Seeing PTSD through the Lens of Traumatic Grief

BELINDA KOCK ALC, NCC

ADEC CERTIFIED THANATOLOGIST

Objectives

- Define terms associated with grief and PTSD
- Review the history, diagnosis, and treatments of PTSD
- Propose The Companioning Model
- Demonstrate Mourning as “Treatment”

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Who Am I & What Do I Do

Definitions

- **Grief**: deep and moving distress caused by loss
- **Mourn:** to feel or express sorrow or grief, to grieve or lament for the dead
- **Carried Grief:** grief that goes unexpressed or unmourned
- **Catch-Up Mourning:** going backwards and giving attention to any grief you have carried from past losses in your life, including & especially any traumatic events.

Definitions

- **Prolonged grief disorder (DSM-5 tr):** defined as intense yearning or longing for the deceased (often with intense sorrow and emotional pain), and preoccupation with thoughts or memories of the deceased (in children and adolescents, this preoccupation may focus on the circumstances of the death)

- **Traumatic loss:** the loss of loved ones in the context of potentially traumatizing circumstances. Ex: homicide, suicide, accidents, natural disasters, and losses resulting from war and terror

- **PTSD:** (post-traumatic stress disorder) The response to a serious psychological injury

PTSD and It's History?

- "Post-traumatic stress disorder (PTSD) can develop after exposure to a potentially traumatic event that is beyond a typical stressor. Events that may lead to PTSD include, but are not limited to, violent personal assaults, natural or human-caused disasters, accidents, combat, and other forms of violence. Exposure to events like these is common. About one half of all U.S. adults will experience at least one traumatic event in their lives, but most do not develop PTSD. People who experience PTSD may have persistent, frightening thoughts and memories of the event(s), experience sleep problems, feel detached or numb, or may be easily startled. In severe forms, PTSD can significantly impair a person's ability to function at work, at home, and socially." (National Institute of Mental Health)

PTSD and It's History?

- In 1980, the American Psychiatric Association (APA) added PTSD to the third edition of its Diagnostic and Statistical Manual of Mental Disorders (*DSM-III*)
- 1st thought to cover only events such as war, torture, rape, the Nazi Holocaust, the atomic bombings of Hiroshima and Nagasaki, natural disasters, and human-made disasters
- The DSM-III diagnostic criteria for PTSD were revised in DSM-III-R (1987), DSM-IV (1994), and DSM-IV-TR (2000)
- The latest revision, the DSM-5 (2013), has made a number of notable evidence-based revisions to PTSD diagnostic criteria, with both important conceptual and clinical implications

DSM-5 Criteria for PTSD Diagnosis

"A" stressor criterion: Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others. (DSM-5 tr) The note stating: "witnessing does not include events that are witnessed only in electronic media, television, movies, or pictures" in criterion A.2 was removed for children 6 years and younger. The reason was that the note is redundant given that criterion A.2 already indicates that the events occurring to others must be witnessed in person.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). **Note:** Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

DSM-5 Criteria for PTSD Diagnosis

"B" or intrusive recollection criterion: Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). **Note:** In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). **Note:** In children, there may be frightening dreams without recognizable content.
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) **Note:** In children, trauma-specific reenactment may occur in play.
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

DSM-5 Criteria for PTSD Diagnosis

"C" or avoidance criterion: Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

DSM-5 Criteria for PTSD Diagnosis

"D" or negative cognitions and mood criterion: Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia, and not to other factors such as head injury, alcohol, or drugs).
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

DSM-5 Criteria for PTSD Diagnosis

"E" or alterations in arousal or reactivity criterion: Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

DSM-5 Criteria for PTSD Diagnosis

"F" or duration criterion: Duration of the disturbance (Criteria B, C, D and E) is more than 1 month.

"G" or functional significance criterion: The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

"H" or exclusion criterion: The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

"Normal" Grief Symptoms

- **Shock, numbness, denial, & disbelief**: temporarily protects grievers from the full reality of a loss
- **Disorganization, confusion, searching, & yearning:** may feel forgetful and ineffective
- **Anxiety, panic, & fear:** grievers may fear other losses or fear of the future

"Normal" Grief Symptoms

- **Explosive emotions**: anger, hate, blame, terror, resentment, rage, & jealousy are explosive, volatile, yet natural parts of the grief journey
- **Guilt, Regret, & Self blame**: the "what if's", Survivor guilt, relief guilt, joy guilt
- **Sadness & Depression:** can be the most painful feeling on the journey
- **Relief:** when the loss includes some element of "it's finally over"

More Alike Than Different

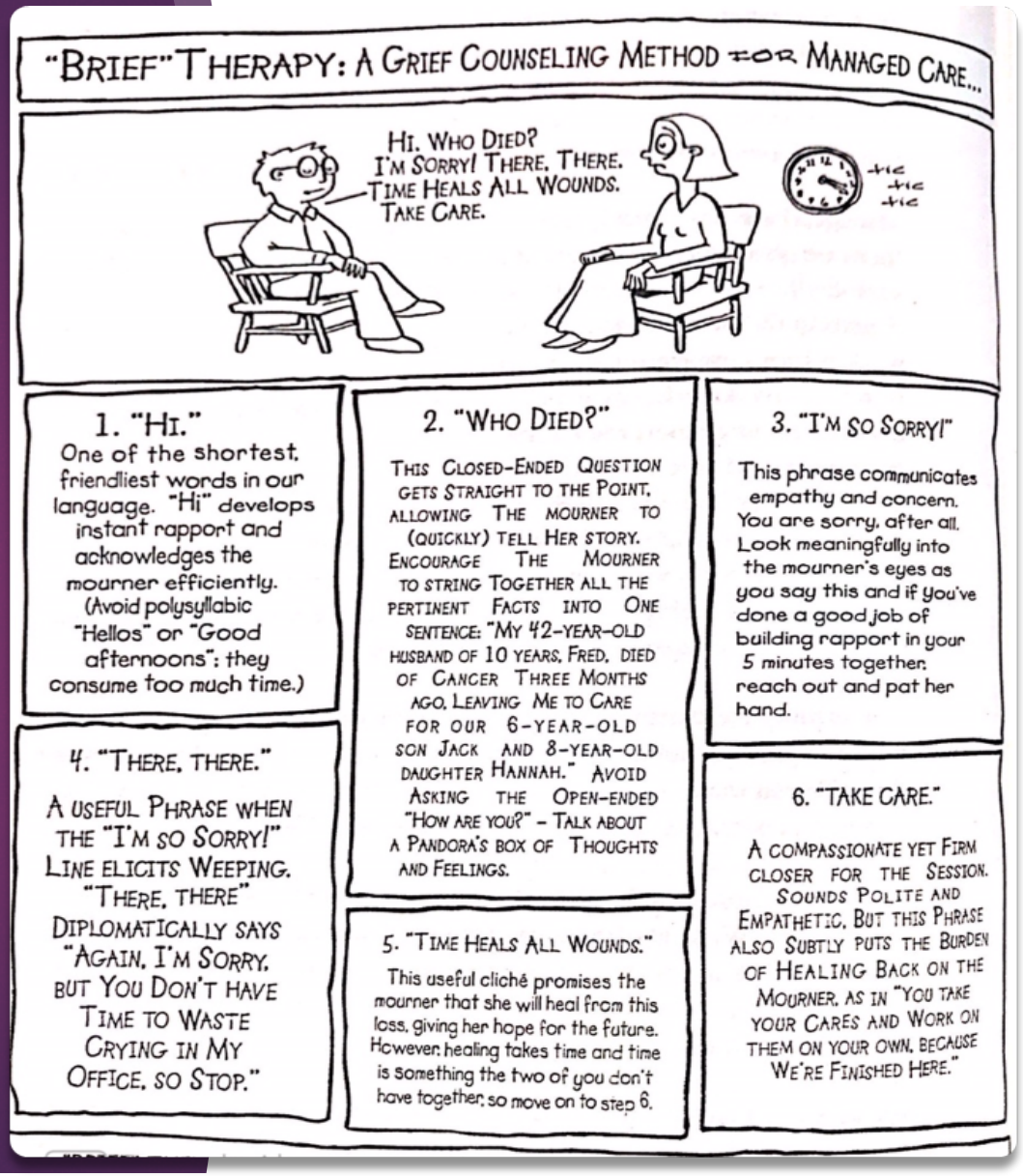
PTSD

- Fight or Flight activated
- Avoidance of thoughts, feelings, actives, places, conversations about, or people involved with the traumatic event
- Negative Cognition and mood

"Normal" Grief

- Fight or Flight activated
- Avoidance of thoughts, feelings, actives, places, conversations about, or people involved with the loss
- Memory Loss

HOW MANY OF US LEARNED TO DO GRIEF THERAPY THIS WAY?



What if instead we would have been taught:

Grief is not an illness to be treated, but an opportunity to say, "teach me" and "walk with me"?

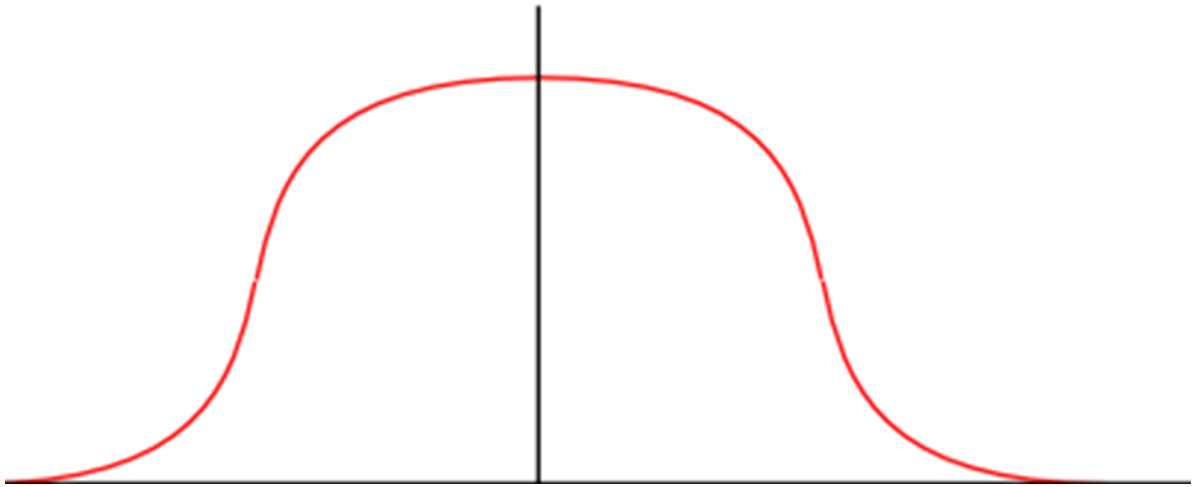
Responsible Rebel

"A responsible rebel is one who questions and challenges assumptive models… At the same time, Rebels respect the rights of others to use different models of understanding and provide leadership in ways that empower people rather than diminish them."

-Dr. Alan Wolfelt

Traumatic Grief: Injury Not Illness

- PSTD is about the event of the loss
- Traumatic Grief acknowledges the event & the entirety of the grief journey
- Think of traumatic grief and PTSD as far ends of a bell curve.



Traumatic Grief: 3 Main Rules

- The traumatic nature of the loss creates a unique, two-part experience: one focused on the event itself & one focused on the losses the event created
- If you are still able to function in your daily life and interact lovingly with others, you may not need professional help for PTSD
- Even if you may not need professional help for PTSD, traumatic loss often gives rise to a complicated grief response, and people suffering from traumatic grief need special care and consideration

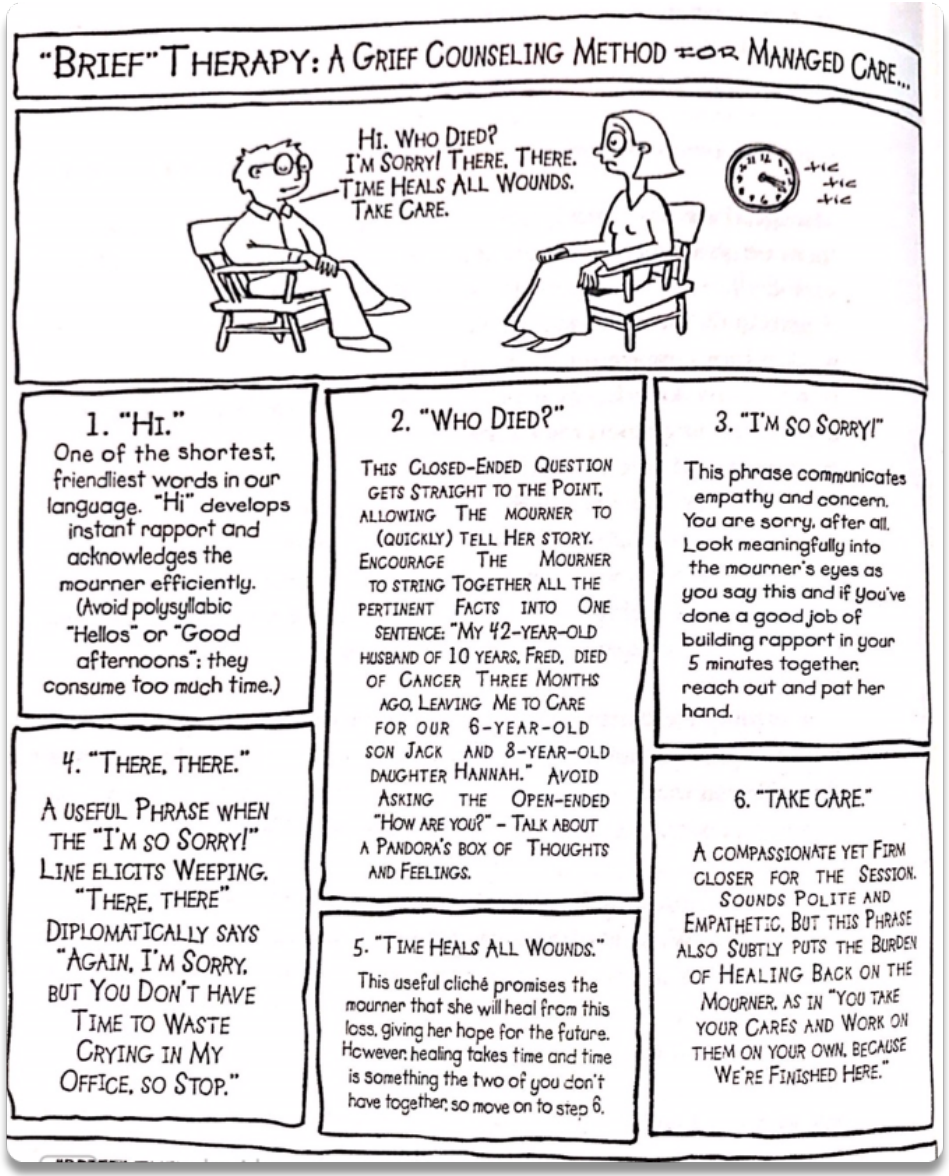
Responsible Rebel Warning!

Cultural Bias Mindset

- Emotions are either Good or Bad
- "Negative" Emotions Should Be Avoided or Overcome

Responsible Rebel Mindset

- Emotions are Neither Good or Bad
- Dark Emotions are care-eliciting symptoms that indicates the need for comfort and support
- Emotion are meant to teach us something



Let's Try this Again

Medical Model Treatments for PTSD

- Phycological debriefing
- Early Cognitive-Behavioral Interventions
- Short-term Cognitive-Behavioral Interventions (Exposure therapy, Cognitive processing therapy, Stress inoculation training)

Medical Model Treatments for PTSD

- Drug Therapy
- EMDR
- Psychosocial Rehabilitation

Can you think of anymore?

Responsible Rebel Warning!

Mourning as "treatment"

- PTSD is a grief response following a traumatic event
- Grief is the essence of PTSD
- Mourning is the active part of the journey
- The willingness to have an authentic encounter with the pain surrounding the loss

How do we do this?

The Six Needs of Mourning
(updated 2021)

- 1. Acknowledge the reality of the death
- 2. Embrace the pain of the loss
- 3. Remember the Person who Died
- 4. Develop a New Self-Identity
- 5. Search for Meaning
- 6. Let Others Help You – Now and Always

The 6 Central Needs of Mourning

#1- Acknowledge the Reality of the Losses

- Gently confronting the reality of the death
- Could take weeks, months, and sometimes years
- Healthy to move between protesting and encountering
- Be patient with this need

The 6 Central Needs of Mourning

#1- Acknowledge the Reality of the Losses
Possible Reflection Questions

- Right now, where do you see yourself in acknowledging the reality of the death/loss/trauma?
- Do you think the passage of time is playing a part in where you are with this need? If so, how?
- Do you understand and allow yourself the need to sometimes push parts of the reality away?

The 6 Central Needs of Mourning

#2- Embracing the Pain of the Loss

- Embracing is the combination of living in a state of encounter (grief work) and surrender (embracing the mystery of not understanding)
- Befriend pain by sitting with it, being present to it, and thinking about & feeling it
- Opposite of embracing is attempting to stay "in control" (running from the pain through avoidance, repressing, and denial)
- Dosing the pain: not overloading the hurt all at one time.

The 6 Central Needs of Mourning

#2- Embracing the Pain of the Loss

Possible reflection questions

- Where do you see yourself in allowing yourself to feel the pain of the loss?
- With whom have you shared your feeling of hurt?
- Share about what sharing your painful feeling has been like for you.

The 6 Central Needs of Mourning

#3- Remember the person who died

- Convert the relationship from one of presence to one of memory
- Funerals are for opening not closing
- Storytelling, Linking objects, visiting special places, photos
- The receiver of the story must have an open heart

The 6 Central Needs of Mourning

#3- Remember the person who died

Possible reflection questions

- How does it feel when memories of the person who died come to the surface?
- Share a meaningful story about the person who died.
- What do you miss most about the person? What do you miss least?

The 6 Central Needs of Mourning

#4- Develop a new self-identity

- Forever changed by significant losses
- Redefinition of the self is a slow process
- May experience heightened dependence on others, feelings of helplessness, frustration, anger, & fear
- Integrating forced identity changes brings about opportunities for growth

The 6 Central Needs of Mourning

#4- Develop a new self-identity

- What identity changes have you experienced as a result of this death?
- How do you see people treating you differently as a result of your changing identity?
- What are some positive changes in yourself have you noticed?

The 6 Central Needs of Mourning

#5- Search of Meaning

- "Why" & "How" are common during this part
- Soul Work; Moving from head to heart
- Liminal Space: Unsettled, forcing them to reconsider who they are, why they are here, and what life means
- Takes time, loving companions, and humility

The 6 Central Needs of Mourning

#5- Search of Meaning

- Do you have any "Why?" or "How?" questions right now?
- Are you wrestling with your faith or spirituality at THIS moment?
- How do you feel your faith or spirituality has helped and/or hindered your grief/mourning process?

The 6 Central Needs of Mourning

#6- Let Others help you = Now and always

- Acknowledges the reality that mourners need support long after the death
- Quality and Quantity of support is very important
- Must perceive grief not as an enemy but as a necessity to be experienced
- Understanding that finding help outside of family may be necessary

The 6 Central Needs of Mourning

#6- Let Others help you = Now and always

- Have you reached out for help since the death/loss? If so who to?
- Was that effort to seek help accepted or rejected?
- How are you at accepting help from others if it is offered?

Companioning Model for the Caregiver

- Potential to unlock new ways of understanding, communicating with, and helping the traumatized griever
- Gives the traumatized griever space to normalize their experience and help them befriend the 6 central needs of mourning
- Our Clients "Teach Us" we don't "Treat Them"

11 basic principles of the Companion Model

- Tenet #1: Companioning is about being present to another person's pain; it is not about taking away the pain
- Tenet #2: Companioning is about going to the wilderness of the soul with another human being; it is not about thinking you are responsible for finding the way out
- Tenet #3: Companioning is about honoring the spirit; it is not about focusing on the intellect

11 basic principles of the Companion Model

- Tenet #4: Companioning is about listening with the heart; it is not about analyzing with the head

- Tenet #5: Companioning is about bearing witness to the struggles of others; it is not about judging or directing these struggles

- Tenet #6: Companioning is about walking alongside; it is not about leading or being led

11 basic principles of the Companion Model

- Tenet #7: Companioning is about discovering the gifts of sacred silence; it is not about filling up every moment with words
- Tenet #8: Companioning is about being still; it is not about frantic movement forward
- Tenet #9: Companioning is about respecting disorder and confusion; it is not about imposing order and logic

11 basic principles of the Companion Model

- Tenet #10: Companioning is about learning from others; it is not about teaching them

- Tenet #11: Companioning is about compassionate curiosity; it is not about expertise

The companioning philosophy empathizes with the human need to mourn authentically without any sense of shame

How do we start this thing call “Companioning”?

- We must give up our Ego!
- Do our own Pain work. This creates a “safe place” for the griever.
- Honor their Stories. Requires us to slow down, turn inward, & listen.
- Hospitality! Let’s get coffee.

Let's Get Coffee!

Belinda Kock ALC, NCC

ADEC Certified Thanatologist

Email: belindak@free2grieve.com

Phone: (334) 324-8977

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