

Traumatic grief in adults



Professionals Guide

This booklet has been produced by:

The ROYAL
HOSPITALS



Victims Unit: Office of the First Minister and Deputy First Minister



General needs

Adults have common needs – all adults have needs such as the need to be safe and provided for, to have companionship, emotional bonds, and social support from other people, and to have good self-esteem. Different people will express these needs individually (one person's idea of safe may be very different from another's). Some needs will be more prevalent at different times of life. For example, a person may feel very little need for safety under normal circumstances, but they may be greatly concerned about it following an accident. People may also find that their need for companionship (e.g. emotional bonds and social support) will change over time.

Men and women react differently to similar situations – men and women have different ways of coping with events and offering help to others. In stressful situations men may be less likely to talk about their problems and more likely to work through them by either taking action or distracting themselves. Women may be more likely to work through their problems by confiding in someone who can help them or identify with their situation.

Partnerships and families – these can be both a source of stress and healing. Becoming a parent or a spouse brings with it new challenges and a lot of adjustment. However, these roles also fulfil many emotional needs – being part of a family or partnership can assure the person of access to emotional resources and security when they need it. People in partnerships generally survive trauma more successfully providing their partner or family isn't the major source of stress or isn't significantly affected by the same event.

Adults with special needs or circumstances have normal responses to traumatic bereavement – these responses are influenced by the person's level of understanding and access to emotional resources over time. Adults recover from traumatic grief with support and understanding, and will respond most favourably to care-giving which is tailored to meet their strengths and address fears. This may require simplified explanations of death and trauma if necessary, and encouragement to discuss any areas of the death they are unclear about. It may also require more practical support or access to resources the family cannot provide alone.

For adults who have less understanding of death than their peers, it may be helpful to read the guidelines provided for younger age groups.

Adults' reactions to death

Death is unavoidable and irreversible, with concrete causes – adults understand that death happens to everyone at some point and that you cannot bring someone back from the dead. They also understand that death is caused by age, illness, trauma, etc even though they may not understand the specifics. Sudden or unnatural deaths (or the death of a child) are less likely to be understood or accepted, and more difficult for adults to come to terms with.

Adults can empathise with others, but (men especially) are likely to hold back own feelings – adults can share in and understand the feelings of those around them, with women being better at seeking out friends they can relate to if given the opportunity.

Adults can become pre-occupied with justice/injustice – they can feel a sense of injustice and view traumatic deaths as unfair or undeserved. Issues of punishment or retribution can come into play, and serve to prolong grief if media involvement or criminal proceedings are protracted. These feelings can also re-occur in adulthood even if the bereavement occurred earlier in life.

Adults' reactions to trauma

Adults' reactions to trauma are not solely based on actual memories or exposure to trauma (although these are major determinants). Adults who do not fully understand the methods or motives behind traumatic events attempt to fill in the gaps through fantasy, imagining worst case scenarios and believing them to be true. These fantasies are traumatic in themselves, and must often be confronted with the help of trusted adults or friends.

Adults experience trauma as fright or terror – adults are experienced enough to recognise a traumatic situation as threatening both to themselves and others. Their bodies react with a pre-programmed fright response. This strong bodily response is unsettling, and can reoccur later when the adult feels unsafe, or is reminded of the trauma. These reactions



can be distressing, difficult to control, and may give rise to specific post-traumatic reactions (which may be short or long term).

Adults need to understand what happened – adults want to understand more about the traumatic death than just the bare facts, tackling issues such as justice which are difficult to explore. However, thinking about trauma can be a distressing experience, especially when that trauma is recent. Understanding, or finding a meaning for trauma, can be very important in coming to terms with it, especially if it leads to the prevention of future traumas. Unfortunately, not all the facts about trauma are known initially – many trauma survivors must wait for criminal or scientific investigations to find the truth (for some this will never be known).

Adults experience stress – stress responses in adults are well known. They may show signs of being irritable, easily startled, nervous of anything that reminds them of the trauma, or otherwise distressed. Nightmares, intrusive thoughts, poor anger management and concentration difficulties at work are common signs of stress in adults.¹

Adults can over-estimate the negative role they played in the traumatic situation – and feel guilty or ashamed of their reactions. They can be preoccupied with negative contact they may have had with the deceased prior to death, or with thoughts of how they could have acted differently (although these may be secret). They may also feel personal responsibility or blame themselves for not doing things differently. For some there is a strong sense of survivor guilt.

Adults understand the longterm implications of trauma – they realise that what's happened will stay with them for life, that it will affect their home and social life, and that some of the changes that occur following trauma will be permanent.

¹ see *guidelines in series: sleep disturbance in adults and adolescents, anger management, and dealing with Intrusions*

Adults' experience of traumatic grief

Adults' experience of traumatic grief will vary according to how emotionally close they were to the person who died and how exposed they were to the circumstances of death. These deaths can include those of friends or members of the community with whom the adult identifies.

Adults react to loss – following bereavement or long-term separation, adults experience grief. This includes feelings of sadness, anger, guilt, blame, loss, yearning, heartache, and hopelessness. These feelings will change their intensity and severity over time, and may overlap or come and go rather than be experienced as predictable stages or progression. Adults will have different past experience with death and loss which may help them to cope. Younger adults usually having fewer established coping mechanisms for dealing with stressful situations of this nature.

Adults react to trauma – adults become intensely frightened by traumatic situations, particularly those they have witnessed. Often, traumatic memories can be very upsetting and uncontrollable, and are re-experienced over a period of time. Trauma interrupts adults daily lives, and makes fitting into old routines and social interactions more difficult. Bodily reactions to trauma can lead to fatigue and vulnerability to illness in the adult. It may also exaggerate difficulties in home, work, or community settings which pre-date the traumatic bereavement.

Memories and feelings of trauma are hard to forget – these can be frightening, and are not always easy to control. They leave adults nervous, expecting an unsafe future, and lead to important changes in the body's chemical system. As a result, some memories of the deceased can cause upset instead of comfort. They may be brought to mind uncontrollably, either in response to reminders of the trauma or at random. They also have a physical component, in that they often result in increased heart and respiration rates, and can be tiring, distracting, and unsettling.

Adults' bodies become fatigued by fright – prolonged exposure to or experience of fright causes the adult's body to react in ever stronger ways. Usually, people who feel safe only experience a moderate jolt of extra energy when they get a fright. However, the fright response becomes stronger the more it is used, so when a person is traumatically bereaved



they use up a lot of energy when they feel unsafe or experience traumatic memories. Over days and weeks this can drain the body of resources and leave it vulnerable to illness or infection.

Adults can be overwhelmed – the overall effect of grief and trauma is more difficult to deal with than either grief or trauma alone. The effects of traumatic grief are prolonged, and can be re-experienced over time as reminders re-awaken memories of the event. They can result in anger, blame, or guilt which can be difficult or shameful to talk about, and affect other members of the family and community. Children are particularly sensitive to the emotional state of their parents. Often work settings can be appreciated for the relief they offer from thinking about the bereavement.

What affects the experience of traumatic grief?

Traumatic deaths which are witnessed will have a more intense impact – seeing a traumatic death is intensely stressful and frightening. Memories of trauma are not only visual but may include hearing the sounds associated with the death (e.g. gunshots, sirens, screaming), as well as remembering smells and other sensations which can be just as distressing. Adults who witness deaths in manners such as these will need reassurance, good information, and support in understanding what happened as soon as possible. Initially, witnessing trauma may be more stressful than bereavement itself, and is linked to a continued sense of threat (feeling very unsafe or vulnerable to attack) survivor guilt (questioning the fairness of your survival in comparison to the death of a loved one) in the witness, and pre-occupation with the intrusive memories of what occurred.

Adults create traumatic fantasies to fill in gaps in their knowledge – traumatic deaths that are not witnessed directly or that leave surviving adults with unanswered questions about the death (or person who died) often lead to traumatic fantasies. Traumatic fantasies are the explanations people create to fill in gaps in their knowledge of the events surrounding the death. These might include fantasies that the death took longer than it actually did, or that the person suffered for a long time. They may also believe that they could or should have done something simple to avoid the death, or place undue importance on the last disagreement they had with

the person who died. Traumatic fantasies can be distressing and provoke strong emotional reactions. They usually focus on the worst possibilities, and fade with time as people learn more about what happened. Adults who have traumatic fantasies need good information (with appropriate levels of detail) conveyed with reassurance and in a private setting.

Adults have private beliefs and emotions – they may believe that the death could somehow have been avoided if they or some other person/group had acted differently. Blame and the need for retribution may be an issue depending on the circumstances of the death. However, these beliefs are not always shared openly – particularly in the family if children are involved. Family or friends can start helpful communication on difficult topics such as these in order to encourage the adult to open up and express privately held fears and anger.

Adults can gain support from family, friends, and the community – they can gain the best support from the individuals they are most involved with. However, severe traumas can make group involvement difficult for affected adults, who may become more isolated or over-involved with the family. Changes in behaviour and attitude to relationships can also affect emotional support from close friendships.

Adults are sensitive to routines and locations – people feel safest when they are with trusted friends and are in familiar environments. Home, work, and recreational settings are important in making adults feel physically and emotionally secure. Traumatic death in the family or community can disrupt these routines, and make the person's world less predictable and secure.

Guidelines

The needs of adults vary greatly according to each individual and their circumstances. Relationships with family and friends can be equally important in meeting the practical and emotional needs of the adult. Gender, ability, and level of understanding also have a part to play in the coping methods of adults, which tend to be wide ranging and may differ from the methods favoured by friends or other family members.



Immediate needs

Promote a safe environment – it is important to feel as safe as possible both immediately after a traumatic death, and in the long term. Ideally, daily routines (e.g. work attendance) should be re-established as soon as appropriate. Give time to any concerns the person may have, and adopt a flexible approach to reassuring them of their safety.

- Work for continuity in home, work, and recreational settings
- Give time and emotional reassurance
- If necessary, develop a concrete safety plan that addresses the persons' concerns about security (e.g. locking doors, leaving lights on at night)
- Take the persons' fears about safety seriously

Clear communication – adults understand death, but may not always have the information they need to understand the circumstances surrounding it. It is important for affected adults (or their partners/families) to seek out accurate information early, or at the earliest appropriate time. Clear and honest information and discussion can help identify concerns of the person that may otherwise be missed.

- Encourage the person to seek out accurate information
- Give truthful explanations
- Give information early to reduce confusion
- Give as much detail as is necessary

Make the loss real – encourage adults to participate in rituals surrounding the death, do not hide feelings, and keep mementoes of the person who died for future years.

- Encourage adults to participate in rituals (e.g. funeral, leaving a personal memento on the grave)
- Share feelings of sadness but avoid excessive displays of anger, sadness, or blame
- Keep reminders of the person who died present
- Encourage the person to keep their own personal reminders

Specific reactions to trauma – Following trauma or sudden bereavement there will be specific reactions in adults which are difficult to control and

affect behaviour, mood, and decision making. People may find themselves more easily startled or agitated; more forgetful or accident prone; more likely to have vivid dreams or difficulty sleeping; and more likely to think repeatedly about the person who died or aspects of their death. People affected by traumatic grief may also feel isolated, cheated, different or set apart from others by trauma, uninterested in friends or consolation, and hopeless for the future.

- Reassure the adult that what they feel is normal
- Reassure the adult that reactions such as these fade with time and support from others
- Encourage the adult to take advice on these reactions if they are a prolonged source of distress (e.g. self-help leaflet, GP, health worker)

Practical issues – following traumatic loss there will be many practical issues to be dealt with. Some of these will need to be handled immediately or soon after the news is broken (e.g. funeral, obituary), while others can be delayed until after the initial shock has passed (sorting personal belongings). Delaying non-essential decisions or discussing options with relevant people can allow the person to sort through their feelings and think through choices which will be important in the long term

- Reassure the adult that their feelings will change over time.
- Encourage the person to pace themselves and avoid making too many early decisions.
- Encourage bereaved adults to use resources such as family, close friends, religious representatives, or GPs who may have experience in wide-ranging issues relating to traumatic death.
- Encourage the adult not to make radical decisions too early before they are ready (such as sorting the personal effects of the person who died)

Long-term needs

The need for understanding – encourage questions or discussions on difficult topics. This can include talking about unfairness, anger, guilt, or blame. Distressing issues or events will need to be discussed more than once. Visiting the grave or places where the adult feels close to the person who died can make coming to terms with traumatic grief more natural.



Looking through photo albums and telling stories can also be helpful.

- Encourage questions and discussion
- Look at albums and photographs
- Encourage the person to visit the grave or other relevant places
- Talk about feelings of anger, blame, guilt, and justice

Coping with emotions – talk with the person about their feelings. Confront fears and provide reassurance and a sense of optimism about the future.

- Talk with the person about their anxiety about something happening to their family or themselves
- Talk with the person about eventual guilt feelings and/or anger, blame, regret ...
- Reassure the person that what they feel is normal
- Help the person reconnect with happier memories of the person who has died
- Use humour where appropriate

Deal with reminders – unsettling reminders of the death or trauma can come at random or in response to triggers in the life of the adult. Managing reminders and triggers can provide the person with more stability and a sense of greater emotional control.

- Develop a plan to avoid or minimise unnecessary exposure to reminders which are unsettling
- Significant dates such as anniversaries or birthdays should be prepared for in advance.
- Events such as court cases, coroner's investigations, or media coverage involving the traumatic death should be prepared for and discussed. It is helpful for people to know in advance the topics which will be covered at these events, and what details are likely to be discussed.
- Develop a plan for dealing with reminders when they arise
- Provide reassurance that reminders and triggers will become weaker and less frequent over time

Look to the future – be prepared for new feelings and meanings to emerge as the person works through their experience. Anything positive

which comes from traumatic loss is likely to be a source of strength for that person in the years to come (e.g. being able to help other traumatised people). Keepsakes and anniversaries will be special to the person in the future, as will positive reminders of the person who died.

- Let people change their opinions over time
- Hold onto mementoes and keepsakes
- Involve the person in anniversaries and significant occasions
- Be prepared for younger adults to have new questions about the death again in the future (particularly at family events such as weddings or during media involvement or court cases)
- Be optimistic about the future – things can and do get better.



Outcomes

Most adults recover from traumatic grief, but there is no set response to trauma or bereavement that is successful. There is no definitive timetable for the conclusion of grief, indeed bereavement is often seen as a lifelong influence on development. However, the most intense reactions tend to be experienced in the first two years.

Adults who are traumatically bereaved can be helped to manage their difficulties, to reduce their confusion about death and trauma, increase their sense of safety, and to form healing emotional bonds with family and friends. In this way, the most acute consequences of traumatic grief can be worked through by an adult with a small number of people (usually a mix of family members and close friends).

Specific symptoms can develop which may be difficult to cope with. These can be managed specifically – see guidelines in the series: sleep disturbance in adults and adolescents, anger management, and dealing with intrusions.

Authors:

P. Donnelly	Consultant Clinical Psychologist	The Royal Hospitals, Belfast
G. Connon	Assistant Psychologist	The Royal Hospitals, Belfast

Editorial Group:

N. Rooney	Consultant Clinical Psychologist	The Royal Hospitals, Belfast
A. Healy	Therapist; Director Family Trauma Centre	South and East Belfast HSS Trust
E. Smyth	Senior Educational Psychologist	South Eastern Education and Library Board
M. McCann	Director/Counsellor	Cruse Bereavement Care
T. Costello	Senior Social Worker	North and West Belfast HSS Trust

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

Traumatic grief in early childhood
Ages 0-5

Traumatic grief in middle childhood
Ages 5-10

Traumatic grief in adolescence
Ages 10-18

Traumatic grief in adults

Traumatic grief
Anger management

Traumatic grief
Dealing with intrusions

Sleep disturbance in adults
and adolescence

Sleep disturbance
in children under 10 years of age

Self care for workers supporting
the traumatically bereaved

Guidelines for the immediate response
to children and families in traumatic
death situations

Relatives Guide

Dealing with sudden death in early
childhood Ages 0-5

Dealing with sudden death
in middle childhood Ages 5-10

Dealing with sudden death in adolescence
Ages 10-18

Dealing with sudden death for adults

Sudden Death
Anger management

Sudden Death
Dealing with intrusions

Sudden Death
Insomnia and sleep disturbance
in adults and adolescents

Sudden Death
Sleep disturbance
in children under 10 years of age

The Coroner

Schools Guide

Traumatic grief in early childhood
Ages 0-5

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