Traumatic Bereavement in Adults

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Overview of the Presentation

- Introduction to traumatic bereavement
  - Phenomenology
  - Psychological effects
  - Domains of life affected
  - Risk factors
- Description of integrated treatment approach
  - Building resources
  - Processing trauma
  - Facilitating mourning
Traumatic Bereavement Definition

- Traumatic bereavement is the persistent experience of trauma and grief following the sudden death of a significant other due to unnatural causes
  - The survivor has not yet accommodated the death
  - The trauma and grief interfere with the survivor’s ability to live life fully
Prevalence of Sudden Deaths in US Population

- Accidents are the largest cause of death for people ages 1-44; 130,557 deaths resulted from accidents in 2013.
- Among people age 15-34, accident, homicide, & suicide are the top three causes of death.
- 1,640 children died from abuse & neglect in 2012.
- 14,196 homicides in 2013.
- 41,149 suicides in 2013.

FOR EACH VICTIM, THERE ARE MANY SURVIVORS

Data from Centers for Disease Control, various years; UNICEF, 2014.

Phenomenology of Traumatic Bereavement: Psychological Effects

- Trauma symptoms (PTSD, renewed complex trauma).
- Grief symptoms (e.g., yearning, sorrow, anger).
- Shattering of the assumptive world. Core issues related to shattered assumptions:
  - Difficulty accepting the loss
  - Grappling with meaning
  - Questioning one’s faith/spiritual foundation
  - Preoccupation with causality, responsibility, and blame. Feelings of guilt
  - Preoccupation with the deceased’s suffering
Phenomenology of Traumatic Bereavement: Domains of Life Affected

- Interpersonal relationships
  - The nuclear family
    - Marriage or primary partnership
    - Parenting
  - The extended family
- Structures of daily life
  - Work
  - Leisure and recreation
  - Spiritual or religious community

Phenomenology of Traumatic Bereavement: More Domains of Life Affected

- The legal system
- Social support
  - Impact of the death on potential supporters
  - Mourners’ tendency to withdraw
  - Social ineptness
Risk Factors for Traumatic Bereavement

- Event-related factors (characteristics of the death)
- Person-related factors

Event-Related Factors: Characteristics of the Death

- Abrupt (occurs without warning)
- Untimely (e.g., death of a child)
- Violent
- Physical/emotional suffering
- Human-induced
- Regarded as preventable, unfair, or unjust
- Perceived as random (wrong place at wrong time)
- Intentional harm
- Survivor witnessed or was threatened or harmed
- Multiple deaths
Event-Related Factors: Mode of Death

- Accidents
- Homicide
- Suicide

Person-Related Factors

- Gender
- Religion/spirituality
- Personality & coping style
- Kinship
- Nature of the relationship
- Attachment style
Three Core Components of Integrated Treatment Approach

- Building resources
- Processing trauma
- Facilitating mourning

Pearlman, Wortman, Feuer, Farber, & Rando (2014)

Building Resources

- Self capacities
  - Inner connection
  - Self-worth
  - Affect tolerance
- Coping strategies
- Social support
- Bereavement-specific issues
- Meaning & spirituality
- Values & goals
Building Self Capacities

- Inner connection
  - Develop respectful, mutual therapeutic relationship
  - Invite client to draw upon internal positive relationships
- Self-worth
  - Reinforce strengths
  - Encourage activities that build self-worth, including helping others

Building Self Capacities (cont.)

- Affect management
  - Teach physiological regulation
  - Use internal and interpersonal coping skills
  - Increase understanding of links among feelings, thoughts, and behavior
Bereavement-Specific Issues

- Situations, events, or experiences that occur after the initial period of grief & trauma has subsided to some degree.
- These situations can...
  - evoke powerful feelings of acute grief (STUG reactions [subsequent temporary upsurges of grief; Rando, 1993])
  - lead to surprise, shame, or fear of regression
  - reawaken trauma

Categories of Triggers for Bereavement-Specific Issues

- Cyclic events
- Linear events
- Stimulus-cued events

Rando, 1993
Some Principles for Managing Bereavement-Specific Issues

- Normalize
- Process
- Identify types of situations
- Develop strategies

Relevant Evidence-Based Trauma Treatment Approaches

- Prolonged exposure
- Cognitive processing therapy
Processing Trauma: Overcoming Avoidance, Integrating Memories

- CBT, EMDR, or other trauma processing approaches
- CBT + exposure
  - ★ Cognitive
  - ★ Emotional
  - ★ Behavioral

Avoidance

- Avoidance maintains trauma symptoms
- Why do people avoid thinking about the death?
- Avoidance vs. distraction
- Exposure to overcome avoidance, in the service of integration
- Integration is a process of making meaning, making sense of our experience
Approaches to Exposure

- Exposure to...
  - images of the death
  - memory of learning about the death
  - feelings about the loss & the significant other
  - reminders of the death

- Through writing, imagination (imaginal), and physical encounters (in vivo)

In the service of integrating experiences

Relevant Evidence-Based Grief Treatment Approaches

- Emphasizing positive emotions
- Dual process approach
- Reinforcing continuing bonds
- Meaning-making
Facilitating Mourning

- Rando’s 6 “R” processes
  - Recognize the loss
  - React to the separation
  - Recollect & reexperience the deceased & the relationship
  - Relinquish attachments to the deceased & the old assumptive world
  - Readjust to move adaptively into the new world without forgetting the old
  - Reinvest

Countertransference
Responses to TB Clients
Countertransference (CT)

- All of the treater's responses to one client
- A valuable therapeutic tool
- Sources of CT in TB work
  - Client adaptations, personality, interpersonal style
  - Nature/details of the death
  - Personal losses stirred

Vicarious Traumatization (VT) in Traumatic Bereavement Therapies

- A negative transformation in the self of the helper resulting from empathic engagement with traumatized clients and their material. Its hallmark is disrupted spirituality.
- Across clients, over time
- Results from an interaction between the client & her/his situation and the treater, all in a social-cultural context

McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995
Unaddressed VT can create...

- Personal problems for the treater
- Problems in the treatment (clinical & ethical)
- Organizational problems

What to Do about VT?

- Engage in general self-care
- Work reflectively
- Address risk factors & signs of VT
- Promote organizational changes