

Traumatic grief Dealing with intrusions



Professionals Guide

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What are intrusions?

Intrusions are specific, repetitive thoughts and images relating to trauma that are normally experienced in the days and weeks following a traumatic event. The extent to which these thoughts and images recur varies greatly, as does the nature of people's reactions to them. For some people, traumatic thoughts and images will play only a minor role in their bereavement, or will be absent altogether. For others, intrusions can interfere with the ability to work, concentrate, and sleep, and lead to strong emotional and bodily responses (e.g. fear or anger).

Intrusions occur when a person's normal flow of thoughts is interrupted and dominated by unwanted thoughts, images, or impulses related to a trauma. These repetitive intrusions then become the centre of attention in the person's mind, and although they are difficult to control, these are normal reactions in traumatic circumstances.

Types of intrusions

Nightmares – these are one of the most common forms of intrusion, and are generally understood as a natural human response following a traumatic event. In fact it is normal to have some type of night waking, disturbed sleep, disturbing dreams, nightmares or night terrors following a bad fright or scare. Nightmares can either focus on some aspect of the trauma or can appear unrelated to it.

Repetitive thoughts – these are the everyday fantasies, daydreams, and imaginary scenarios that people run through their heads during the course of the day. Following trauma, some people may find that specific, repetitive thoughts or images of the trauma surface from time to time either at random or in response to triggers in the environment (e.g. something they've seen, heard, or smelt etc. that reminds them of the trauma). These intrusions can take the form of:

- Persistent thoughts relating to the traumatic bereavement such as "Why did it have to happen?" or "I am jinxed";
- Intrusive impulses such as panic or the urge to check doors and windows;
- Intrusive images such as remembering or imagining the sights, sounds, or other details associated with the traumatic bereavement.

Unlike normal daydreams which can be enjoyable or neutral, intrusions of this type are unpleasant and bothersome.

Flashbacks – these are like daydreams only more intense and realistic. People who have flashbacks report feeling as if they were back in the traumatic situation, being able to see, hear, or even smell in great detail the specifics or surroundings of the traumatic event. Flashbacks are usually accompanied by highly charged emotions, speed up the action of the heart and lungs, and are very frightening. They can prove difficult to control, and may need to be managed through special techniques where necessary. However, flashbacks can also die out on their own.


Repetitive play – this is a common childhood reaction to trauma and death. Children use play to understand the world around them and learn new skills. In reaction to a traumatic death, children often incorporate certain aspects of the trauma into play (e.g. making toy cars crash after a road traffic accident, or playing cops and robbers after a shooting). Often this play is not enjoyable for the child, nor will it necessarily make the child feel better when it is finished. Although this play can be unsettling to watch, children may need to do it.

What causes intrusions?

Intrusions are part of the mind's reaction to trauma-related stress. They can occur in response to a reminder or trigger in the environment (e.g. the smell of smoke, a loud noise, the sight of blood, or a related news story) or at random. Intrusions are also likely to occur at times of low activity (e.g. around bedtime or first thing in the morning). Generally, the frequency and unpleasantness of intrusions will diminish naturally as time goes by, but there are also means of managing intrusions.

Skills for managing intrusions and reminders

Avoidance of unnecessary reminders – this is the most commonly used method of managing the effects of intrusions and trauma. It involves avoiding some of the places, people, or things that remind the person of the trauma in order to avoid the threat of further intrusions (e.g. avoiding the hospital where the person died). In cases where this is impossible (e.g.



where there are reminders in the home), people sometimes try to avoid feeling distress by controlling their emotional responses.

In the long term both of these strategies (avoidance and emotion control) are damaging to the person and usually prolong distress. However, most people try to manage the reminders in their minds and in their surroundings so as not to overwhelm themselves too soon. For example, a person may avoid thinking about their trauma during working hours but put aside time at night to reflect on it. Alternatively, they may only expose themselves to mild triggers and avoid others until such time as they feel they are ready to deal with them. Some people may need support to deal with reminders.

Distraction – distraction is one of the most effective ways of dealing with intrusions when they arise. It involves switching a person's attention away from their intrusive image, impulse, or thought before it can play out in their head. Instead, a sensation (e.g. tapping a finger) or action (e.g. counting to ten repeatedly) is focussed on to the exclusion of all other thoughts.

Other methods of distraction emphasise thought stopping, where during an intrusion the person shouts “stop!” (or does so in their heads if they are not alone) in order to clear their minds. If necessary, they are then free to use distraction to keep their minds clear until the threat of intrusion has passed. Different methods of distraction will suit some people more than others (e.g. whistling a favourite tune), so it is important to identify and practice an individual method of distraction in advance.

Relaxation – this is an important skill for people who have been traumatically bereaved, as trauma and loss require them to face many difficult memories and overwhelming moments. Learning an individual method of dealing with stress can be invaluable.

People relax in many different ways, from taking a bath, reading a book, or watching television to long walks, running, or playing sports. Not every relaxation technique will be suitable for any one person, but most people are good at finding at least one which is calming. Following trauma and bereavement, individuals may need to find different methods of relaxing or unwinding than they used in the past.

Guidelines

Take a flexible approach – the needs of people who have been traumatically bereaved are individual and changeable as they work through their grief. As a result, the effects of different intrusions and reminders will vary over time, and require flexible planning.

- What works for one person may not work for another
- What works at one time may not be suitable later on
- Men and women are likely to have different coping methods
- Be prepared to try different approaches


Set aside time to think about the trauma in a constructive manner – many people are tempted to put thoughts of the trauma from their minds as they are too distressing. Having a set time to think about the trauma enables people to prepare themselves for this upsetting task, and also to be able to do so in privacy or with a trusted adult. Many people use this time to create a journal, scrap book, or otherwise to help work through their feelings and concerns.

- Make time for reflection in your daily or weekly routine
- Plan what has to be done in this time (e.g. reflection, writing)
- Allow time afterwards for relaxation

Be prepared for reminders – identify reminders and triggers for intrusive reactions in the environment so that the person can become more in control and knows what to expect. This helps make the person's life more predictable and less overwhelming. It can be especially important in cases where the media or legal system is involved.

- Identify triggers and reminders in advance
- Be aware of on-going triggers (e.g. news items)

Develop strategies for dealing with reminders – people need practice in how to deal with triggers in their environment before they occur. Some people use distraction (e.g. counting to ten) or thought stopping (e.g. breaking the flow of thought) to stop the intrusion, whereas others may use relaxation, deep-breathing, or having a friend or family member with them to reduce distress.

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- Identify and practice a personal method of thought stopping (e.g. finger tapping) to interrupt intrusions; or
 - Identify and practice a personal method of mental distraction (e.g. counting backwards from a hundred) to interrupt intrusions
 - Use relaxation or exercise to reduce distress (e.g. worry stones – see Appendix page 7)
 - Set personal time aside to think about the intrusion, how it was triggered, or how it relates to the trauma

Regulate the number and intensity of reminders that are encountered – especially in the early stages of traumatic grief, people can be easily overwhelmed by exposing themselves to too many traumatic reminders before they are prepared. It is a good idea to regulate or limit the reminders if necessary, so that people can get used to them at a manageable pace.

- Be aware of personal limits
- Identify reminders which could be overwhelming
- Develop a plan for making severe triggers more manageable

Outcomes

For people who have intrusive thoughts and imagery, the experience can be very upsetting and difficult to prepare for. Thankfully, most intrusions will weaken and diminish over time as people confront their loss and move through their grief.

In the early stages after bereavement, when intrusions tend to be strongest, following the guidelines outlined previously can make the experience less overwhelming. There is no cure for intrusions, but they can be made more manageable until they diminish naturally. In cases where intrusions persist over extended periods of time, especially if they interfere with work, education, or family life, many effective options exist for making progress in this area (as outlined previously).

Many people who have been traumatically bereaved will either experience only slight intrusions or none at all. Any intrusions that are experienced are likely to fade and die out naturally, without having the person complete any of the steps outlined in this booklet.


For some people, intrusions can either be prolonged or have a more noticeable effect on work, education, sleep, etc. An individual can benefit from understanding more about intrusions, how to recognise them, and developing personal methods of managing them.

Appendix: Distraction

The Worry stone

A worry stone is a small smoothed stone (small enough to fit in the palm of a small child) which is rubbed, rolled, squeezed, or squashed whenever a child feels worried. This could be following a nightmare or vivid dream, repetitive thoughts or imagery, or anytime the child feels worried. The worries are sucked into the stone, where they become trapped and unable to bother anyone. The more a child uses a stone the more powerful it becomes and the quicker it absorbs worries. Worry stones have been used by children and adults right through history, and are a free, easy, and private way to control anxiety. Nowadays they are used successfully to help control worries, quit smoking, reduce panic-attacks, and manage the effects of intrusions.

- Either buy a worry stone or select a small, smooth stone from a beach/garden:
 - It is best to pick a few worry stones and then let the child decide which one they want to use.
 - The stones can be painted or carved afterwards, but they work just as well if left blank.
 - It is best to pick a small, smooth stone because it will allow the child to carry it round in their pockets without damaging clothes, or to use the stone in a public place without being noticed.
 - Make sure you wash the stone well before you use it; this washes anyone else's worries from it and makes it brand new and ready for you.
- Sit down with the child and explain to them how to use a worry stone:
 - Worry stones suck up worries like sponges suck up water.

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- Once a worry is in a worry stone, it can never get out.
 - When you want to get rid of a worry, close your eyes, and squeeze the stone gently but until it is tight in your hand (you may want to demonstrate or practice this with a child).
 - Concentrate on the stone in your hand and imagine the worry getting trapped in the strong hard stone as you squeeze.
 - When you open your eyes the worry will be gone and you can relax.
 - The more you use worry stones the better they become at taking your worries away.
- Some children will want to bring their worry stone to school or bed with them. There are different rules for using worry stones in these places.
 - When in school, leave the stone in your pocket or someplace near where it is out of view. You don't have to close your eyes when you use a worry stone in school, just squeezing and imagining the worry getting trapped with be enough. As time goes by you will get better at using your worry stone like this, and will be able to use it in class or on the street without anyone noticing. (It is important to inform teachers about worry stones to avoid confiscation)
 - When in bed, don't keep the stone in your hand or in a pocket. Leave the stone in a safe place near the bed (e.g. a locker top) where you can reach for it if you need it. This means you will be able to get the stone without having to turn on the light or move very much.

If the child feels that the worry stone is full or not working as well:

- Washing worry stones in clear water washes all the worries out of them
- Washed worry stones are brand new and completely empty. They will suck up worries extra fast.

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What else?

There may be a need, from time to time, for specific help to manage or control certain excessive intrusions or distress. These are best discussed with your GP, health worker, or social services representative, who will be able to consider your options and information available to you. Referral to bereavement/trauma groups and voluntary agencies can also be arranged through these sources.

Professionals guide

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Ages 0-5

Traumatic grief in middle childhood
Ages 5-10

Traumatic grief in adolescence
Ages 10-18

Traumatic grief in adults

Traumatic grief
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Relatives Guide

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The Coroner

Schools Guide

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Traumatic grief in middle childhood
Ages 5-10

Traumatic grief in adolescence
Ages 10-18

Sudden death
Information for pupils

Individual booklets are available from your local health centre, library or school
The full series can be downloaded from www.royalhospitals.org/traumaticgrief