Traumatic Grief:

What We Need to Know as Trauma Responders

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"Generally speaking, the clinical and research fields of psychological trauma and grief and bereavement have proceeded independently, with few links between those who study these issues or in the design of research studies" (Green, 2000)

I have been working in the area of traumatic grief for approximately 15 years. As a suicide survivor and mental health professional, my interest in the connections between trauma and grief developed when I was researching the impact of suicide bereavement. While the word trauma was rarely mentioned, a small number of articles mentioned the traumatic elements of suicide loss, especially those related to witnessing a suicide or discovering the body of a loved one who died by suicide. Only in the past several years have grief and trauma been jointly addressed (Figley, 1999; Figley, Bride and Mazza, 1997; Raphael & Martinek, 1997). Following public tragedies such as school shootings and larger disaster events, the media has made reference to grief counsellors being called to assist those affected by grief. More recently, there are also references to trauma counsellors and teams assisting victims following such events. Most of my clinical and community work involves individuals and families who are clearly affected by elements of both grief and trauma. Our challenge as trauma responders- peer and clinician alike is to have some understanding of both trauma and grief, the conceptual differences between them, and an assessment and intervention framework from which to respond appropriately to both when required.

Conceptually and clinically, it is important to encourage more links between trauma and grief, and to understand the overlap between them. There is little doubt that all loss is characterized by some degree of trauma (especially in acute phases), and loss is inherent in all trauma. The circumstances, which can most bridge the two areas, and are of substantial interest to both, are those involving traumatic loss- loss in which the mode of death is sudden and/or unexpected, and violent.

Conceptualizations of Trauma and Grief in the Literature

That reactions to trauma and grief may be different has been recognized for some time, especially among those working in the area

of complicated grief. Lindemann's (1944) classic clinical description of the symptomatology and management of acute grief evolved from his work with the survivors of the Cocoanut Grove nightclub fire in Boston, many of whom were not only bereaved but also severely traumatized by other elements of this tragedy. Lindemann's description highlighted the complexity of the picture of grief, bereavement and trauma.

Horowitz's (1976) original conceptualization of traumatic stressor experiences also included the loss of a loved one as trauma. His cognitive processing model, characterized by alternating intrusive/re-experiencing and avoidant/numbing responses did not fit the classical descriptions of acute bereavement, but have been seen for some time by grief and bereavement specialists as characteristic responses of complicated grief (Rando, 1993). These two sets of responses, which have formed the foundation for our understanding of post-traumatic stress reactions and Criteria B and C for PTSD, are not dissimilar from the preoccupations and numbing of acute grief. However, different adaptations are required to the trauma and grief stressors. It is important to recognize that in traumatic grief, both trauma and grief reactions may occur together. When this occurs, both elements of psychological stress must be dealt with simultaneously- a major challenge to the functioning of most individuals affected by this dual set of processes.

Green, Grace and Glaser (1985) found in their study of the Beverly Hills Supper Club fire that the effects of traumatic stress and bereavement operated separately, and that while both had to be dealt with, the trauma effects had to be deal with before the grief issues could be addressed. Other studies indicate that while sometimes grief and traumatic stress are manifested independently, at other times there seems to be interplay between them (Rando, 1993; Raphael & Martinek, 1997). While we would prefer that this very complicated set of responses came in discrete packages, they clearly do not, ensuring that the experiences of victims and responders alike will be extremely complex and variable.

Factors Involved in Complicated and Traumatic Grief

The literature on grief and bereavement highlights factors that may result in more prolonged and/or difficult bereavement. These factors include 1) the characteristics of the death; 2) characteristics of the relationship with the deceased person(s); 3) the survivor's particular vulnerabilities including past mental health; 4) previous life experiences including losses and trauma; 4) support in one's family and social network after the death; and 5) other crises that may arise in the aftermath of the death.

While all deaths may be perceived by the survivors as personally traumatic, there are circumstances that are objectively traumatic (Rando, 1993). External or objective factors that influence our

reactions and potential long-term outcome include the following: 1) suddenness and lack of anticipation; 2) violence, mutilation and destruction; 3) degree of preventability and/or randomness of the death; 4) multiple deaths (bereavement overload); and 5) mourner's personal encounter with death involving significant threat to his/her personal survival, or a massive and shocking confrontation with the deaths (and/or mutilation) of others. In each of these situations, the external circumstances contribute to internal psychological disorder and/or a behavioural state resulting in emotional stress known as trauma. In addition, these factors may interact with other variables to produce difficulties, which may seriously challenge a person's normal coping responses, for example, if the person who died is a major part of the person's social and emotional support network.

The overlap between grief and trauma becomes more apparent when the diagnostic categories of Acute and Post-Traumatic Stress Disorders (ASD and PTSD) in the DSM-IV are compared. Many of the factors that make death more "traumatic" are highly similar to those included in Criterion A (stressor) for ASD and PTSD: The person has been exposed to a traumatic event in which both of the following were present: 1) the person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; 2) the person's response involved intense fear, helplessness or horror. Recent examples in my clinical practice that meet the above criteria for ACD and grief include a woman whose husband shot himself with a gun hidden in his jacket while he was standing beside her. She was then handcuffed and arrested for his murder. Another woman's son died in her arms in a terrible car accident that injured her and several other family members. And finally, a young mother witnessed her son being hit by a car as he was out with his family picking wildflowers beside the highway. These are not unusual examples but they clearly highlight the post-trauma elements accompanying grief, and the need to understand both major dimensions of these types of events.

The nature of the death or the circumstances surrounding it is a very significant factor in traumatic grief. The form and context of dying that generally characterizes traumatic grief and mourning, rather than the death itself, lends meaning to the mourning that is substantially different from "normal" grief. Deaths caused by accidents, suicides, homicides, disasters, wars, and deaths of children, can readily qualify as traumatic stressors, leading to a mixture of post-traumatic stress and mourning (Rando, 1993). We can further isolate a set of factors associated with the nature of the death and its circumstances that are linked to more complex mourning and poorer outcomes. Circumstances in which the death is sudden, unexpected, or untimely offer no opportunity for the psychological preparation afforded in situations in which, for example, loved ones know death is impending. Horrific, brutal or grotesque deaths involving mutilation or extreme pain are psychosocially dissonant and further compromise our ability to cope,

and they may result in higher risk for traumatic imagery, etc. Circumstances involving violent or stigmatized deaths (including suicides, homicide, AIDS, etc) are yet more unacceptable and leave survivors at greater risk for complicated mourning and PTSD (Green, 2000). Situations involving the death of a child may also frequently result in complicated and traumatic grief, often exacerbated by the manner in which the child has died (Kagan) Klein, 1998; Rando, 1993; Sanders, 1993). Finally, Rynearson (1986) described a set of three phenomenological peculiarities, which influence the outcome of traumatic death, and characterizing strong psychosocial aftermath: violence (leading to PTSD), volition (resulting in compulsive inquiry) and violation (characterized by feelings of victimization).

Understanding the Relationship Between Trauma and Grief

Why is it so important for us to understand the relationship between these two phenomena- trauma and grief? While grief and trauma may both arise from different circumstances, a single event can produce both. Trauma can be conceptualized as an overlay on the grief process, which interferes with understanding and accepting the reality of the death. In other words, co-existing trauma impairs grief work, which means that we must assess for and address it separately sometimes, paying careful attention to the timing and pacing of our interventions. The trauma experience is characterized by the continual intrusion of the central action of the death event. While our understanding of the processes is still somewhat unclear, it seems that the alternating cycle of denial and intrusion may interfere with the emotional responses necessary in resolving or accommodating to the loss. Addressing the first task of grieving- recognizing and accepting the reality of the loss and its unfolding impact on the lives of survivors of traumatic grief - presents to them a reality “too terrible to bear”.

In addition, the role of visual horror (real or imagined) or other intrusive, violent memories may interfere with reminiscing and the positive or pleasant memories inherent in the processes of grief and mourning. Sudden, unexpected and traumatic deaths produce circumstances in which it seems that time stops, and the death and circumstances surrounding it become “frozen in time”, like an overexposed snapshot, profoundly influencing future reactions and sometimes development, especially for children and adolescents. Post-traumatic stress responses appear to take emotional priority as the only means of managing the overwhelming horror and profound helplessness. Survivors must often give priority to coping with intense feelings and perceptions that result in a struggle for emotional containment, or management of post-trauma symptoms rather than more “normal” expressions of grief. Violence and suddenness create an additional dimension of overwhelming stress.

Green (1993) outlined the generic dimensions of traumatic events, including the violent and sudden loss of a loved one. Underlying

themes not just of loss, but also of death result in feeling of personal vulnerability and consequent anxiety. Raphael (1997) emphasized the difference in symptomatology between responses to trauma and to bereavement, and noted that while the type of symptomatology experienced in both circumstances may be similar, the content is different. For example, intrusions, preoccupations and memories experienced by the victims differ: in trauma, the content is reminiscent of the trauma, and in bereavement it is of the lost person.

In trauma, the survivor may experience intrusive images of the scene of the trauma and be preoccupied with the traumatic event itself, whereas in bereavement, the survivor is more likely to be preoccupied with the lost person, images of the person, and re-experiencing the lost person's "presence". Following trauma, a survivor may avoid reminders of the event and may have difficulty in talking about the event at times, whereas in grief, survivors may search out places of familiarity related to the deceased but try to avoid reminders of the absence of the person while feeling driven to talk about the lost relationship and lost person. In circumstances of traumatic bereavement, survivors frequently experience both types of reactions together or alternatively. Imagine the overwhelming experience of both sets of reactions -alternating between, or experiencing jointly, the two often conflicting sets of thoughts, feelings, and psychological demands!

Not surprisingly, Pynoos and Nader (1988) found in an examination of reactions to trauma and bereavement that exposure to life-threatening aspects of the event was more highly associated with post-traumatic stress symptoms, while closeness to those who died is a better predictor of grief. Thus the interplay of symptoms for those experiencing traumatic grief may be more clearly linked to the traumatic rather than to the loss aspects of an event. However, this is not the whole story. Preliminary findings from a recent study by Green (2000) found that 16% of subjects who had experienced a single traumatic bereavement met the criteria for Acute Stress Disorder, which may be a precursor to PTSD. 22% of Green et al. subjects met a lifetime criteria for a trauma-related disorder. But it was not just traumatic bereavement that placed subjects at high risk for development of PTSD. While 44% of the deaths experienced by these survivors involved a homicide or suicide, over 70 % of the stress disorders were associated with homicide and suicide. The most stigmatized deaths and those associated with intent tended to produce higher rates of stress disorder". Other factors which were found to predict further risk in similar situations include past trauma and post-traumatic stress, being present at the time of the event, and experiencing personal danger or perception of personal danger.

Grief and trauma then, may share many salient features including intrusive thoughts, painful and intense affects, fears of being overwhelmed, efforts to avoid reminders of what must be considered one way or other, feelings of hopelessness and personal guilt, and

decreased or inadequate family and social support. Traumatic bereavement involves a complex overlay of symptoms that arise from the difficulty in moving on with the grief process due to preoccupation with the trauma and its imagery. It also involves the double psychological burden of dealing with both processes.

How To Respond in Situations of Traumatic Grief

A few general principles for responding in situations of traumatic grief may be helpful. Some may seem quite self-evident. First, we must have the knowledge to recognize circumstances such as those described above that may contribute to traumatic grief. Seek out appropriate training in both trauma and bereavement. Next, assess for both elements of trauma and of grief, keeping in mind that they frequently look similar, especially in the acute phases following the event. A good rule of thumb is to do a basic trauma assessment first. Gather information about the nature of the event, the person's role in the event, the degree of violence, horror, sense of personal responsibility, degree of family and social support, etc. The more trauma elements present, the more likely that trauma will be the dominant dimension. Assess for trauma symptom clusters, keeping in mind that while a victim may experience similar types of reactions, the content will be determined by which dimension takes precedence at a given time. Remember examples of differences cited above and seek out further information that will help you to recognize symptom and reaction clusters. Do not probe for feelings that may require containment but give permission for them to be expressed.

Enhancing our level of knowledge and understanding of both trauma and grief will allow us to provide normalizing information and a framework for understanding an overwhelming, confusing and often conflicting set of experiences for survivors. It has been suggested by a variety of experts in the fields of traumatic stress (Everstine, 1994; Figley, 1999; Rando, 1998) that intervention following traumatic grief should be "wave" oriented. Intervention waves may include crisis intervention, intermediate trauma treatments leading to trauma mastery, addressing initial tasks of grief and mourning, and finally, trauma and loss accommodation. As trauma responders, we need to be clear about into which part of the process we fit, and to ensure that we have the skills to respond in the part of the process our roles and mandates dictate. Finally, we must know when and where to refer when necessary. Clearly, "more exploration of the overlap between trauma and loss is needed, including the processes involved, the nature of the responses, and theoretical or conceptual notions that might link these two areas of study addressing some of the most difficult experiences that we, as humans, must endure" (Green, p. 14, 2000).

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