

GRIEF FOLLOWING TRAUMA

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TRAUMA AND GRIEF

- CHALLENGES - DIVERSITY
- OVERLAPS – NO CLEAR DEFINITION
- COMPLICATIONS – (DELAYED, CHRONIC, PROLONGED, ATYPICAL, DISTORTED, DEVIANT, UNRESOLVED, COMPLICATED, MORBID, DYSFUNCTIONAL, NEUROTIC, PATHOLOGICAL)

IN BRIEF, THE DEMARCATION BETWEEN UNCOMPLICATED AND COMPLICATED MOURNING IS HAZY AT BEST AND CONSTANTLY CHANGING. SUCH CHANGE IS DUE NOT

ONLY TO ADVANCEMENTS IN DATA COLLECTION IN THIS AREA BUT ALSO TO THE FACT THAT NO DETERMINATION OF ABNORMALITY CAN BE MADE WITHOUT TAKING INTO CONSIDERATION THE VARIOUS SETS OF FACTORS KNOWN TO INFLUENCE ANY RESPONSE TO LOSS.

REACTIONS TO LOSS CAN ONLY BE INTERPRETED WITH IN THE CONTEXT OF THOSE FACTORS THAT CIRCUMSCRIBE THE PARTICULAR LOSS FOR THE PARTICULAR MOURNER IN THE PARTICULAR CIRCUMSTANCES IN WHICH THE LOSS TOOK PLACE.

(RANDO, 1984)

- COMMONALITY OF DEATH – CANNOT BE DESCRIBED AS OUTSIDE THE RANGE OF HUMAN EXPERIENCE
- TENDENCY TO EITHER PATHOLOGIZE (PTSD) OR MINIMIZE (IT'S JUST NORMAL GRIEF)
- WHILE GRIEF AND TRAUMA ARE NOT THE SAME THING, THE SAME EVENT HAS THE POTENTIAL OF PRODUCING EITHER OR BOTH EXPERIENCES. (ETH & PYNOOS, 1994)

- ANY DEATH HAS THE POTENTIAL TO PRODUCE TRAUMA REACTIONS
- CAN BE SEEN AND TREATED AS PATHOLOGICAL, BUT THERE IS SOME EVIDENCE THAT IT IS NOT A MENTAL HEALTH DISORDER.

SEVEN HIGH RISK FACTORS

RANDO, 1990

- SUDDEN, UNEXPECTED DEATH
- DEATH FROM AN OVERLY LENGTHY ILLNESS
- DEATH OF A CHILD
- MOURNER'S PERCEPTION THAT DEATH WAS PREVENTABLE
- RELATIONSHIP TO DECEASED
- CURRENT MENTAL HEALTH STATUS
- PERCEIVED LACK OF SUPPORT

TRAUMATIC DEATHS

- USUALLY VIEWED AS SUDDEN, UNEXPECTED, VIOLENT - EXAMPLES
- LONG-TERMED ILLNESS - EXAMPLES

- IN 1987 – THE APA SHIFTED THEIR FOCUS FROM THE EVENT TO THE KEY ELEMENTS OF THE EVENT.
- WE NOW CONSIDER THE INDIVIDUAL'S PERSONAL PERCEPTION OF THE EVENT.

NORMAL REACTIONS TO DEATH

(APA, 1994; PYNOS & ETH, 1985)

- RECURRENT AND INTRUSIVE RECOLLECTIONS
- RECURRENT DISTRESSING DREAMS, FLASHBACKS, AND OTHER DISSOCIATIVE EXPERIENCES
- PSYCHOLOGICAL DISTRESS AT EXPOSURE TO SYMBOLS OF THE EVENT OR THE DECEASED (SENSORY AND TRIGGER EVENTS)
- PSYCHOLOGICAL RESPONSES SUCH AS DIFFICULTY SLEEPING, IRRITABILITY, CONCENTRATION, ETC.

LEVELS OF REACTIONS

- NORMAL TRAUMATIC STRESS REACTIONS
- TRAUMATIC STRESS DISORDER – “THOSE EVENTS THAT ARE SO TRAUMATICALLY STRESSFUL AND PLACE SUCH A HIGH DEMAND ON THE PERSON FOR CHANGE THAT THEIR PSYCHOSOCIAL RESOURCES ARE CHALLENGED ENOUGH TO PRODUCE PATHOLOGY. (STAMM, 1985)

TRAUMATIC DEATH

TRAUMATIC DEATH PRODUCES A HIGHER RISK FOR COMPLICATED GRIEF, TRAUMATIC STRESS, AND PTSD.

FACTORS THAT MAY LEAD TO PATHOLOGY OR COMPLICATED GRIEF

- TYPE OF DEATH
- CHARACTERISTICS OF RELATIONSHIP
- CHARACTERISTICS OF SURVIVOR
- SOCIAL CONDITIONS
- (PARKES, 1985)
- MULTIPLE DEATHS (KASTENBAUM, 1969, NEUGEBAUER, 1982)
- DEATH BY WAR, MURDER & DISASTER (ETH & PYNOS, 1985)
- WITNESS TO DEATH/LIFE THREATENING EVENT (PYNOS & NADAR, 1988)
- CAUSING DEATH OF OTHERS (GREEN, 1994)

THEORETICAL PERSPECTIVES

- WORLD ASSUMPTION THEORY
- STRUCTURAL CONCEPTUALIZATION OF STRESSFUL EXPERIENCES

WORLD ASSUMPTION THEORY

JANOFF-BULMAN, 1992

- WE HAVE 3 ASSUMPTIONS ABOUT OURSELVES, THE EXTERNAL WORLD AND THE INTERACTION BETWEEN THE TWO.
 - 1. THE WORLD IS BENEVALANT
 - 2. THE WORLD IS MEANINGFUL
 - 3. THE SELF IS WORTHY

WHEN A TRAUMATIC EVENT OCCURS, PERSON NEEDS TO RESTURCTURE THEIR COGNITIVE REAPPRAISAL OF THE MEANING OF THE EVENT.

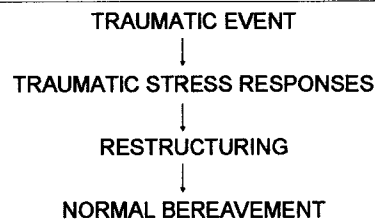
SCSE - STRUCTURAL CONCEPTUALIZATION OF STRESSFUL EXPERIENCES

- THE EVENT OCCURS TO A PERSON IN THE CONTEXT OF THE ENVIRONMENT. THE PERSON RECEIVES AND CATALOGUES THE INPUT AND COMPARES WITH ONE'S GENERAL EXPECTATIONS OF THE WORLD. IF THE PERSON'S RESOURCES MATCH OR SURPASS THE EVENT, THE EVENT IS ABSORBED AND EQUILIBRIUM IS PRESENT.

- THE MORE MASSIVE THE EVENT IN RELATION TO THE PERSON, THE GREATER THE POTENTIAL FOR UNBALANCING.

- PERCEPTION OF THE MAGNITUDE OF THE EVENT
- PERCEPTION OF THE RESOURCES
- PERCEPTION OF PLACE IN THE WORLD (SELF-ESTEEM, BELONGING)
- PERSON TO PERSON - UNDERSTANDING SELF IN RELATION TO OTHERS (ABILITY TO ADAPT)
- PERSON IN EVENT - PERCEPTION OF PERSON'S THOUGHTS, FEELINGS AND ACTIONS DURING THE EVENT - POSITIVE OR NEGATIVE.

CHARLES FIGLEY - 1998



INATTENTION TO RISK FACTORS FOR TRAUMATIC STRESS CAN LEAD TO PATHOLOGICAL GRIEF AS WELL AS INATTENTION TO NORMAL PATTERNS OF GRIEF INCREASES THE RISK OF PTSD.

FIGLEY, *TRAUMATOLOGY OF GRIEVING*, 1998

TRAUMATIC STRESS

- NEED TO DISTINGUISH TRAUMATIC STRESS FROM OTHER TYPES OF STRESS AND TRAUMATIC STRESS REACTIONS FROM TRAUMATIC STRESS DISORDER.
- NOT EVERYONE WILL DEVELOP PTSD FOLLOWING A TRAUMATIC EVENT, BUT MOST WILL EXHIBIT POST TRAUMATIC STRESS REACTIONS – NORMAL REACTIONS TO AN ABNORMAL EVENT.
 - FIGLEY, 1998

WHAT HELPS?

- CRISIS INTERVENTION
- FOLLOW UP
- INFORMATION AND DIRECTION
- NORMALIZATION
- SOCIAL SUPPORT
- TEACHING – COPING SKILLS, RELAXATION, TALKING, JOURNALING, GROUPS