

Coping with Traumatic Experiences Understanding Your Feelings

Surgery & Critical Care

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.



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Information for patients and visitors

Introduction

Reaction to a traumatic event is a very personal matter but this information may help you to know how others have reacted in similar circumstances.

This leaflet is designed to help you understand your feelings and to help you cope.

First Reactions

Right now you may be feeling helpless and confused. This is usual. Reacting to an abnormal event in your life takes time and energy. The mind as well as the body needs time to heal.

Be kind to yourself. Be patient with yourself.

Feelings and reactions you may have experienced

- Feeling as though you were “watching a film”
- Experiencing a slowness of your physical and mental reaction – a feeling of being “frozen up”
- A sensation that although you were there, the incident was a dream. You may have felt almost detached from the experience
- Experiencing a free flow of energy (adrenaline). Concentrating on survival – yourself and others

How you might feel following a traumatic event

Numbness: the shock of the incident; sometimes, thinking or hoping the incident didn't happen; being unable to feel.

Fear: a strong feeling of helplessness; feeling that something similar will happen again; feeling vulnerable and exposed; fear of a life alone and losing loved ones; recollection of a previous fear; fear that you will become one of life's victims; feelings of being overwhelmed by emotional turmoil.

Sadness: feelings of great loss because all the plans you made cannot be fulfilled; periods when you break down and cry; feeling you are acutely affected by other deaths and losses not associated with the incident; crying out for your lost loved ones or for all that you have lost; feeling that things will never be the same again.

Tiredness: feeling drained of all emotions; feeling as though your insides have been “scraped out”; feeling exhausted.

Guilt: for not having acted as you may have wished; for having survived when others didn't; regret for things not done or words left unsaid.

Anger: why has this happened to me? Anger at what has happened, at whoever caused it or allowed it to happen, at others who cannot understand how I feel; a general frustration that life is beyond your control; a general feeling of irritability.

Reminders: of other losses or bereavements at other times in your life.

Searching: for a new meaning in your life.

Preoccupation: thinking about the event over and over again; an inability to concentrate; an inability to make decisions.



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Other symptoms

A crisis can produce physical symptoms as well as mental exhaustion. Some common symptoms are:

- Feeling a need to keep busy that can make exhaustion worse
- Sleeplessness and disturbing dreams – often of the event
- Re-experiencing the event through vivid flashbacks
- A decreased interest in sex
- Loss of memory of the event
- Nausea
- Diarrhoea
- Muscular tension resulting in backache, headache or neck pain
- Difficulty breathing
- Panic attacks
- Dizziness

You may experience some, all or none of these symptoms often or occasionally. The body is reacting to trauma and trying to come to terms with the event. Usually, these symptoms lessen in intensity and then slowly fade in the first six weeks following the event.

It is important to remember that although symptoms can start a short time after the event, they can also develop several months later. If they do not decrease with time, or if the symptoms get worse, then medical treatment should be sought.

Nature heals by allowing these feelings to come out. This will not lead to loss of control, but by not acknowledging these feelings you may cause yourself longer term and more serious mental health problems.

Do not give yourself a date by which you expect to feel better. Don't allow others to influence you by telling you when it is time you were "over it", even if they mean well. Go at your own pace. Remember that crying can help. It is the natural way to express painful feelings.

Changes in your behaviour

You may find that you:

- Eat more (or less)
- Sleep more (or less)
- Smoke more
- Drink more

In the short term these changes may not be harmful. But in the long term, behaviour such as drinking large amounts of alcohol or taking illegal drugs are not good ways of dealing with traumatic stress and will cause more problems. If you think (or someone close to you thinks) that you are having a problem with alcohol, drugs, smoking or eating, then see your GP.

Everyone has some of these reactions but they can vary in intensity. Experience has shown that they may be greater if the experience involved:

- Many people who died
- An accident which has been the result of a technological failure
- Deliberate harm being done to yourself or others
- Deaths that were sudden, violent or that occurred in horrifying circumstances
- A death but no body was recovered
- Someone dying at a time when their relationship with you was not good



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- Additional stress on top of existing problems

Even if none of the above applies, your reactions to the incident may still be intense and hard to control.

You and other people

Experience shows that your major relationships are crucial following a traumatic such as you have experienced. Talk to those nearest to you and try to tell them how you are feeling. The idea that “nobody can understand what I’m going through” is natural but may not be true. Other people can be your main source of comfort at this difficult time.

However, sometimes, strains in an existing relationship may appear. You may not feel able to give much time to your relationships just now. You may feel the need to withdraw from family and friends and spend more time on your own. However, try not to withdraw too much because others have shown that this is more likely to prolong suffering.

Sometimes, the behaviour of others may be unhelpful, even hurtful; they may become impatient through not appreciating the amount of time recovery may take. Alternatively, they might become upset because they cannot cope with your painful feelings. If this is the case, try to find someone else who can listen.

Self-help notes

The best way to help yourself is to **understand and accept** the intensity and **depth of your reactions**. Let yourself experience the feelings you have about what happened and talk to others about it. Express your emotions and don’t bottle them up.

Get as much **information** as you can. Try and make sure you know what actually happened rather than what you think happened. Face the reality of the situation by returning to the scene if you can. It might also be helpful to attend occasions associated with the event, such as funerals and memorial services as these can also help you to come to terms with the event.

At first, thoughts about the event will continually come into your mind, causing you to go over and over the event again. At times you may feel that the original event is about to happen again.

Disturbing dreams and flashbacks are common. This is the way the mind processes a disturbing event and is nature’s way of healing. **It needs time, space and rest. Don’t deny it this process.** Talk about the traumatic event, think about it. Allow yourself to go over and over the incident. Encourage children who were involved to talk and play about the event too.

Try to get extra time for thinking and resting but at the same time living within a routine. Try to eat a good diet even if you don’t feel hungry. You may feel that you suffer more from minor illnesses such as coughs and colds. **Look after yourself at this difficult time.** Accidents are more common following a crisis, so drive with additional care.

When further help is needed

The feelings described in this booklet usually lessen in intensity, gradually fading as time passes following the event. If these feelings are not falling into place after about six weeks or symptoms start some months after the event, then it is advisable to seek further help.



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Common reasons for seeking help:

- Thoughts about the event continue to overwhelm you in intensity and frequency, causing you to feel exhausted
- You feel you must keep active in order to block out your feelings
- You still feel numb about the event, or feel you sometimes have to pretend the event never happened at all
- You continue to feel a strong sense of shame about the event or your reactions to it
- You feel you are becoming increasingly withdrawn from people and social situations
- You are continuing to have difficulties with sleep and feeling “low”
- Your work performance is suffering
- You are becoming more irritable and angry and feel “at the end of your tether”
- There is no one you can really talk to about how you feel
- You find that you are drinking and smoking more
- Your relationships are affected

Where to find help

You should approach your GP in the first place; he / she may refer you to a specialist service. Specialist referral should be an NHS clinical psychologist, psychotherapist or to a specialist clinic.

Contact relevant organisations such as those listed below to find out if there are any support groups in your area.

Cruse www.crusebereavementcare.org.uk
08444779440

Victim Support www.victimsupport.org.uk
0845 30 30 900

Contact details within the Trust for patients to obtain additional information

Critical Care Outreach Team

Grimsby 01472 874111 bleep 719

Scunthorpe 01724 282282 bleep 2162

Acknowledgement

This leaflet was modified from the Royal Berkshire Hospital's follow-up clinic leaflet with their permission.

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:

nlg-tr.PALS@nhs.net

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