

KNOWING WHEN PROFESSIONAL HELP IS NEEDED

Because grieving is so painful, some people feel that they are "going crazy" and need help to cope. Generally speaking, if the mourner cries when he or she feels like it, finds an outlet for expression of feelings (a good friend, family member, journal writing, etc.) and "goes with" the grieving process rather than trying to avoid it, resolution will eventually come.

Following are grieving characteristics that may be expected and generally would not indicate that medical or psychotherapeutic help is necessary. However, counseling from a grief therapist skilled at working with survivors of crime may be helpful for all victims.

- Unanticipated periods of crying which may reoccur for months or even years (grief spasms).
- Hallucinations or dreams about the deceased from time to time.
- Periods of loss of appetite and difficulty sleeping which do not last so long that significant weight loss or exhaustion occurs.
- Periods of anger about the loss of the loved one which are difficult to focus.
- Difficulty deciding what to do with the "things" of the deceased.
- Remorseful feelings and death wishes accompanied by rational plans for coping rather than plans for committing suicide or homicide.
- Fears and avoidance of things associated with the loss; for example, some anxiety about driving, or avoiding the scene of the accident.
- Desire to keep a box of mementos of the deceased, but attach no "magical" significance to the mementos.

The following, however, may be indications that individual, group, or family psychotherapy should be utilized as well as consultation with a physician.

- Continuing use of heavy tranquilizers; new or increased use of alcohol or drugs in order to cope.
- Lack of grieving symptoms and numbing of all emotional responses.
- Eating or sleeping difficulties which result in obvious body changes such as weight loss or exhaustion.
- Preoccupation with death wishes which include a plan for carrying out suicide or homicide.

- A sense of the continuing presence of the deceased, within one's own body, for example.
- Assignment of magical significance to mementoes of the deceased. An example is keeping the room of the deceased exactly as it was prior to death and sensing the "presence" of the deceased in the room.
- Hallucinations or dreams which are regular and ongoing to the point of prohibiting normal functioning.
- Preoccupation with guilt which is not rational.
- Fears approaching panic which keep one agitated much of the time.
- Frequent body symptoms such as trembling, shaking, excessive sweating, feelings of suffocation or choking, frequent shortness of breath, dizziness, fainting, more headaches than usual, gastro-intestinal problems.

Family members and friends who experience some of these symptoms should not be hard on themselves because they need help. The loss experienced is very difficult to handle and all avenues of assistance should be utilized if needed.

The most common symptom of persons needing professional help is ongoing and consuming guilt. The most common clue comes from listening to victims talk about what happened. While most victims need to tell and retell the story, the story should change over time as different pieces of it are dealt with and new pieces come to mind. If the story is told exactly the same, time after time, and the telling has the same power to depress rather than relieve, the victim is probably "stuck" and will need professional care to help them move.

Getting someone into counseling is difficult because they may not yet be ready to feel better. Try, "I'm frustrated because I clearly don't have the skills to be able to help you and it hurts me to see you feeling the same way day after day. I'd like to give you the names of three professional counselors."