you should foresee and control these dangers; believing that you should have somehow been able to do more to stop the event from happening, and that your personality and future are permanently damaged.

AVOIDANCE: Not wanting to be around reminders of the trauma is commonplace. This may include avoiding some of the people, places and things that remind you of the event or were present at the time, but it can also include avoiding certain conversations, thoughts and feelings. Emotional numbing and a diminished ability to experience pleasure are typical. Some people may forget important aspects of the trauma, report being unable to have loving feelings toward others and may have less interest in carrying on with their daily lives. People may withdraw socially, begin to feel alienated and mistrustful of others and report an increase in conflicts with others. Avoidance can also take the form of strange, almost dream-like, experiences called depersonalisation and de-realisation. You might feel unreal or disconnected from your surroundings, nearby people or your own body. Alcohol and/or other substances are another method often used to avoid traumatic feelings and memories through “self-medicating”.

HYPERAROUSAL: Difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, being hypervigilant, a general inability to unwind, and becoming easily startled are common physical symptoms of anxiety that may occur following a trauma. Panic attacks, racing heart and appetite disturbances are also common.

An informed understanding of these reactions to abnormal traumatic circumstances is often the beginning of coping with trauma.

HOW LONG DO TRAUMATIC REACTIONS LAST?

Trauma reactions commonly last for several weeks or months before people start to feel normal again. The vast majority of individuals report that they feel better within the first three months. However, on-going situations, such as the threat of terrorism, may produce more prolonged stress because of the continual reminders that the threat of danger is not over. In spite of the normally intense trauma reactions during the initial month, most people are able function relatively well.

ARE THERE WAYS THAT I CAN HELP MYSELF COPE WITH TRAUMA?

There are many ways that people can help themselves cope with traumatic experiences. Research has demonstrated that the use of these strategies may reduce the risk of developing post-traumatic stress, depression and other anxiety disorders. Following is a list of ‘do’s and don’ts’ of coping that may help you in minimising the impact of trauma on your mental health.





WHAT THINGS SHOULD I FOCUS ON DOING RIGHT NOW?

- 1. Do keep to your normal routine.** Doing so will help you create a sense of normality, predictability and controllability, and will make you feel more secure and safe.
- 2. Do turn to your family and friends for support.** Research suggests that getting support from your family, friends and members of your community can help protect you from the negative effects of trauma.
- 3. Do handle day-to-day conflict appropriately** so as to minimise negative encounters caused by the strain, fatigue, and irritability that often follow trauma. For example, if you and your spouse have an argument, take the time to resolve it so that it doesn't add to the stress you are already facing.
- 4. Do find ways to relax.** Some people find it helps to exercise, practise yoga, pray or meditate. Experiment to find what works for you.
- 5. Do talk about the events, your experiences, losses and feelings** with members of your family, friends, neighbours and people in the community. Research demonstrates that collective grieving expresses solidarity and facilitates unity and collective action.

6. Do find time to engage in leisure and recreational activities. Many people feel guilty about enjoying themselves when they have experienced traumatic events or losses. Getting back to your routine and allowing yourself some enjoyment and distraction is important for your mental health. Feeling guilty about doing so will not only make you feel worse but it will also reduce your ability to cope.

7. Do try to be kind to yourself. You may begin to doubt your sense of worth (e.g., no one will love me again) or your ability to cope (e.g., I don't have the strength to go on) because of the trauma you have experienced. The trauma cannot alter your worth or your ability to cope with life.

8. Do confront situations, people and places that remind you of the trauma – repeatedly facing these reminders will reduce your anxiety over time, even if your anxiety is temporarily high when you initially face your fears.

9. Do recognise that you cannot control everything. Although you should protect yourself from high-risk situations in your environment, acknowledge that every one of us has to accept some measure of risk to live healthy lives.

10. Do try to view the future with some measure of optimism. Findings suggest that people who view traumatic situations as time limited, terrible experiences that do not necessarily have negative implications for the future, and those who find some elements of personal growth in the situation, are more likely to recover quickly. By contrast, those who assume that their lives have permanently changed for the worse (e.g., nothing will ever be the same again; my life has been destroyed) are less likely to do so.

11. Do believe in the resilience of the human spirit. Research suggests that a majority of people who have experienced trauma recover on their own within a few months. The odds are in your favour. You are likely to feel better soon.

12. Do recognise when you need professional help and do not be afraid to seek it. There is no reason to suffer on your own. There are plenty of research-based treatments that have been shown to be tremendously effective in helping people overcome post-traumatic stress, anxiety and depression. Contact your GP or call the SIX MHS Helpline on 07480 726 082 to find out about what treatments might help you.



WHAT THINGS MAY BE BETTER FOR ME NOT TO DO?

1. If the traumatic event has been of a significant enough magnitude to be reported in the media, do not repeatedly watch TV news reports of the event. Keeping up with the news is important but watching reports of the event over and over again will increase your anxiety. The media tends to present news in an unnecessarily dramatic fashion and tends to catastrophise information. Even worse, it often repeatedly shows brief clips of horrific images, such as the World Trade Center at the moment of impact, or of fighting. Such images are disturbing and research shows that even briefly viewing anxiety-provoking images may actually worsen your anxiety rather than desensitising you.
2. Do not suppress your painful thoughts. People who are traumatised often have repeated, intrusive thoughts or images of the trauma that keep playing in their heads. If you find that you are experiencing such thoughts and are feeling anxious as a result, you may have the urge to suppress these anxiety-provoking thoughts and images. Don't. Trying to suppress your thoughts can have the reverse effect. Paradoxically, the more you try to control your thoughts, the stronger they become.
3. Do not overestimate the danger you have experienced. Recency bias is a memory bias, which gives greater importance to the most recent events, when we think about how the future will unfold. This can mean that in the period shortly after the traumatic event, we can seriously overestimate the likelihood of the traumatic event occurring again.



4. Do not make the problem worse than it is already. Research shows that individuals who always assume the worst are more likely to suffer from anxiety and other negative emotions, than those who are able to assume a more balanced perspective.
5. Do not avoid situations or places if the objective risk of danger is absent or low. Research shows that avoidance begets avoidance and increases anxiety in the long run. It will also create a false sense of danger because you will begin to assume that the only reason you are safe is because you are avoiding "dangerous" places. Not so; the probability of risk is low so that you would be safe even if you did not avoid these places.
6. Do not engage in unhealthy or excessive escape behaviours (e.g., alcohol, caffeine, nicotine-based products, TV, movies) or use excessive forms of distraction (e.g., watching TV or movies all day, distracting yourself from painful thoughts). Although allowing yourself to experience pleasure is important and distracting yourself at times may be useful when stress levels are high, excessive distraction and other escape behaviours may increase your anxiety in the long run.
7. Do not blame yourself for the way you are feeling or reacting (e.g., I must be very mentally unstable if I feel this way). Strong emotions such as anxiety, anger, etc, that feel out of control are common when people have experienced trauma, and usually subside naturally. Criticising yourself will make you feel guilty and ashamed and will only add to the array of negative emotions you are currently experiencing.
8. Do not blame yourself for something you feel you should have done or not done (e.g., I should have been nicer to him). Blaming yourself cannot change the past and is unfair to you. Blaming yourself will only add guilt and shame to the anxiety and sadness you are already experiencing.



WHEN SHOULD I CONSIDER PROFESSIONAL HELP FOR MY SYMPTOMS?

When symptoms are severe enough during the first month to impair social or occupational functioning, Acute Stress Disorder (ASD) may be diagnosed. If these more immediate and disruptive patterns last beyond one month, the syndrome is called Post-Traumatic Stress Disorder (PTSD). Approximately half of those who have post-traumatic symptoms will recover within three months. The likelihood that you will continue to experience these symptoms beyond three months depends upon a variety of factors. For example, direct exposure to the traumatic event, the seriousness of the threat to life, the number of times trauma was experienced, a history of past trauma, or psychological difficulties prior to trauma are all factors that may increase the likelihood that your symptoms will not abate on their own with time. You can find out more about PTSD and CPTSD on page 14 of this brochure.



A WORMHOLE BACK IN TIME:

WHY DO I GET SO ANGRY WHEN I AM SCARED? AM I A BAD PERSON?

If we have scary, frightening things happen to us...

If we experience loss and separation from our family...

If we have not been loved or cared for in the way we should have been...

... our body remembers how bad these things felt so it can protect us from feeling those things again, or getting hurt again.

When we experience something even a little bit similar to those past experiences, our body creates a wormhole, sending us back in time to the first time we experienced those feelings, sights, sounds and smells. This is our body's way of telling us we are in danger so we can protect ourselves. Our body reacts quickly and sends us into fight, flight, freeze or collapse mode.

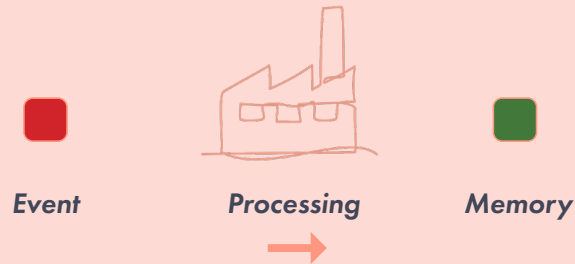
To everyone else, the situation that your body has reacted to might not seem to be dangerous. They may be completely unaware that the circumstance has triggered this reaction for you. This can result in us feeling isolated. However, the good news is that by repeatedly having safe experiences where you feel seen and heard by the people around you, your body will eventually trust that the danger is in the past, and that you are safe in the here and now.

PROCESSING TRAUMA: THE FACTORY METAPHOR

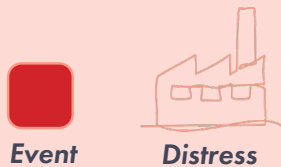
The factory metaphor can help when we're trying to understand how we can best process difficult traumatic memories.

The mind can be thought of as being a bit like a factory. One of its jobs is to process life events so that they become memories.

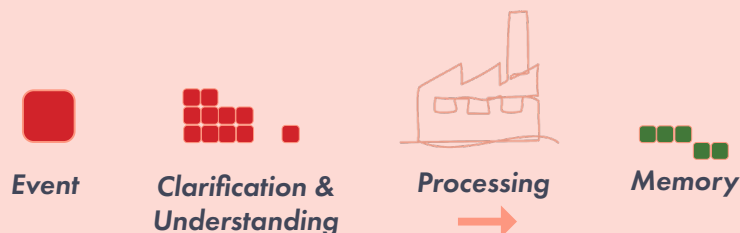
Most life events are of a size and type that the "mind factory" can quite easily cope with:



However, sometimes events occur which are too difficult to process in the normal way. This is likely to be because the event itself is too traumatic, and the difficulty may also be compounded because the person experiencing it is too young to understand adequately what is happening.



Because the event isn't properly processed, it is prevented from becoming a normal memory – hence the symptoms of re-experiencing and arousal that may occur. Avoidance may occur because the "mind factory" doesn't want to keep running into the problems that arise each time an attempt is made to process the trauma. This is why working with these difficult traumatic experiences needs to be done carefully and methodically, breaking them down into smaller pieces that can be adequately processed and turned into the kinds of memories that are not nearly so overwhelming.



TRAUMA TRIGGERS AND MEMORIES: AN OVERVIEW

TRAUMA TRIGGERS

The circumstances surrounding the traumatic event, including sights, sounds and smells, may have become connected in your day-to-day thinking with the trauma itself. Some of these may actually have helped you survive the trauma - e.g., a sound which caused you to jump out of the way of danger, or the smell of smoke which helped you to escape from a fire.

However, whilst those things signalled danger in that traumatic context, in everyday life, they are harmless. The smell of smoke could be the neighbour's BBQ, or a bonfire, and so no cause for alarm. If that sight, smell (etc) causes you to remember the traumatic event, it's known as a 'trigger'.

THE IMPORTANCE OF UNDERSTANDING TRIGGERS

Everyone has their own unique triggers. As well as those things which affect your senses, a trigger could be a person, a place or a situation, or perhaps a thought, emotion or sensation.

You can be triggered when you least expect it, as well as when you are anticipating it. A trigger can cause both physical and emotional reactions, such as sweating, shortness of breath, a racing heart, or fear, anger, sadness, guilt and shame.

It is possible to ease the impact that the reminders/triggers have by retraining yourself to recognise that you are safe, even if your habit is to react to the trigger as if you are in danger. If you would like help with this, please call or text your helpline number: 07480 726 082 or email SIX MHS at helpline@sixmhs.com to speak with one of our Mental Health professionals.

PTSD

PTSD: POST-TRAUMATIC STRESS DISORDER

CPTSD: COMPLEX POST-TRAUMATIC STRESS DISORDER

PTSD is an anxiety disorder caused by very stressful, frightening or distressing events, typically events in which you feel that your life or safety is threatened. It can also be caused by witnessing someone else's trauma, e.g., observing someone else in a serious road accident, even though you yourself are physically unharmed. PTSD and CPTSD can cause a wide variety of physical, mental and emotional symptoms such as hypervigilance, irrational anger and fear, panic attacks, flashbacks, digestive issues, feeling numb, nightmares and exhaustion. Someone with PTSD may experience feelings of isolation, irritability and guilt. They may also have problems sleeping and concentrating. The symptoms are often severe and persistent enough to have a significant impact on the person's day-to-day life.

CPTSD is caused by experiencing recurring or long-term traumatic events such as childhood abuse or neglect, domestic violence, sexual abuse or war. The symptoms of CPTSD are similar to those of PTSD but may also include problems with managing your emotions and maintaining relationships with friends and partners.

PTSD and CPTSD can affect anyone who has been exposed to trauma of any kind. For some, it develops immediately after the disturbing event, but for others, it may not develop until weeks, months or even years after the event.

It is possible for both PTSD and CPTSD to be successfully treated with psychotherapies such as EMDR (eye movement desensitisation and reprocessing) treatment and CBT (cognitive behavioural therapy), even many years after the traumatic event occurred. It is never too late to seek help.

SIX MHS has specialists in both EMDR and CBT who can help you if you think you may be suffering with PTSD or CPTSD. Call or text your helpline number: 07480 726 082 or email us at helpline@sixmhs.com to speak with one of our Mental Health professionals, in order to access these treatments.

There are also useful resources on the PTSD UK website here: ptsduk.org including some activities which may help to ease PTSD symptoms.

GRIEF

15 *Understanding Grief*

17 *Looking After Yourself*

18 *The 5 Stages of Grief*

UNDERSTANDING GRIEF

Grief is intense sorrow, and is the response to loss. We often talk about grief in the context of someone's death, but you can also experience grief after losing something of value, such as a relationship or job.

Bereavement is the experience of losing someone close to us, and is characterised by grief.

If you're reading this because someone has died, we're so sorry. The death of someone close can be one of the hardest things we have to deal with.

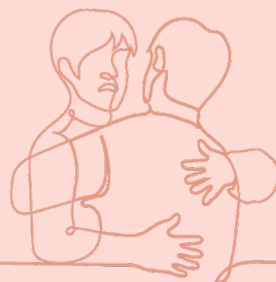
There is no normal or 'right' way to grieve. How you react will depend on many things – who died and how, age and experience, personality and culture or religion.

Over time feelings usually become less intense. You can't predict when that will happen, or force it to come sooner, but eventually most people feel able to cope with their lives, whilst remembering those who have died.

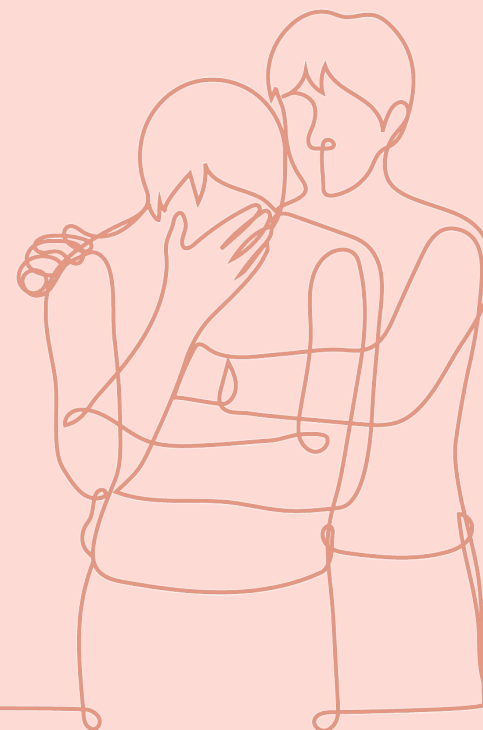
WHAT YOU MAY FEEL

There are no fixed symptoms of grief which everyone experiences, but some feelings are very common:

- In the early days you may feel shocked and numb, or you may feel nothing at all.
- The pain can be overwhelming, and you may experience waves of intense feelings or mood swings. It's common to find yourself going over and over events.



- You may find yourself searching for the person who has died. It's normal to see the person, feel their presence or talk to them.
- You may feel guilty about things which happened before the death, or about how you feel now.
- You may feel very angry with yourself or others, or with the person who has died.
- You may have trouble sleeping or need to sleep more than usual. You may feel sick or panicky.
- As time goes on you may have strong feelings of longing, sadness, loneliness and sometimes hopelessness and fear about the future.



LOOKING AFTER YOURSELF

It's important that you take care of yourself following a bereavement. These simple steps help many people.

TREAT YOURSELF GENTLY

Take one day at a time and give yourself permission to grieve. Don't feel guilty or weak if you're struggling to cope, or need help.

TALK TO SOMEONE

Talking can be really helpful. Often family or friends can help. You might also be able to talk to someone in your community, or to a faith or spiritual leader. Talk to your GP if your health is suffering.

DIET AND SLEEP

It's easier said than done, but try to eat properly and get enough rest (even if you can't sleep). People can sometimes use alcohol or other drugs to temporarily self-medicate. However, this isn't a long term or healthy solution, and we would recommend seeking help from a health professional for alternative approaches.

ROUTINE

Sometimes it helps to develop a new routine of eating, sleeping and connecting with others.

EXERCISE

Even a short walk to get some fresh air can help.



THE 5 STAGES OF GRIEF

You might have heard people talk about the 'five stages of grief'. But what are they, and does grief really follow a set timeframe?

WHO DEVELOPED THE FIVE STAGES OF GRIEF?

The 'five stages of grief' model was developed by Elisabeth Kübler-Ross, and became famous after she published her book *On Death and Dying* in 1969. Kübler-Ross developed the model to describe people with terminal illness facing their own death, but it was soon adapted as a way of thinking about grief in general.



WHAT ARE THE 5 STAGES?

DENIAL

Feeling numb is common in the early days after a bereavement. Some people carry on as if nothing has happened at first. Even if we know with our heads that someone important has died it can be hard to believe that they are not coming back. It's also very common to feel the presence of someone who has died, hear their voice or even see them.

ANGER

Anger is a completely natural emotion, and very natural after someone dies. Death can seem cruel and unfair, especially when you feel someone has died before their time or you had plans for the future together. It's also common to feel angry towards the person who has died, or angry at ourselves for things we did or didn't do before their death

BARGAINING

When we are in pain, it's sometimes hard to accept that there's nothing we can do to change things. The 'bargaining' stage is when we start to make deals with ourselves, or perhaps with God if we're religious. We want to believe that if we act in particular ways we will feel better. It's also common to find ourselves going over and over things that happened in the past and asking a lot of 'what if' questions, wishing we could go back and change things in the hope it could all have turned out differently.

DEPRESSION

Sadness and longing are what we think of most often when we think about grief. This pain can be very intense and come in waves over many months or years. Life can feel like it no longer holds any meaning which can be very scary.

ACCEPTANCE

Grief can come in waves and it can feel like nothing will ever be right again. But gradually most people find that the pain eases, and it is possible to accept what has happened. We may never 'get over' the death of someone precious, but we can learn to live again, while keeping the memories of those we have lost close to us.

DO THE FIVE STAGES HAPPEN IN ORDER?

The five stages are often talked about as if they happen in order, moving from one stage to the next. You might hear people say things like, "I've moved on from denial, and now I think I'm entering the angry stage." But this isn't necessarily the case. In fact, Kübler-Ross, in her writing, makes it clear that the stages are non-linear – people can experience these aspects of grief at different times and they do not happen in one particular order. You might not experience all of the stages, and you might find feelings are quite different with different bereavements.



TRAUMA BEREAVEMENT

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TRAUMATIC BEREAVEMENT

WHAT IS A 'TRAUMATIC BEREAVEMENT'?

When someone experiences a traumatic bereavement, they face having to cope with both the trauma of the death and the grief that follows their loss. The challenge is in the way trauma can disrupt the grieving process, making it even harder to grieve.

Thinking about traumatic bereavement therefore, requires us to consider both trauma and bereavement.

In a typical grief response, a person may experience a broad range of emotions, often intense and at times difficult to manage, but largely within their capacity to cope. By contrast, traumatic bereavement is associated with significant emotional problems that impact everyday functioning. These difficulties may arise alongside (or contribute to) diagnosable mental health problems such as PTSD, anxiety and depression.

Traumatic bereavement can result from any circumstance and at any time. The loss may have been caused by an accident, suicide, through drugs and alcohol, or as a result of violence, for example. But trauma can also happen after any sudden or unexpected death, or where you have witnessed someone suffering in pain.

Factors that may increase the risk of the bereavement being experienced as traumatic include: the sudden nature of a death, not being able to say goodbye, or constraints on collective mourning in line with normal cultural practices.

Bereavement and trauma affect people in different ways. Everyone will experience and respond differently. It is important to remember that there is no one right or normal way to grieve. While the reactions are normal, if you find that they are continuing and affecting your ability to cope with daily life and your relationships with others, you can contact your GP, or call or text your helpline number: 07480 726 082 or email SIX MHS at helpline@sixmhs.com to speak with one of our Mental Health professionals.

FEELINGS AFTER A TRAUMATIC DEATH

There are some common reactions and feelings you may experience in the hours, days, weeks, months and years after a traumatic death. The feelings can be very strong and frightening. It can feel as if you are losing control or 'going mad', but for most people the feelings do become less intense over time.

DISBELIEF

Losses we are not prepared for can be difficult to make real, particularly if we can't be present or hold those who have died.

What can help

It takes a long time to take in what has happened. People often find it helpful to:

- Visit the place where the person died
- Talk with others involved
- Place a wreath in a significant place
- Attend memorial services or other rituals of remembrance

In the end, there may be aspects of the loss that will never be explained. You may need to be prepared to live with the uncertainty of not knowing the full story.

FEELING NUMB

Numbness is our mind's way of protecting itself from mental pain. Sometimes we may be unable to think clearly, or become confused and lose our bearings. At other times we may be unable to express feelings of any kind. In an emergency, it is this type of detached thinking that enables us to keep going, for example to engage in the rescue of others. It is only if the numbness continues for an extended period of time that it becomes a problem.

What can help

At times of loss it is normal and appropriate to express grief in any way that feels natural. Some people need to cry, others will rage and others just talk endlessly about what has happened. Try to find someone you can trust who will be a good listener and don't worry if, for a while, you look or feel helpless. That will pass. Memories of the past are sometimes painful but it is best not to bury them for too long.

HAUNTING IMAGES

Many people are haunted by pictures in their minds after a traumatic event. Some also experience sounds, smells and tastes. This can happen if you witnessed a death or a traumatic incident. Even if you were not there, television or other pictures can also 'bring home' the awfulness of the way a person might have died. Such images may occur without warning and may also surface, in a distorted form, as recurrent nightmares. They may be triggered by any reminder of the loss such as loud noises, cries or shouts.

Some people go to great lengths to avoid such reminders because the images are so anxiety-provoking. In severe form these reactions become known as PTSD.

What can help

Haunting images can sometimes be eased by talking to others, going over the events again and again until you get used to them. The images may not disappear but they usually become less disturbing and easier to live with. If the images are stopping you from grieving or getting on with your life, then you should speak to your GP or SIX MHS about being referred to specialist services.

PAIN AND CRYING

You may feel immense emotional and/or physical pain – some people can find this overwhelming and frightening. Some people will cry a lot but not everyone shows pain in the same way. You may feel overwhelmed and find it difficult to do even everyday tasks. It can be hard to concentrate.

What can help

Talking can be one of the most helpful things – to friends and family, or to another supportive organisation. Some people find it helpful to throw themselves into work; others find they need to take some time out of day-to-day life and activities. Everyone needs to find their own way of coping. It's important to find your own balance between confronting grief and avoiding it, and take time to care for yourself as well.

ANGER

Anger is a very natural reaction to loss, particularly if the loss was caused by violence, terrorism, error or negligence. The anger may be directed towards those who caused the trauma, an authority figure or the people nearest to hand. Some people may find themselves hitting out at the people they love the most.

What can help

If you feel that you are becoming angrier, please do talk with someone before you get to a point of feeling you will lash out. Remember that anger can be a force for good if it is controlled and directed. Try to hold back from impulsive outbursts and, if you have said or done things that have hurt others, don't be too proud to apologise. Talking to someone will help them understand, and most people genuinely want to help.

GUILT

No one is perfect and it is easy to focus on something that we did or didn't do in our attempt to find someone to blame.

Often, people end up blaming themselves. At the back of our minds we may even cling to the idea that, if we punish ourselves we will make things right again and get back the person we have lost.

What can help

Sooner or later we have to accept that what has happened is irrevocable and that punishing ourselves won't change anything. Friends will often say 'You shouldn't blame yourself'; but guilt and anger are not feelings that can be switched on and off at will. Rather we should try to find a creative outlet for our grief, to bring some good out of the destructive event that has occurred.



FEAR

We all know that disasters happen, but most of the time we go through life with confidence that we are safe and protected from serious harm. Then disaster strikes. In a moment the world has become a dangerous place, we can take nothing for granted, and we are waiting for the next disaster. Fear causes physical symptoms including tense muscles, racing heart, sweating, breathlessness and sleeplessness.

What can help

The symptoms of fear are actually very normal. At such times, a racing heart is a normal heart. Headaches, back aches, indigestion, even feelings of panic, are natural reactions that will decline as time passes. Relaxation exercises, meditation techniques, aromatherapy or whatever helps to relax you will put you back in control. If physical symptoms do continue to worry you, speak to your GP.

LOSS OF MEANING

After a traumatic loss, all of a sudden, we can take nothing for granted any more. Perhaps the person who died is the one we would have turned to at times of trouble. Sometimes it can be difficult to find a reason to go on.

What can help

Those who have a religious faith may find it helpful to seek support there. Others may find spiritual help outside of formal religious frameworks. When faced with trauma it takes time and hard work to adjust. People's core beliefs and assumptions are reshaped by the traumatic life events they have been subjected to. It is important to seek help if you find you are having feelings that life is not worth living, or are thinking of ending your own life.

If you or a family member is at immediate risk of harm please call 999 or attend the nearest A&E.



TYPES OF TRAUMATIC LOSS

There are many types of traumatic loss. Some are listed here. Other deaths which may not appear naturally to fall into the category of a traumatic death can still be very traumatic for those who have witnessed them, and to those left behind.

SUICIDE

When someone dies by suicide it can be very difficult not to torture yourself with questions about why they chose to do what they did, or whether it could have been prevented in some way. Final conversations can play over and over in your mind. It can be difficult to come to terms with questions that could only be answered by the person who has died.

You may feel that the person who died rejected you or your help, or that your love and care was ignored by them. The nagging feeling that you didn't do enough can be very painful.

People can sometimes find it difficult to deal with others' bereavements. In the case of a suicide, people can feel even more worried about doing or saying the wrong thing, and therefore seem to be ignoring you.

Those who are bereaved by suicide often say they feel judged and don't experience receiving the same level of compassion, as if the person had died by other means.

DRUGS AND ALCOHOL

Death as a result of drugs or alcohol may be very traumatic. You may or may not have known about your friend or relative's drug or alcohol use or been unaware of the full extent of their use. Perhaps you had been living with their long-term drug or alcohol use. They may have been experimenting with drugs or alcohol.

Feelings of anger, guilt and disbelief may be common. It can feel isolating if you perceive that others are judging you or the person who died.

VIOLENCE AND CRIME

Bereavement through murder or manslaughter may be particularly difficult to come to terms with.

You may feel numb as if this isn't happening to you, or that there has been a terrible mistake. People can repeatedly question why it happened and spend lots of time asking themselves if they could have prevented it. They also question why it wasn't them who died.

Feelings of unfairness, disbelief and despair may be heightened and you may encounter unwanted intrusion and interest from your community. You may feel that you have little control over the public interest shown towards the death of the person you were close to and this can lead to self-isolation and separation from your family, friends, community and wider society. Anger and feeling a need for revenge are also common reactions.

MAJOR DISASTERS AND TERRORISM

Victims of a disaster or terrorist attack may have suffered a bereavement, been physically injured, or experienced emotional or psychological trauma.

There is no single pattern of response or recovery after an attack or disaster – every person will have a different experience. It's important that you have support from your family, friends and colleagues.

People who have been affected by a terrorist attack may display feelings and behaviours that others find hard to understand. These are natural in the aftermath of a major incident and can settle in time. Reactions can include:

- Fear, shock, horror and helplessness
- Anger that this has happened, and against others if a person or group was responsible or negligent
- Helplessness if it was a natural disaster, and there was no-one to blame
- Loss of control, or being unable to control your emotions
- Worrying about not having done something to lessen the trauma or avoid the attack
- Guilt for surviving when others did not

It is common to have some or all of these feelings and you may experience them immediately or sometime later. The feelings can be very strong and frightening, especially if a death was sudden or violent, or if a body was not recovered, or if many people died.

PANDEMIC

If someone died during a pandemic, a number of things may have been particularly hard for family and friends to deal with:

- You may not have had an opportunity to spend time with that person or to say goodbye in person.
- If you were not able to be present for the death and could not view the body, it may still be difficult to accept the reality of the death.
- You may have read or seen difficult stories in the media or you may have witnessed distressing scenes directly.
- If the health services were stretched at the time of death, you may also have concerns about the care the person received before they died. This in turn can lead to feelings of anger and guilt.
- You may have had to put your grief on hold during this time.

No matter how long it has been since the death, it is important you take time to grieve and get the support you need.



If you have been affected by trauma or a bereavement, and you would like some help, or someone to talk to, we are here for you. Just pick up the phone and give SIX MHS a call, or send us a message:


07480 726 082

helpline@sixmhs.com

You may also find some of the following websites have helpful resources and advice:

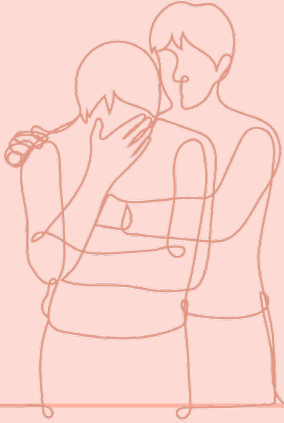
PTSD UK: ptsduk.org 

Cruse: cruse.org.uk 

SOBS: uksobs.org/ 

Sources: PTSD UK: ptsduk.org
Therapist Aid: therapistaid.com
UK Trauma Council: uktraumacouncil.org
Good Medicine: goodmedicine.org.uk
Beacon House: beaconhouse.org.uk
Cruse: cruse.org.uk

SIX MHS TOOLKITS: TRAUMA & BEREAVEMENT



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