

CorsoCare Hospice Bereavement Program

Grief, Trauma, or Depression

By Patricia Johnson

After a loved one dies, those who grieve may find it difficult to function in everyday situations. Lingering emotional turmoil, a sense of shock, and social withdrawal are painful but natural reactions.

Despite these expected symptoms, is it possible to become “stuck” in grief? What if the loss prompts thoughts of self-harm or even suicide? And how can trauma affect the healing process?

Symptoms of grief, depression, and trauma can resemble one another. In order to respond to these symptoms appropriately and move on with life, it is crucial to understand the differences.

When Grief Becomes Clinical Depression:

It's not unusual for those who grieve to feel despondent, empty, and anxious. Grief encompasses different emotions for different people, and it takes time to adjust to the loss and any accompanying changes.

Sometimes, though, the depressive state doesn't diminish over time and continues to disrupt everyday life. This may be an indicator of a depressive disorder.

According to the American Cancer Society, about one in five bereaved people will develop major depression. It is difficult to predict whose grief will or won't turn into depression following the death of a loved one. However, the following risk factors may increase the likelihood:

- History of depression
- Little previous experience with death
- No support networks
- Intense depressive reactions early in the grieving process
- Prior issues with alcohol or drug abuse

It is possible to grieve without being depressed. That said, there is a difference between the sadness of grief and the unrelenting numbness of depression. Here are signs indicating that a grieving person may also be depressed:

- Shows symptoms of grief for four or more months with no signs of improvement
- Prolonged or severe inability to function at home, work, and/or school
- Stays in bed all day, doing nothing
- Thinks of suicide and/or has a preoccupation with death
- Speaks and moves slowly
- Hallucinates, which may or may not relate to the deceased
- Feels worthless

If symptoms persist—and especially if suicidal thoughts occur—it is imperative to reach out to a family doctor, counselor, or pastor. Those with depression will not simply “snap out of it.” However, depression is highly treatable, and with competent care, a healthy lifestyle can be restored.

When Trauma Blocks Grief:

Losing a loved one in a sudden or unexpected way—like a car accident, heart attack, murder, or suicide—may result in a traumatic reaction that hinders the grieving process. This sense of shock can also occur when the death is expected, as in the case of a long illness.

If a person is run down psychologically, suffers from anxiety or depression, or has endured previous traumatic experiences, it's more difficult to handle another setback. As a result, additional grief symptoms can be unbearable. In order to cope, the traumatized individual may attempt to avoid grieving altogether.

The National Center for Posttraumatic Stress Disorder highlights broad types of symptoms that differentiate trauma from grief:

- Re-experiencing Symptoms: mentally replays the trauma while awake or asleep
- Avoidance Symptoms: avoids trauma-related activities, places, thoughts, or feelings
- Numbing Symptoms: loss of emotions, especially positive ones
- Arousal Symptoms: difficulty concentrating and sleeping, and a heightened sense of being on guard

Over time, if symptoms continue to influence life at work and home, counseling is advised. In addition to support groups, treatments that are both comforting and effective are available. Grieving the loss may be painful, but it is necessary to allow healing to occur.

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