### Trauma and Bereaved Parents



### Brief History of Trauma

■ Charles Dickens – 1865 Staplehurst train crash

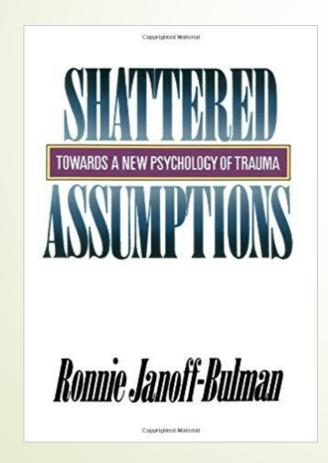
■World War 1 - Shell Shock

**■ Vietnam** – veterans Association

**■DSM** - Post traumatic Stress Disorder

### Trauma and Shattered Assumptions

Psychologist Ronnie Janoff-Bulman (2002) Shattered Assumptions: Towards a new psychology of trauma.





## Shattered Assumptions

In a nutshell, the theory of shattered assumptions says that we make sense of life based on assumptions about the world, ourselves, and others which help us make sense of the world and our place in it; that help us to feel safe, capable, and in control of what happens to us and, to some extent, those around us.

when extreme events happen – as in the deaths of our children, siblings and grandchildren, this assumptive world can shatter.

#### Assumptions about the benevolence of the world

- The world is generally a safe place where more good happens than bad
- The belief that most people have good intentions and can be trusted.

#### Assumptions about the meaningfulness of the world

The world is orderly, just, and logical. In other words, this is the belief that the world makes sense.

### Assumptions about the self as worthy

These lead us to believe that by and large we are fairly worthy, decent, and capable people, deserving of good things. The experience of trauma causes us to question our sense-of-self and to feel helpless, out of control, and, in an effort to make sense of the world, deserving of the trauma or loss.

So what can that feel like?

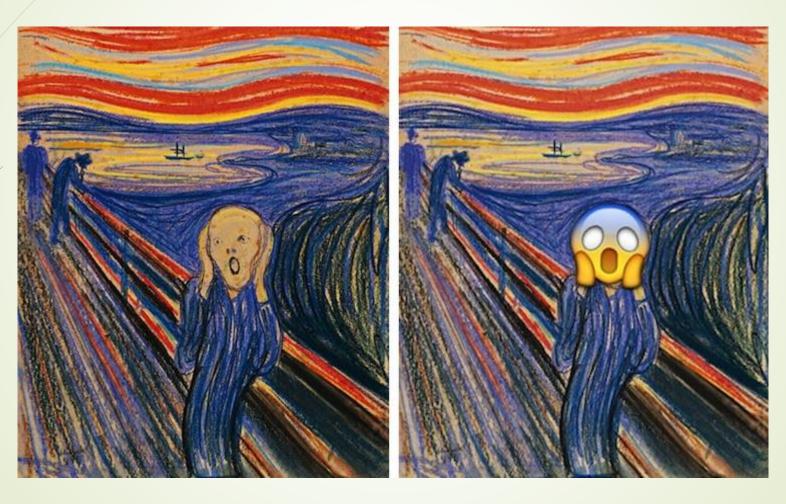
## **Ground Zero**



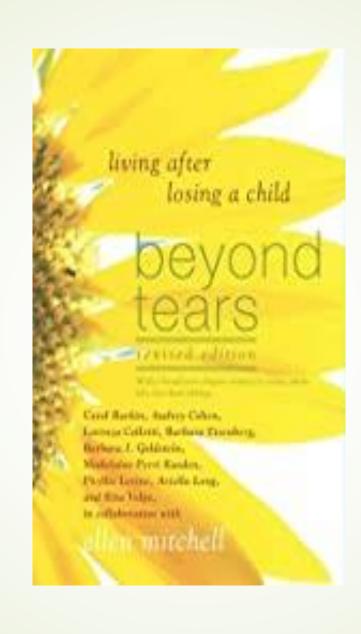
https://whatsyourgrief.com/continuing-bonds-shifting-the-grief-paradigm/



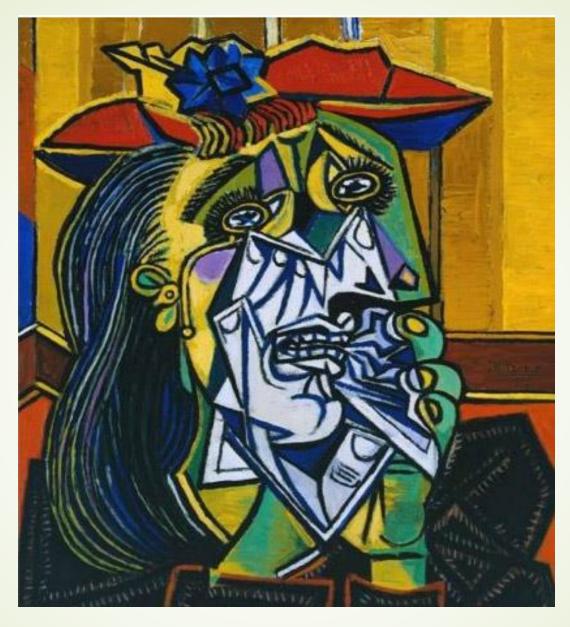
# Early days



Edvard Munch The Scream



Ellen Mitchell: Beyond Tears: Living After Losing a Child: 2009



https://whatsyourgrief.com/continuing-bonds-shifting-the-grief-paradigm/



Supporting bereaved parents and their families



# Margaret Brearley: Common symptoms of PTSD which can seem deeply abnormal, but which are in fact normal reactions to profound trauma include:

- flashbacks 'seeing' again and again one's child's body or the scene of their death ■
- memory loss- 'post-fatal' amnesia can be worse and longer-lasting than post-natal amnesia and can bring for a while cognitive impairment
- repetitive actions, such as constant sighing, clutching one's chest, rubbing one's arm
- feelings of intense loneliness, even when surrounded by others
- feelings of being disconnected from everyone and everything, of being somehow alien
- feeling that everything is unreal; even the death of the loved one is unreal
- feeling that life is empty and meaningless
- wanting to die
- apathy and self-neglect
- thinking that one is going mad
- changes in appetite
- numbness the inability to feel or to cry

- Despair
- feeling shocked, dazed, stunned or emotionally dead
- swift uncontrollable changes of mood sudden laughter or weeping
- endless 'what ifs' and 'if onlys'
- dread on waking or on encountering new situations or entering new places
- experiencing agoraphobia (fear of going outside) or extreme restlessness
- inding it hard to care about or trust other people
- recklessness and extreme behaviour
- insomnia
- physical pain in the heart or stomach feeling that 'my heart is seared in two' can seem physically real
- ▶ broken-heartedness and sometimes physical cardiac problems





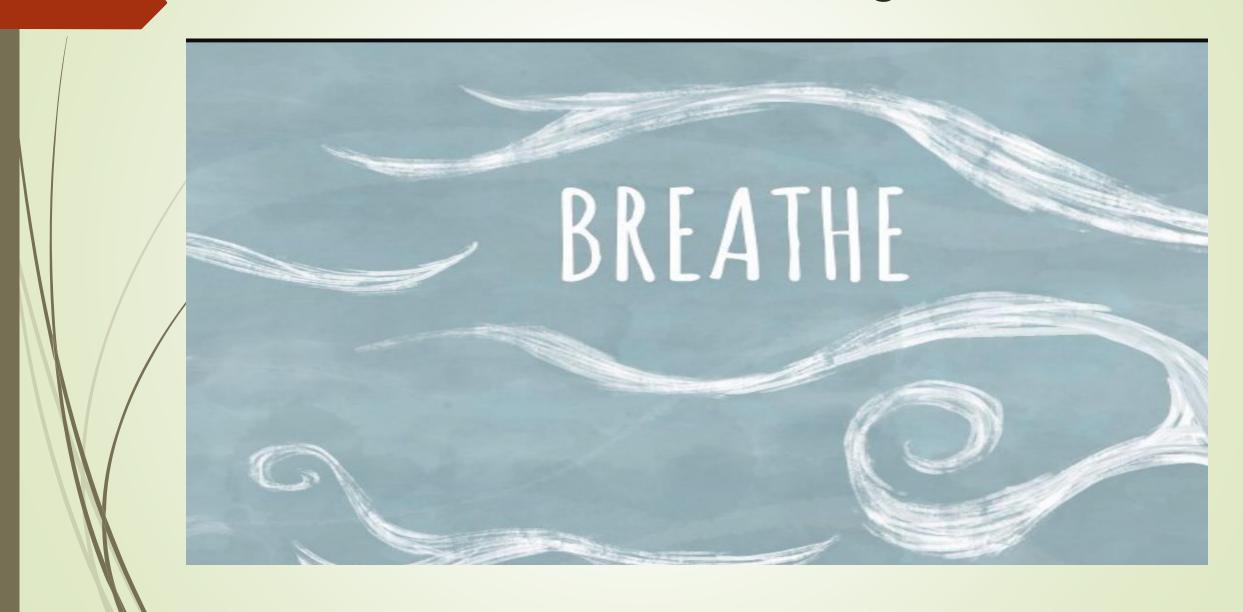
### What can I do to cope with flashbacks?

Use 5,4,3,2,1: We can use our senses: say to ourselves:

- What 5 things can I see
- What 4 things can I hear
- What 3 things can I feel or touch
- What 2 things can I smell or like the smell of
- Take 1 slow deep breath

brings our focus of attention into right now (grounding)

### Mindful Breathing



### **Breathing exercise**

This calming breathing technique for stress, anxiety and panic takes just a few minutes and can be done anywhere.

- You will get the most benefit if you do it regularly, as part of your daily routine.
- You can do it standing up, sitting in a chair that supports your back, or lying on a bed or yoga mat on the floor.
- Make yourself as comfortable as you can. If you can, loosen any clothes that restrict your breathing.
- If you're lying down, place your arms a little bit away from your sides, with the palms up. Let your legs be straight or bend your knees so your feet are flat on the floor.
- If you're sitting, place your arms on the chair arms.
- If you're sitting or standing, place both feet flat on the ground. Whatever position you're in, place your feet roughly hip-width apart.
- Let your breath flow as deep down into your belly as is comfortable, without forcing it.
- Try breathing in through your nose and out through your mouth.
- Breathe in gently and regularly. Some people find it helpful to count steadily from 1 to 5. You may not be able to reach 5 at first.
- Then, without pausing or holding your breath, let it flow out gently, counting from 1 to 5 again, if you find this helpful.
- Keep doing this for 3 to 5 minutes.

Taken from NHS Moodzone <a href="https://www.nhs.uk/conditions/stress-anxiety-depression/ways-relieve-stress/">https://www.nhs.uk/conditions/stress-anxiety-depression/ways-relieve-stress/</a>



### **Forgetting**

No, my mind isn't on the job in hand,

I freely admit it and

Frequently I find myself, well,

Not where I should be at all.

I've just not been sleeping

So I set off to get a prescription

But instead of going to the doctors

The car went to Tescos.

So I bought the milk I forgot yesterday.

I thought I'd sorted out probate

But there's yet more legal stuff to cope with.

Well, forget the solicitors,

The car went to Tescos.

Wish I hadn't forgotten my mobile.

Tomorrow it's the dentist.

I've been putting it off since last August.

I know I'll be shaking with fright

But with any luck and despite

My very best intentions

The car will end up in Tescos.

Gina Claye

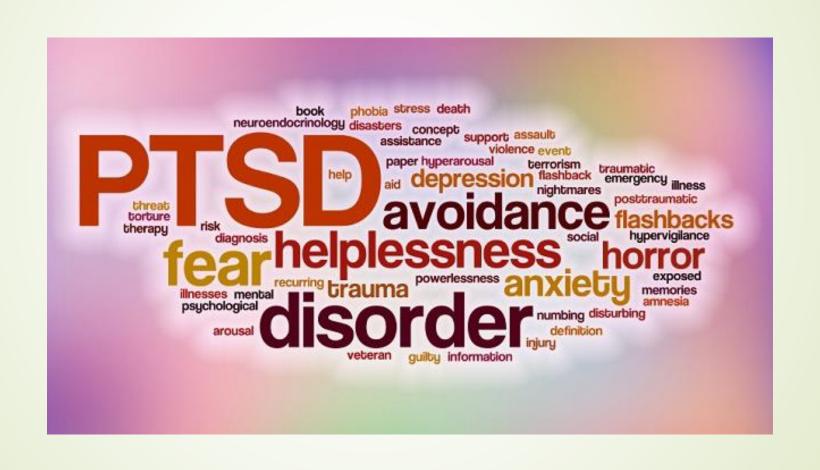




### Counselling

Counselling involves a series of formal sessions where the therapist and the client talk about the client's issues and feelings. Even short-term therapy typically involves six to 12 sessions. The sessions take place at a regular, agreed time and in a 'safe' private place where the client and therapist will not be overheard or interrupted. Therapy may involve talking about life events, feelings, emotions, relationships, ways of thinking and patterns of behaviour. The therapist will listen, encourage and empathise, but will also challenge to help the client to see their issues more clearly or from a different perspective. Counselling is not about giving advice or opinions, nor is it a friendly chat with a friend. The therapist helps the client to understand themselves better and find their own solutions to resolve or cope with their situation.

### Post Traumatic Stress Disorder



#### PTSD and DSM-5

Criterion A (one required): The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence

Criterion B (one required): The traumatic event is persistently reexperienced

Criterion C (one required): Avoidance of trauma-related stimuli after the trauma

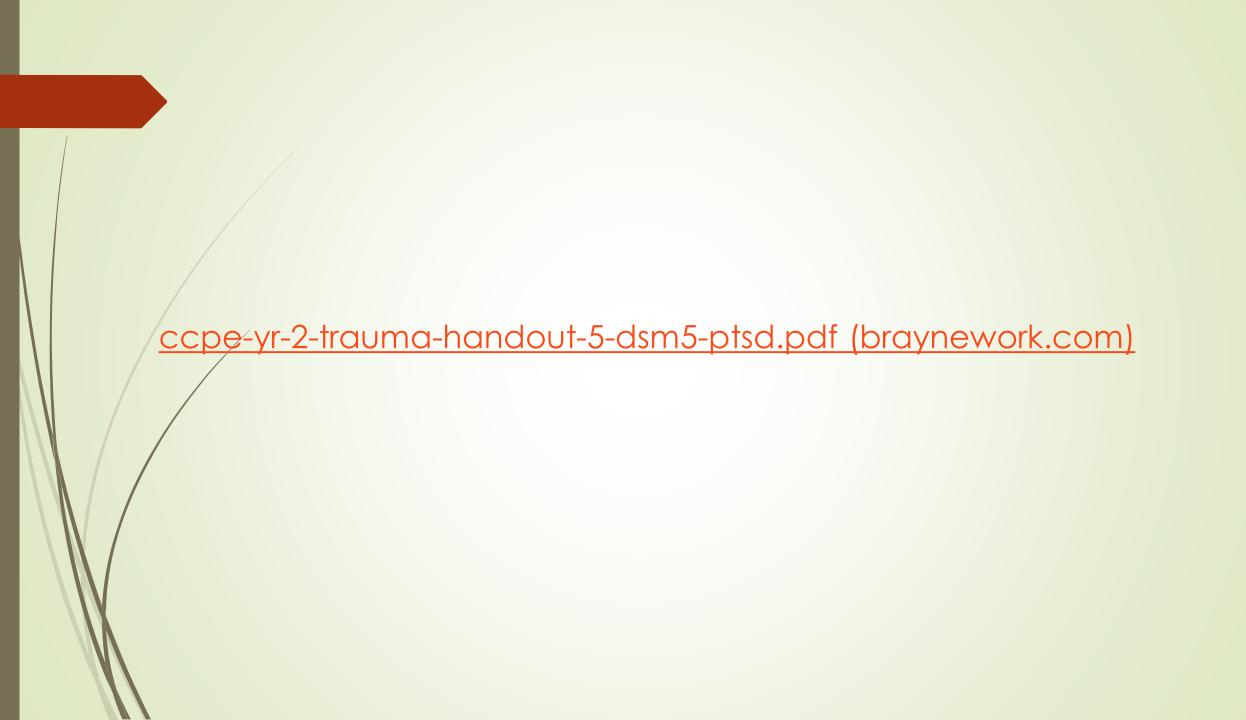
Criterion D (two required): Negative thoughts or feelings that began or worsened after the trauma

Criterion E (two required): Trauma-related arousal and reactivity that began or worsened after the trauma

Criterion F (required): Symptoms last for more than 1 month.

Criterion G (required): Symptoms create distress or functional impairment (e.g., social, occupational).

Criterion H (required): Symptoms are not due to medication, substance use, or other illness.



### Criterion A: stressor

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (1 required)

- 1. Direct exposure.
- 2. Witnessing, in person.
- 3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
- 4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties

ccpe-yr-2-trauma-handout-5-dsm5-ptsd.pdf (braynework.com)

- Research evidence indicates that we process and remember traumatic events via different pathways in the brain - think of emotional/sensory processing and cognitive processing.
- The speed of a traumatic event means that it is processed by an emotional/sensory brain pathway, rather than a cognitive pathway,
- So our ability to subsequently process the memory in context may be cognitively unavailable resulting in us repeatedly reliving the emotional and sensory content of the event

As a result, trauma memories are easily triggered by sensory reminders of a trauma (e.g. particular colours, sounds, smells etc) and are sensory and emotional in quality. When a trauma memory is triggered it feels like the trauma is happening again and the physical sensations, emotions and meanings that the person experienced at the time are re-experienced intensely in the present. Some people describe this as a highly confusing experience of having 'one foot in the present and one foot in the past'. For others it can take the form of a completely dissociative experience where they lose contact with the present altogether and start to act as though the trauma was recurring. The person can become hypervigilant to threat and because it is such a horrendous experience, they may go to great lengths to avoid any reminders of the trauma.



Prefrontal Cortex

Rational thinking regulates emotions such as
fear responses from the
amygdala - with PTSD this
has a reduced volume

#### Hippocampus

Responsible for memory and differentiating between past and present – works to remember and make sense of the trauma. With consistent exposure to trauma, it shrinks.

Amygdala

Wired for survival, when active, it is hard to think rationally. The more hyperactive the amygdala is, the more signs of PTSD are present.

@PSYCHOTHERAPY.CENTRAL

For more information and support see:

https://www.getselfhelp.co.uk/docs/traumabrain.pdf

www.getselfhelp.co.uk

#### Eye Movement Desensitizing and Reprocessing Therapy

- When a person is involved in a distressing event, they may feel overwhelmed and their brain may be unable to process the information like a normal memory. The distressing memory seems to become frozen on a neurological level. When a person recalls the distressing memory, the person can re-experience what they saw, heard, smelt, tasted or felt, and this can be quite intense. Sometimes the memories are so distressing, the person tries to avoid thinking about the distressing event to avoid experiencing the distressing feelings. Some find that the distressing memories come to mind when something reminds them of the distressing event, or sometimes the memories just seem to just pop into mind. The alternating left-right stimulation of the brain with eye movements, sounds or taps during EMDR, seems to stimulate the frozen or blocked information processing system.
- In the process the distressing memories seem to lose their intensity, so that the memories are less distressing and seem more like 'ordinary' memories. The effect is believed to be similar to that which occurs naturally during REM sleep (Rapid Eye Movement) when your eyes rapidly move from side to side. EMDR helps reduce the distress of all the different kinds of memories, whether it was what you saw, heard, smelt, tasted, felt or thought.

What is EMDR? - EMDR Institute - EYE MOVEMENT DESENSITIZATION AND REPROCESSING **THERAPY** 

#### **Trauma Focused CBT**

- When a trauma memory is triggered it feels like the trauma is happening again and the physical sensations, emotions and meanings that the person experienced at the time are re-experienced intensely in the present. Some people describe this as a highly confusing experience of having 'one foot in the present and one foot in the past'. For others it can take the form of a completely dissociative experience where they lose contact with the present altogether and start to act as though the trauma was recurring. The person can become hypervigilant to threat and because it is such a horrendous experience, they may go to great lengths to avoid any reminders of the trauma.
- Trauma focused cognitive therapy is specifically focused on trauma related cognitions at the time of the trauma and following the trauma. These are seen as being stuck in time, accessed via the emotional memory system where imagery, emotion and the sensory processing dominate. The memory is decontextualized from time and other information, so the meanings the person had at the time (e.g. I'm going to die) remain a present and persistent threat in the person's mind.

http://www/clinpsy.org.uk

#### Informed Support Seeking

Sometimes it can be helpful to be familiar with the information available about resources and referral routes. The following guidelines might be useful to look at if you are seeking help from the NHS for trauma.

NHS Scotland 2021

https://www.nhsinform.scot/illnesses-and-conditions/mental-health/post-traumatic-stress-disorder-ptsd

► NHS Choices. PTSD treatments: 2018

https://www.nhs.uk/conditions/post-traumatic-stress-disorderptsd/treatment/

National Institute for Health and Clinical Excellence (2018) Post Traumatic Stress Disorder (PTSD)

https://www.nice.org.uk/guidance/ng116

# **Back to Imagery**







## Thank you for listening

Barbara Douglas

