



Trauma Response®

Infosheet™

PRODUCED AS A PUBLIC SERVICE OF

THE AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS, INC.

368 VETERANS MEMORIAL HIGHWAY, COMMACK, NEW YORK 11725

TEL. (631) 543-2217 • FAX (631) 543-6977

WWW.ATSM.ORG • WWW.TRAUMATIC-STRESS.ORG • WWW.AAETS.ORG

How Can Emergency Responders Help Grieving Individuals?

Reprinted from *Acute Traumatic Stress Management*™
by Mark D. Lerner, Ph.D. and Raymond D. Shelton, Ph.D.
© 2001 by The American Academy of Experts in Traumatic Stress, Inc.

Grief refers to the feelings that are precipitated by loss. The early reactions that we see in grieving individuals occur during a period of “**Numbing**.” Initially, the individual may present *in shock*. There may be a highly anxious, active response with an outburst of extremely intense distress or perhaps a seemingly stunned, emotionally- numb response.

During this early phase, you may likely observe *denial*—an inability to acknowledge the impact of the event or perhaps, that the event has occurred. The individual may evidence *dissociation*, in which he may seem dazed and apathetic, and he may express feelings of unreality. It is not unusual for people to make statements such as, “I can’t believe it,” “This is not happening,” “This has got to be a bad dream,” etc. Finally, there may be periods of intense emotion (e.g., crying, screaming, rage, anger, fear, guilt, etc.). Recognize that these kinds of reactions to a traumatic loss are *normal* responses.

As an emergency responder, it is unlikely that you will observe further stages in the bereavement process. However, to provide an overall picture of how people respond to loss, the following information is offered. Within hours or perhaps days of the loss, “**Yearning and Searching**” may be observed. Here, the individual begins to register the reality of the loss. There may be a preoccupation with the lost individual. Symptoms may include, but not be limited to, insomnia, poor appetite, headaches, anxiety, tension, anger, guilt, etc. Sounds and signals may be interpreted as the deceased person’s presence.

Within weeks to months following the loss is a period of “**Disorganization**.” Here, feelings of anger and depression are exhibited. The individual may likely pose questions (e.g., “Why did this have to happen?”) and evidence periods of “*bargaining*” (e.g., “If only I could see him just one last time.”). Finally, in the months or even years following the loss is a time of “**Reorganization**.” Here, the individual begins to accept the loss—often cultivating new life patterns and goals.

There are no “cookbook” approaches to helping people who are struggling with loss. Perhaps the most important variable is “being there” for the person. Attempt to connect with the him using the ATSM model. Encourage expression of thoughts and feelings without insistence. Recognize that although relatives and friends intend to be supportive, they may be inclined to discourage the expression of feelings—particularly anger and guilt. Avoidance of such expression may prolong the grieving process and can be counterproductive. Allow periods of silence and be careful not to lecture.

When working with grieving individuals, avoid cliches such as “Be strong,” and “You’re doing so well.” Such cliches may only serve to reinforce an individual’s feelings of aloneness. Again, allow the bereaved to tell you how *they* feel and attempt to “normalize” grief reactions. Finally, don’t be afraid to touch. A squeeze of the hand, a gentle pat on the back or a warm embrace can show you are there and that you truly care.