



Grief and Trauma Counseling

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The course is designed to provide a knowledge base for the particular counseling concerns and issues related to helping people who have experienced loss, grief or trauma.

UNIT I- INTRODUCTION

TOPIC I- BASIC DEFINITIONS OF TERMS AND PHRASES

This module has been developed as a guide for those who encounter individuals reacting to trauma and related grief reactions in the course of their counseling work. It is hoped that this document will be helpful for both counselors in training and licensed practitioners with limited experience working with individuals who are grieving and traumatized as well as for paraprofessionals and outreach workers. Lets begin by defining some terms and phrases.

Loss

Feelings of loss come from being deprived of something of significant value in one's life. The word loss is often used to refer to a break-up of an attachment that offered love and security, such as a relationship with a family member or friend.

Bereavement

Sometimes grief is known as Bereavement. Bereavement is similar in meaning to loss; however, it is the psychological reaction and also bodily reaction that occurs when we have experienced a loss or death of beloved ones. It can occur at any stage of the life span. Although we are expected to die at old age, death occurs at any stage.

Grief

At some point in time, we all experience a great loss in our lives. Whether that loss is someone we love, a pet, or something very important to us, grief is the natural and healthy reaction that follows. Therefore, **Grief can be defined** as a feeling of great sadness especially when one loses a loved one or even property that a person takes to be important for his survival. **Grief** is best described as a truly personal experience involving a host of emotions from numbness and disbelief to anger, guilt, loneliness, bitterness, and at times, overwhelming sorrow. Losing someone you love is devastating, you want the whole world to stop and take notice, yet life continues all around you, seemingly oblivious, as your own life comes to a crashing halt.

Mourning

Grief is expressed through **mourning**. The word is used to describe a cultural complex of behaviors in which the bereaved participate or are expected to participate. The process of mourning involves accepting our loss, making it part of our memories, and moving on with our lives. The deep pain from the loss of a loved one through death makes us mourn. As we grieve internally, we show our pain, which comes out through mourning.

Customs vary between different cultures and evolve over time, though many core behaviors remain constant. In the western culture, during mourning or funeral occasions, the

bereaved wear black clothes. This has been copied by Ugandans. Those most affected by the loss of a loved one often observe a period of grieving, marked by withdrawal from social events and quiet, respectful behavior. People may also follow certain religious traditions for such occasions.

Counseling

Counseling is a short-term, theory-based, non-directive, non-judgmental process. During this process, a person (*client*) who is basically psychologically healthy and facing adjustment, developmental and/or situational concerns or problems is empowered to gain awareness of him/herself and of his/her situation and to make decisions through the support and assistance offered by another person (*counselor*) through their relationship.

Trauma

Trauma is a mental condition caused by a severe shock especially when the harmful effects tend to last for a long time. It is also an unpleasant experience that makes us feel upset, anxious and helpless. It affects our normal functioning, physiologically and psychologically. Most traumatic events that tend to affect people are those that last for a long time, those that come unexpectedly and people are not prepared for them.

Traumatic event

A traumatic event involves a single experience, or an enduring or repeating event or events that completely overwhelm the individual's ability to cope or integrate the ideas and emotions involved with that experience. The sense of being overwhelmed can be delayed by weeks, years or even decades, as the person struggles to cope with the immediate circumstances.

Grief counseling

Is a form of psychotherapy that aims to help people cope with grief and mourning following the death of loved ones, or with major life changes that trigger feelings of grief (e.g., divorce). Grief counselors feel that everyone experiences and expresses grief in their own way, often shaped by culture. They believe that it is not uncommon for a person to withdraw from their friends and family and feel helpless; some might be angry and want to take action. Some may laugh.

Grief counselors hold that one can expect a wide range of emotion and behavior associated with grief. Some counselors believe that in all places and cultures, the grieving person benefits from the support of others. Further, grief counselors believe that where such support is lacking, counseling may provide an avenue for healthy resolution. Grief counselors believe that grief is a process the goal of which is "resolution."

The field further believes that where the process of grieving is interrupted, for example, by simultaneously having to deal with practical issues of survival or by being the strong one and

holding a family together, grief can remain unresolved and later resurface as an issue for counseling.

TOPIC II- NEED FOR GRIEF AND TRAUMA COUNSELING

- Grief counseling becomes necessary when a person is so disabled by their grief, and trauma experiences, and overwhelmed by loss to the extent that their normal coping processes are disabled or shut down.
- Grief counseling facilitates expression of emotion and thought about the loss, including sadness, anxiety, anger, loneliness, guilt, relief, isolation, confusion, or numbness.
- It includes thinking creatively about the challenges that follow loss, traumatic experiences, and coping with concurrent changes in their lives. Often people feel disorganized, tired, have trouble concentrating, sleep poorly and have vivid dreams, and experience change in appetite. These too are addressed in counseling.
- Grief and trauma counseling facilitates the process of resolution in the natural reactions to loss and trauma. This type of counseling is generally directed towards positive adjustment following loss after the death of a loved one.
- Grief counseling may be called upon when a person suffers anticipatory grief, for example an intrusive and frequent worry about a loved one whose death is neither imminent nor likely. Anticipatory mourning also occurs when a loved one has a terminal illness. This can handicap that person's ability to stay present whilst simultaneously holding onto, letting go of, and drawing closer to the dying relative.
- Grief and trauma counseling is to help individuals work through the feelings, thoughts, and memories associated with the loss of a loved one and traumatic events.
- Grief counseling helps the individual recognize normal aspects of the grieving or mourning process cope with the pain associated with the loss, feel supported through the anxiety surrounding life changes that may follow the loss, and develop strategies for seeking support and self-care.

TOPIC III- SKILLS NEEDED IN GRIEF COUNSELING

Grief counseling

All of these feelings and reactions are OK — but what can people do to get through them? How long does grief last? Will things ever get back to normal? And how will you go on without the person who has died?

Anticipating the impact of loss or trauma (to the extent than any one can), and during and after the events of loss or trauma, each person has unique emotional experiences and ways of coping, of grieving and of reacting or not. Sudden, violent or unexpected loss or trauma

imposes additional strains on coping. When a community is affected such as by disaster both the cost and sometimes the supports are greater.

Weeping, painful feelings of sadness, anger, shock, guilt, helplessness and outrage are not uncommon. These are particularly challenging times for children who may have had little experience managing strong affects within themselves or in their family. These feelings are all part of a natural healing process that draws on the resilience of the person, family and community. Time and the comfort and support of understanding loved ones and once strangers who come to their aid, supports people healing in their own time and their own way.

Professional counseling

Grieving individuals need reassurance that what they are experiencing is normal. Counselors can help people understand and identify the ways they are reacting. Some people grieve through their expression of feelings. Others grieve through problem-solving, thinking, and activities.

A grief counselor,

- ✦ Listens in a supportive manner to individuals' concerns.
- ✦ Helps disaster survivors recognize that, in most cases, their emotional reactions are natural, normal, and to be expected.
- ✦ Assists survivors to reduce additional stress by organizing and prioritizing day-today and recovery-related tasks.
- ✦ Helps individuals to understand and recognize the wide range of reactions to trauma, such as numbness, frustration, confusion, anger, anxiety, sadness, and feelings of helplessness.
- ✦ Assists individuals to draw on their own strengths and develop healthy coping mechanisms that permit them to gradually resume their pre-disaster level of functioning.
- ✦ Sensitive and caring helps individuals to grieve their losses in their own unique ways.
- ✦ Systematically draws upon an array of recovery resources for appropriate referrals.

Helping Skills for the counselor

These skills are ways to show people that you are paying close attention, that you care, and that you are actively listening. The better the helper listens, the more the individual may share. This is a caring relationship and develops through mutual respect.

✦ **Eye Contact and Facial Expression:**

- Make eye contact and vary your eye contact.
- Allow your face to reflect caring.
- Avoid any gestures that hide your face from view.

✦ **Body Language:**

- Be attentive and relaxed, and use positive gestures.
- Orient one's body toward the person who is speaking
- Sit on the same level.
- Create an "open" body posture: legs and arms uncrossed, body upright and centered.

✚ **Vocal Style:**

- Use a natural vocal style. Your voice communicates emotions.
- Speak in a relaxed, warm manner.

✚ **Verbal Following:**

- Stay on the topic. Don't topic jump or interrupt. Take your cues from the grieving individual.
- Give the time he/she needs. Don't rush to respond.
- It is ok to have pause/moments of silence to reflect.

✚ **Verbal Skills/Interventions:**

- ➔ **Open Questions:** This skill opens new areas for discussion. It is useful to aid the individual in exploring his/her feelings and thoughts. Begin open questions with "How," "What," "Could." Avoid "Why" questions which could make the individual feel defensive. **Examples:**

- "How do you feel about the situation?"
- "What are some things that trouble you most?"
- "Could you tell me how the job is going?"
- "Could you give a concrete or specific example?"

- ➔ **Paraphrasing:** Encourages more in-depth discussion. Focuses on using key words of the individual and then saying back to them the most significant things that are said to you. **Example:** "I have been having a terrible time at work. I am so restless and just can't seem to concentrate. My supervisor told me that I am not doing a good job and that if I don't improve, she would fire me."

Example Paraphrase:

- "You're saying that you have difficulty concentrating and that your supervisor is displeased with your work and may fire you."

The helper statement above is a distilled, shortened and clarified statement which catches the essence of what has been said.

- ➔ **Reflecting Feelings:** In reflecting feelings, the following steps are most essential:
 - The feeling must be named. This may be through the actual words of the individual or through observation of non-verbal communication (eyes, facial expression, posture, voice tone).
 - Use the leads: "You seem to feel...", "Sounds like you feel...", "I sense you are feeling..." Then ask: "Is that close?" "Is that right?"

→ **Examples:** "Sounds like that makes you angry." "You feel very *discouraged* right now." "I sense some feelings of confusion." "You are feeling really *sad* at the moment."

✚ **Additional helpful comments/phrasing:**

- Tell me about...
- What works for you...
- How do you react when...
- I'm wondering...
- Have your feelings changed?
- What are your most difficult times?
- Could you be more specific?
- Do you feel like talking about it today?
- I encourage you to...

Non-Supportive Behaviors

Verbal Behaviors:

- Responding too quickly
- Changing the subject
- Talking too much about yourself
- Asking "why" questions
- Giving advice
- Preaching, placating, lecturing
- Over-interpreting
- Asking too many questions
- Interrupting silence
- Allowing the individual to ramble on

Non-Verbal Behaviors:

- Rigid severe posture
- Taking notes
- Clock watching
- Letting your gaze wander

UNIT II- UNDERSTANDING GRIEF

TOPIC I- APPROACHES TO UNDERSTANDING GRIEF

Activity

Recall the most significant loss you have experienced in your life, focusing on your thoughts and feelings. Then complete the following sentences to express those thoughts and feelings.

The most significant loss I have experienced in my life was

I was aged

It was so significant because

I felt

I thought

I wanted to know

I was warned that

My greatest fear was

I regretted that

I needed

I wished that

I was unable to

The person who helped me most was

I knew my grief was resolved by

For me as a grief counselor, the greatest lessons to be learned from my loss are

Grief is the natural emotion which results from the experience of loss, disappointment, separation, deprivation, or distress. When most people hear the word "grief," they think of the emotion experienced by an individual because of the death of a loved one. Grief is not restricted solely to the death of a person. There are other types of losses, such as job, limb, divorce, moving, retirement, possessions (car, home), and any other life change. At some time in everyone's life the experience of some type of loss will occur. The loss will cause stress for most. However, for others it will cause a crisis. A crisis is one's perception of an event that is intolerable and exceeds the person's ability to cope. For the purpose of this discussion, our focus will be on grief over a person's death, which causes stress in an individual's life.

Approaches to understanding Grief

We need to understand that grief is:-

1. Natural human reaction. This is to say that it has universal features, however the intensity of expression or mourning vary considerably.
2. Grief is a psychiatric disorder. However this does not mean that it is a mental illness. e.g. there are some people who after losing their beloved ones tend to suffer from extensive grief which affects them emotionally and physically. E.g. loss of appetite, depression, weight loss. etc. we can as well say that if this situation intensifies, it can result into a disease process.
3. Disease process. This is common among young widows and widowers who never expected that a loved one will die. There are some people value their properties more than their loved ones and when they lose it, they experience grief.

STAGES OF GRIEF/BEREAVEMENT

The stages of grieving are not strictly chronological and linear, but often are circular, repetitive, concurrent, and overlapping. Grieving isn't continuous, but it is recurring. Even though the experience of grieving does not neatly unfold step-by-step, for the sake of understanding the stages will be viewed successively. There are many authors who in discussing grief propose their stages as unique. However, stages presented here will be a compilation taken from many sources:

SOME STAGES COMPRISE THE FOLLOWING IDEAS:

1. **Shock/disbelief.** The person is initially overwhelmed emotionally, usually up to two weeks.
2. **Denial and isolation.** The bereaved finds it impossible to accept the reality of the tragedy and wants to be alone.
3. **Bargaining.** The bereaved makes statements such as, "If you will bring him back, I will be a good person" or "Take me and bring her back."
4. **Searching and yearning.** The bereaved is trying to move ahead without the significant other in his life and is trying to find meaning by himself. (From second week to fourth month.)
5. **Depression/anger/guilt/resentment.** The bereaved becomes sad over the reality of the loss of companionship and even angry at the disappointment brought about by it. The bereaved usually projects blame on others or self, believing that something could have been done to prevent the loss. At this point the bereaved is usually emotionally unstable and disorganized, usually asking, "Why?"
6. **Loneliness/disorientation/disorganization.** The bereaved has a sense of being abandoned or left behind. He feels isolated, detached, empty, and unconnected. (Usually from five to nine months' duration.)
7. **Acceptance/reorganization/resolution.** This final stage presupposes an effectual working through of the various painful, and even confusing, feelings and resolving them. Until this stage is achieved, the grieving/mourning work is obstructed and stalled. This phase usually lasts from nine months to two years.

OTHERS COULD BE:-

1. **Alarm** - a stressful state characterized by physiological changes, e.g. rise in blood pressure and heart rate
2. **Numbness** - Person appears superficially affected by loss, but is actually protecting himself/herself from acute distress.
3. **Pining (searching)** - Person looks for or is reminded of the lost person.
4. **Depression** - Person feels hopeless about future, cannot go on living, and withdraws from family and friends.
5. **Recovery and reorganization** - Person realizes that his/her life will continue with new adjustments and different goals.

TOPIC II- COMPONENTS OF GRIEF BY DIFFERENT SCHOLARS

Grieving is an active process of coping with loss. It is not something done to us, but rather something we naturally do. The process of grief is about transformation and requires time, effort, preparation, patience, and persistence. Usually the bereaved can witness progress in their grieving by looking back instead of looking forward.

Several researchers have come up with theories of grief. These theories explain orderly stages that people pass through during grief.

BOWLBY'S PHASE THEORY OF GRIEF (1980)

According to Bowlby, adult grief is an extension of general distress response.

1. **Phase of numbing;** Great shock to the extent of failing to talk. Numbness and disbelief which can last from a few hours up to a week disrupted by outbursts of extremely intense distress and anger.
2. **Phase of yearning and searching;** the individual experiences serious anxiety and anger which can last for months or even years.
3. **Disorganization and despair;** these are feelings of depression. The person has nothing to do. Accepts the loss and begins to recover. This is after some time.

KUBLER-ROSS STAGE THEORY; ANTICIPATORY GRIEF

The **Kübler-Ross model**, commonly known as **The Five Stages of Grief**, was first introduced by Elisabeth Kübler-Ross in her 1969 book, *On Death and Dying*.

Included in the book was a model, **The Model of Coping with Dying**, which was based on her research and interviews with more than 500 dying patients. It describes, in five discrete stages, a process by which people cope and deal with grief and tragedy, especially when diagnosed with a terminal illness or experience a catastrophic loss. In addition to this, her book brought mainstream awareness to the sensitivity required for better treatment of individuals who are dealing with a fatal disease or illness.

Kübler-Ross added that it's important to note that these stages are *not meant to be complete or chronological*. Not everyone who experiences a life-threatening or life-changing event feels all five of the responses nor will everyone who does experience them do so in the order that is written. Reactions to illness, death, and loss are as unique as the person experiencing them. Not everyone goes through all of the steps or goes through them in a linear fashion. Some steps may be *missed* entirely, others may be experienced in a different order, some may be re-experienced again and again and some may *get stuck* in one.

These stages of coping with dying are now commonly referred to as the **Kübler-Ross model**, *The Five Stages of Dying*, *The Five Stages of Grief*, *The Five Stages of Loss*, *The Five Stages of Coping with Dying*, *The Five Stages of Coping with Grief* or *The Five Stages of Coping with Loss*.

Stages

The stages, popularly known by the acronym **DABDA**, include:

1. **Denial** — "I feel fine."; "This can't be happening, not to me." Denial is usually only a temporary defense for the individual. This feeling is generally replaced with heightened awareness of possessions and individuals that will be left behind after death. This stage

prevents the person from being overwhelmed by the shock that she or he is terminally ill. The patient does not believe that he or she is going to die.

2. **Anger** — "Why me? It's not fair!"; "How can this happen to me?"; "Who is to blame?" Once in the second stage, the individual recognizes that denial cannot continue. Because of anger, the person is very difficult to care for due to misplaced feelings of rage and envy. This anger may be directed to the medical staff and other healthy people who are attending to them. At times even some parents extend their anger to God.
3. **Bargaining** — "I'll do anything for a few more years."; "I will give my life savings if..." "Please, God let..." The third stage involves the hope that the individual can somehow postpone or delay death. Usually, the negotiation for an extended life is made with a higher power in exchange for a reformed lifestyle. Psychologically, the individual is saying, "I understand I will die, but if I could just do something to buy more time..." Normally they have an attempt to postpone death by striking a deal with God involving or asking Him to take away all that they have in terms of property and finance (billions of shs.) There are people who at this stage never believed in God will believe at this time; those who wronged their neighbors will promise to pay back what they owe them.
4. **Depression** — "I'm so sad, why bother with anything?"; "I'm going to die... What's the point?"; "I miss my loved one, why go on?" During the fourth stage, the dying person begins to understand the certainty of death. This is likely to arise when the patient realizes that no bargain can be struck and that death is inevitable. Because of this, the individual may become silent, refuse visitors and spend much of the time crying and grieving. This process allows the dying person to disconnect from things of love and affection. It is not recommended to attempt to cheer up an individual who is in this stage. It is an important time for grieving that must be processed. He or she will grieve for all the losses that death represents. (my things, my cars, my wives.)
5. **Acceptance** — "It's going to be okay."; "I can't fight it, I may as well prepare for it." In this last stage, the individual begins to come to terms with her/his mortality or that of a loved one. The patient she or he cannot be saved by anything and almost seems to have given up the struggle for life. A patient who has been talking with struggles now decides to keep quiet. He withdraws from those attending to him or her.

Kübler-Ross originally applied these stages to people suffering from terminal illness, later to any form of catastrophic personal loss (job, income, freedom). This may also include significant life events such as the death of a loved one, divorce, drug addiction, the onset of a disease or chronic illness, an infertility diagnosis, as well many tragedies and disasters.

Kübler-Ross claimed these steps do not necessarily come in the order noted above, nor are all steps experienced by all patients, though she stated a person will always experience at least two. Often, people will experience several stages in a "roller coaster" effect—switching between two or more stages, returning to one or more several times before working through it.

However, there are individuals who struggle with death until the end. Some psychologists believe that the harder a person fights death, the more likely they will be to stay in the denial

stage. If this is the case, it is possible the ill person will have more difficulty dying in a dignified way. Other psychologists state that not confronting death until the end is adaptive for some people.

RAMSEY AND DE GROOT COMPONENTS OF GRIEF

Researchers such as Ramsey and De Groot (1977) proposed what they called components of grief. There are nine components which include:-

1. **Shock.** This is usually the first response characterized by a feeling of numbness. This can also include pain, calm apathy, confusion, etc. these feelings are so strong that the person experiencing them may look as if he/she is mentally disturbed. They can last from a few seconds to several weeks.
2. **Disorganization.** This is the inability to do even the simplest thing. E.g. To participate in organizing the funeral and then the person can collapse.
3. **Denial.** An individual behaves as if the deceased was still alive and this is because of the defense mechanisms which is resisting pain. This behavior may disappear for sometime after the funeral and then may occur again. Sometimes the behavior is associated with bad dreams, nightmares, etc. and all about the departed.
4. **Depression.** This can occur during the grieving process. This is intensive psychological pain or despair. It also includes feelings of helplessness and if possible, the dead would come back.
5. **Guilt.** Sometimes if one is grieving, he or she might feel guilty that may be he never contributed what was enough when the deceased was still sick. (self conscious)
6. **Anxiety.** Some individuals especially those who have lost their dear ones may experience a lot of anxiety to the extent of having feelings of going mad. This is because, they are worried of what would follow after the funeral and especially if they are to remain responsible for either the deceased's family or to be heirs.
7. **Aggression.** There are some individuals who become irritable during grief and they can even engage in fights during the funeral. These could be fights between family members. E.g. family of the deceased and the neighbors or anger can be extended to doctors, nurses, God or to the person who is dead, or the clergy.
8. **Resolution.** This is when the bereaved accept the death has occurred and life must go on.
9. **Re-integration.** This when the concerned bereaved put into practice positive coping strategies with death. They accept that death occurs to every body but, however for those who celebrate funeral anniversaries, remembrance of the deceased may re-appear.

TOPIC III- MANIFESTATIONS/IMPACT OF GRIEF

These are the experiences of three people who have suffered bereavement.

"My father died six weeks ago after an 18 month struggle with cancer. Now, I can't get the picture of him at his worst, pale, very thin and not able to sit up, out of my mind. I wish I could remember him as he was when he was well two years ago, but I can't. I feel so guilty, I wish I could have done more..."

"After 45 years of marriage I lost my wife six months ago, thankfully she only had a short period of illness during which she never regained consciousness. I don't seem to be able to cope with it, I still keep expecting her to walk through the door. I sometimes feel she is present during the night but always wake up disappointed....."

"My husband was killed in a car crash earlier this year, and I am left on my own to bring up my two small children. I feel so lonely and isolated; sleeping is a problem. At times I feel angry with my husband for leaving me to cope on my own - even though I know this is the last thing he would have wanted for us..."

How do people feel when they have experienced bereavement?

Serious loss is something which we will all face at some time in our lives. This may be because of the death of someone close to us or it may be because of other circumstances such as the loss of our health or our home.

Many of us will not experience bereavement or loss until later in life and may have little opportunity to learn about death and about how people are affected by grief. It can seem difficult to know what is "normal" and to understand how we or our families may respond when we face a loss.

You may think you are the only person who has felt the way you do. Whilst everyone's response to a loss is a very individual experience, there are some common experiences that many people will share.

PERSONAL IMPACT OF GRIEF

Repressed or suppressed grieving (e.g., loss of a significant other) is self-destructive. Extreme repressed and suppressed grief can result in psychoemotional and physical disturbances such as blurred vision, headaches, gastrointestinal disturbances, and heart palpitations.

Bereaved individuals hurt physically and are a bundle of emotions because social connections have been disrupted. They wonder about God and question their faith and beliefs.

Their attitudes and behaviors become like a roller-coaster ride during the grieving process. Usually at the heart of their grief is an intense desire to have their job back, partner back, and life back just the way it was. Life seems to be a mess and it's difficult, if not impossible, to imagine getting on with normal living again.

An individual may not experience all reactions that are listed. Reactions may change over time. What needs to be noted is that the reactions FOLLOW the loss event; it is then that a grief reaction is considered.

The grief experience impacts all aspects of the being of the individual. The manifestations listed are *more intensified* when there has been a sudden, unanticipated death. With the intensification, the period of time to process the reactions will often be longer. It is important to remember there is no timetable for processing.

Physical Reactions:

As part of the individual's way of handling the stress and anxiety of his/her loss experience, the following are possible physical reactions:

- ❑ Changes in appetite: Overeating; binge eating Under-eating; loss of appetite
- ❑ Sleep disturbances: Oversleeping; difficulty falling asleep and awakening; inability to get started/ motivated for another day, Under-sleeping; nightmares, loss-centered dreaming; interrupted sleep
- ❑ Exaggeration of other physical situations: Blood pressure, diabetes, allergies, digestive and stomach problems, headaches/migraines, weakness of the muscles, tightness of throat and chest.
- ❑ Sensitivity to noise.
- ❑ Breathlessness
- ❑ Lack of energy
- ❑ Dry mouth.

Note: All are often triggered by poor eating and sleeping habits, thereby affecting the immune system and the body's ability to maintain a healthy balance.

Behavioral Reactions;

Because the loss event changes the individual, behaviors, whether while alone or in social settings, also reflect the change the individual is experiencing.

- ✚ Aggressive behaviors: volume/tone in speaking; irritability; tension
- ✚ Withdrawn/passive behaviors: very quiet and introverted; short answers; limited conversation; feels unworthy of happiness
- ✚ Self-doubt increases: needs much reassurance; decisions are difficult, indifference/apathy may follow; meaninglessness; not wanting to initiate activities or leave home.
- ✚ Reckless or self-destructive behaviors:
 - Alcohol use/abuse: often to numb feelings
 - Drug use/abuse: to numb and escape the emotional reactions
 - Sexual promiscuity: to seek comfort; or to “dare” something to happen to me – such as AIDS.
 - Reckless driving or other behaviors to challenge fate/the world.
- ✚ Hyperactivity: excessive energy to act out the stress/anxiety
 - Cleaning
 - Working
 - Talking
 - Shopping
 - Attention-getting
 - Shopping/Spending
 - Home fix-it projects
 - Excessive organizing

Cognitive Reactions;

- ✚ Reduced attention span: inability to follow a conversation, to read and to stay focused; this affects many on the job regarding performance; forgetfulness
- ✚ Loss-centered thinking: focus of much of the individual's thought process to the point of obsessiveness
- ✚ Impaired self esteem
- ✚ Idealization of the past, of the future and of the individual and the relationship lost
- ✚ Exaggerations in magical thinking (I made it happen)

Emotional Reactions

- ✚ Self blame and guilt: “I could have...,” “I shouldn’t have...,” “If only...,” “Why didn’t I...”
- ✚ Fears: of getting through each day; of being alone; of being a single parent; “What will I do now?”; “Will God punish me too?”; of the dark; of new places and of old favorite places; of social settings; of making the right decision(s).
- ✚ Helplessness/Hopelessness
- ✚ Anger: at life’s situation, at God, at unfairness, at the one who died, at others for being happy.
- ✚ Yearning/desiring the lost loved one and the world that *was*.

- ❖ Withdrawn; not sharing feelings with others because they don't understand or "get it," not able to give emotionally to others—even family members.
- ❖ Anxiety: all of the above create an accumulation of general anxiety for many grieving individuals. Trying to handle life in a new fashion means creating a new "normal." This is all transition and for many that means anxiety until it becomes the "new" acceptable way of life.

Spiritual/Philosophical Reactions;

- ❖ Whatever one's belief system, there may be challenges to that system. What *was* believed often comes into question and is examined in light of the loss and goes through its own change—strengthened or weakened—but changed. This is part of the process of grief and adaptation to the loss.
- ❖ Those with a belief in God may question: why God didn't intervene, why God let this happen, where is God in their paining/adjusting experience.
- ❖ Various questioning about God and one's anger towards him, often creates guilt for the individual to work through.

Impact of grief on Family and Work

It should be noted that when an individual grieves, the whole family grieves. The following are some of the ways that the family is affected during the grieving process:-

- ✓ Grief can destroy a family especially when some individuals harbor negative feelings about others.
- ✓ During grief, some family members embezzle funds or engage in vandalism which is the malicious and deliberate defacement or destruction of somebody else's property.
- ✓ It lead to low productivity at work
- ✓ Leads to dependability in terms of complicated grief
- ✓ Tears down relationships at work due to prolonged grief
- ✓ Grieving creates chaos. It forces the bereaved to change, adapt, and reconstruct their world and fit their loss into a new reality

You may add on the list.....

What to Expect during grieving

It may feel like it might be impossible to recover after losing someone you love. But grief does get gradually better and become less intense as time goes by. To help you get through the pain, it could be wise to know some of the things you might expect during the grieving process.

- ✖ The first few days after someone dies can be intense, with people expressing strong emotions, perhaps crying, comforting each other, and gathering to express their support and condolences to the ones most affected by the loss. It is common to feel as if you are "going crazy" and feel extremes of anxiety, panic, sadness, and helplessness. Some people describe feeling "unreal," as if they're looking at the world from a faraway place. Others feel moody, irritable, and resentful.
- ✖ Family and friends often participate in rituals that may be part of their religious, cultural, community, or family traditions, such as memorial services, wakes, or funerals. These activities can help people get through the first days after a death and honor the person who died. People might spend time together talking and sharing memories about their loved one. This may continue for days or weeks following the loss as friends and family bring food, send cards, or stop by to visit.
- ✖ Many times, people show their emotions during this time. But sometimes a person can be so shocked or overwhelmed by the death that he or she doesn't show any emotion right away — even though the loss is very hard. And it's not uncommon to see people smiling and talking with others at a funeral, as if something sad had not happened. But being among other mourners can be a comfort, reminding us that some things will stay the same.
- ✖ Sometimes, when the rituals associated with grieving end, people might feel like they should be "over it" because everything seems to have gone back to normal. When those who are grieving first go back to their normal activities, it might be hard to put their hearts into everyday things. Many people go back to doing regular things after a few days or a week. But although they may not talk about their loss as much, the grieving process continues.
- ✖ It's natural to continue to have feelings and questions for a while after someone dies. It's also natural to begin to feel somewhat better. A lot depends on how your loss affects your life. It's OK to feel grief for days, weeks, or even longer, depending on how close you were to the person who died.

No matter how you choose to grieve, there's no one right way to do it. The grieving process is a gradual one that lasts longer for some people than others. There may be times when you worry that you'll never enjoy life the same way again, but this is a natural reaction after a loss.

TOPIC IV-DIFFERENT WAYS OF GRIEVING

If you've lost someone in your immediate family, such as a parent, brother, or sister, you may feel cheated out of time you wanted to have with that person. It can also feel hard to express your own grief when other family members are grieving, too.

Some people may hold back their own grief or avoid talking about the person who died because they worry that it may make a parent or other family member sad. It's also natural to feel some guilt over a past argument or a difficult relationship with the person who died.

We don't always grieve over the death of another person. The death of a beloved pet can trigger strong feelings of grief. People may be surprised by how painful this loss can be. But the loving bonds we share with pets are real, and so are the feelings of loss and grief when they die.

WHY DO PEOPLE GRIEVE DIFFERENTLY?

We accept without question uniqueness in the physical world.....fingerprints, snowflakes, etc. But we often refuse that same reality in our emotional world. This understanding is needed, especially in the grieving process. No two people will ever grieve the same way, with the same intensity or for the same duration. It is important to understand this basic truth. Only then can we accept our own manner of grieving and be sensitive to another's response to loss. Only then are we able to seek out the nature of support we need for our own personalized journey back to wholeness and be able to help others on their own journey.

Not understanding the individuality of grief could complicate and delay whatever grief we might experience from our own loss. It could also influence us, should we attempt to judge the grieving of others - even those we might most want to help.

Each of us has a unique combination of diverse past experiences. We each have a different personality, style, various way of coping with stress situations, and our own attitudes influence how we accept the circumstances around us.

Below are some of the reasons

Past experience ... Past experiences from childhood on, have a great impact on how we are able to handle loss in the present.

Consider

- What other losses have we faced in our childhood, adolescence, adulthood?
- How frightening were these experiences?
- Was there good support?

- Were feelings allowed to be expressed in a secure environment?
- Has there been a chance to recover and heal from these earlier losses?
- What other life stresses have been going on prior to this recent loss? Has there been a move to a new area?
- Were there financial difficulties, problems or illness with another member of the family or with ourselves?
- What has our previous mental health history been like? Have we had bouts with depression?
- Have we harbored suicidal thoughts? Have we experienced a nervous breakdown? Have we been treated with medication or been hospitalized?
- How has our family cultural influences conditioned us to respond to loss and the emotions of grief (stoic father, emotional mother, etc.)?

Relationship with the deceased.....No outsider is able to determine the special bond that connects two people, regardless of the relationship, role or length of time the relationship has been in existence.

Our relationship with the deceased has a great deal to do with the intensity and duration of our grief.

Consider

- What was that relationship? Was the deceased a spouse? A child? A parent? A friend? A sibling? How strong was the attachment to the deceased? Was it a close, dependent relationship, or intermittent and independent?
- What was the degree of ambivalence (the love/hate balance) in that relationship?
- It is not only the person, but also the role that person played in our life which is lost. How major was that role? Was that person the sole breadwinner, the driver, the handler of financial matters? The only one who could fix a decent dinner? Was that person a main emotional support, an only friend?
- How dependent were we on the role that person filled?

Circumstances surrounding the death.....The circumstances surrounding the death; i.e., how the death occurred are extremely important in determining how we are going to come to an acceptance of the loss.

Consider;

- Was the loss in keeping with the laws of Nature as when a person succumbs to old age? Or was order thrown into chaos, as when a parent lives to see a child die?
- What warnings were there that there would be a loss? Was there time to prepare, time to gradually come to terms with the inevitable? Or did death come so suddenly that there was no anticipation of its arrival?
- Do we feel that this death could have been prevented or forestalled? How much responsibility am I taking for this death?

- Do we feel that the deceased accomplished what he or she was meant to fulfill in this lifetime? Was their life full and rewarding? How much was left unsaid or undone between ourselves and the deceased?
- Does the extent of unfinished business foster a feeling of guilt?

Influences in the present.....We have looked at the past, at the relationship, and how the loss occurred. Now we see how the influences in the present can impact how we are finally going to come to terms with a current loss.

Consider;

- Age and sex are important factors. Are we young enough and resilient enough to bounce back? Are we old enough and wise enough to accept the loss and to grow with the experience?
- Can our life be rebuilt again? What opportunities does life offer now? Is health a problem? What are the secondary losses that are the result of this death? Loss of income? Home? Family breakup? What other stresses or crises are present?
- Our personality, present stability of mental health, and coping behavior play a significant role in our response to the loss. What kind of role expectations do we have for ourselves? What are those imposed by friends, relatives and others?
- Are we expected to be the "strong one" or is it alright for us to break down and have someone else take care of us? Are we going to try to assume an unrealistic attempt to satisfy everyone's expectations, or are we going to withdraw from the entire situation?
- What is there in our social, cultural and ethnic backgrounds that give us strength and comfort? What role do rituals play in our recovery? Do our religious or philosophical beliefs bring comfort or add sorrow and guilt? What kind of social support is there in our lives during this emotional upheaval?

Note;

When a person who is a part of our life dies, understanding the uniqueness of this loss can guide us in finding the support we will need and to recognize when help should come from outside family or friends. When the loss is experienced by someone we would like to help or by someone under our care, this same understanding is essential. Thus we can guard against a temptation to compare or to judge their grief responses to our own. The awareness of those factors which affect the manner, intensity and duration of grief, should enable us to guide the grieving person in seeking those forms of support suggested by the nature of their loss and the unique way it affects them.

TOPIC V -SUDDEN DEATH LOSS ISSUES

Some of the possible reactions involved in the “normal” processing of a death loss are more intensified with a sudden death loss, and tend to take much longer to process due to the overwhelming disbelief that impacts the individual. Some issues that lead to complications in reconciling the loss include the following.

- Inability to comprehend— the disbelief of the event does not allow the individual to grasp what has actually happened. There is a searching for “why” and “how” this happened in the initial period following the death-loss event.
- The ability to cope is diminished due to the shock of the event and the additional stress that has just been imposed on the individual.
- Because the death event is sudden there is a loss of safety and *security* in the survivor’s world. This affects all aspects of the person’s life and creates much anxiety as the person attempts to confront “who” was lost to his/her world.
- There was no time to say *good-bye* to the individual and this often adds hurt and emotional pain. There was no time to say or to hear “I love you,” “I’m sorry,” to reminisce or review past events—both good and bad—and for the survivor to plan a future without that individual.
- Major secondary losses, including financial, loss of friends, loss of a job, need to relocate, loss of family-unit stability, loss of faith/belief, may all impact the adjustment of the individual and how he/she reconciles the loss.
- “The assumptive world is violently shattered: Without time to incorporate the change, the mourner’s assumptive world is abruptly destroyed. Control, predictability, and security are lost, and the assumptions, expectations, and beliefs upon which the mourner has based her (his) life are violated.”
- Some losses are categorized as “ambiguous.” When a body is not or cannot be recovered, then complications will occur in the mourning process. Shifting their perceptions about absence or presence is difficult in cases such as those experienced by some with the World Trade Center disaster, with planes that have crashed at sea, with those who have a loved one missing in action. Depression, anxiety, and movement from hope to hopelessness all intensify the individual’s response almost to the point of freezing the grief. Verification and proof of the death are concrete ways of making the loss real. Rituals may need to be developed to assist the mourner to move beyond this uncertainty.

Individual responses/effects /issues that come with the loss

During the mourning period, the grieving individual not only focuses energy toward the deceased, but must adapt the *self* to changes and continue life by incorporating the loss—the good and bad—of the relationship. What is truly lost is examined; what roles, expectations, opportunities and hopes must be given up; and what personal adjustments must be made all comprise the transitional aspects of the grieving process. The personal experience

of grief must be processed through the eyes of the grieving individual as he/she sees his/her loss and its ramifications. Each secondary loss perceived requires its own grief response.

The following is a list of some identified aspects of the loss that may be perceived as part of the unique process.

- ✦ **Part of the Self:** That which was given to the other in love, care, concern, is immediately altered in sudden death. Where does that energy go? to whom? The unique relationship has changed; the energy from one to the other is now severed. The individual does not feel whole. Rediscovering roles and sense of purpose and how he/she is needed by others helps an individual process the change knowing the specialness can never be replaced. Wholeness can be restored over a period of time.
- ✦ **Loss of Self-Confidence:** Because the individual has difficulty seeing him/herself as a whole person he/she experiences feelings of inadequacy, which may lead to much indecision. Those who struggle with a poor sense of self will struggle more in this grief situation. Assisting the individual by reinforcing simple decision-making and helping him/her identify areas of success in daily activities helps rebuild personal confidence which can then be extended to the work-world and community/social interactions.
- ✦ **Family Structure:** The family unit undergoes forced change due to the loss of a member. The role(s) lost here must be addressed on a daily basis. Not only do we grieve the personality lost but all the roles and expected behaviors that became so much a part of daily living. Loss of a mom presents certain issues; loss of a dad presents others; loss of a child of any age will affect the dynamic of what is vs. what is desired and expected for the present and the future.
- ✦ **Desired Lifestyle:** Sudden death forces a change in marital status. Many individuals have not chosen to be "single" again; to be a single parent with all the responsibilities and sole decision making. The emotional pain and day-to-day struggle with the issue needs to be part of the process, respected and not minimized by being "strong."
- ✦ **Loss of the Future and Dreams:** Survivors and the deceased had seen and planned a particular future. That is now gone and the survivor is often directionless for a time. The future is now uncertain and viewed as an obstacle; dreams are dashed regarding spending time with that individual and/or watching him/her grow and succeed. Again, role plays an important part here—who was the deceased? a spouse? an adult child? a parent? a grandparent? a sibling? a fiancé? a coworker? Loss of hope and anticipation for that lost individual are part of the grieving process.
- ✦ **Social Changes:** Often survivors now relate differently to friends, acquaintances, even family members—including in-laws. Because many individuals are unsure of how to relate to the survivor, they step back and often avoid the individual. They do not know the survivor in this changed situation; the survivor may be less confident, more emotional, not as cheery or uplifting, more temperamental, indecisive, more withdrawn. In-laws may be reminded too emotionally of who was lost and struggle with confronting that issue when the survivor is seen. Friends may have been connections through a work setting or school or religious place of worship. Some individuals are forced to relocate creating another loss of support and forcing more change. Financial situations

may force a change in school for children, creating a loss of friends and teachers who knew them before and who try to journey with them through the loss.

TOPIC VI-BASICS OF COUNSELING GRIEVED CLIENTS

Grief counseling is a form of psychotherapy that aims to help people cope with grief and mourning following the death of loved ones, or with major life changes that trigger feelings of grief (e.g., divorce).

Grief counseling may also refer to a specific form of therapy, or a focus in general counseling with the goal of helping the individual grieve and address personal loss in a healthy manner. Grief counseling is offered individually by psychologists, clergy, counselors or social workers, in groups led by professionals, as well as informal support groups offered by churches, community groups, or organizations devoted to helping individuals grieve specific losses.

Grief is work, intense work, and means coming to accept what has happened in life. Grief demands that we struggle with our feelings fully and completely. Those who hide their pain or try to ignore it will only have it become intensified over time. By giving in to the normal grieving process and releasing their pain, they make room for healing.

Specific tasks of Grief Counseling

Service providers need to address some of the following aspects

emotional expression

accepting the loss

adjusting to life after the
loss

copmg with the changes
within one self and
world after the loss

address typical feelings

sadness, anxiety

isolation, confusion, guilt

anger, loneliness

behavioral changes

disorganisation

vivid dreams/day
dreaming

feeling tired, appetite
problems

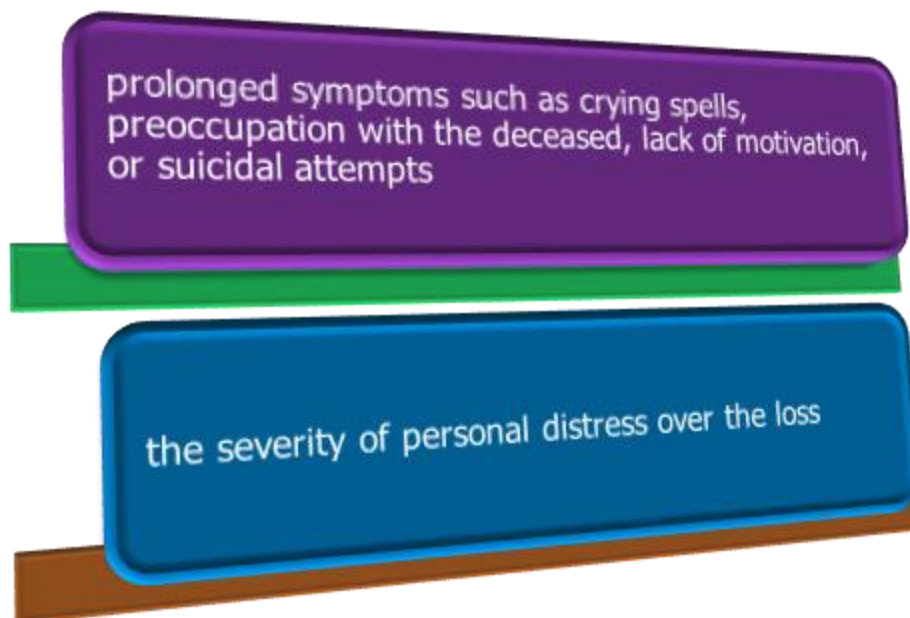
Description of Grief Counseling

Grief counselors feel that everyone experiences and expresses grief in their own way, often shaped by culture. They believe that it is not uncommon for a person to withdraw from their friends and family and feel helpless; some might be angry and want to take action. Some may laugh.

Grief counselors hold that one can expect a wide range of emotion and behavior associated with grief. Some counselors believe that in all places and cultures, the grieving person benefits from the support of others. Further, grief counselors believe that where such support is lacking, counseling may provide an avenue for healthy resolution. Grief counselors believe that grief is a process the goal of which is "resolution." The field further believes that where the process of grieving is interrupted, for example, by simultaneously having to deal with practical issues of survival or by being the strong one and holding a family together, grief can remain unresolved and later resurface as an issue for counseling.

Preparation for grief counseling

No specific preparation is required by the participant; however, a need for grief counseling is indicated by:-



A patient seeking grief counseling would most likely undergo a clinical evaluation by a therapist, before the grief counseling began, so that the therapist could understand the patient's personal history and goals for treatment.

The process of grieving really never comes to an end (for the loss is never adequately and completely compensated for or the object perfectly replaced). These dynamics simply lose their intense emotional force and impact.

The grieving person should always be encouraged to release the inner hurt and pain resulting from a significant loss. He/she should be encouraged to freely express feelings. However painful the experience, it is important for the bereaved not to attempt to stifle his feelings.

The two main healing variables are **talk** and **tears**. It has been said, "Tears are part of the healing process. God gives us tears to express this physical and emotional pain. Usually healing is incomplete without tears. Another part of the healing process is talking. Talking releases tension. Talking can bring to the surface feelings that should be faced" (Neff, Mariam, Women and Their Emotions. Chicago: Moddy Press, 167f, 1983).

Results of grief counseling

Normal results: - from grief counseling include:-

- ❖ Being able to move on with one's life,
- ❖ Recognizing and accepting the physical loss of the individual,
- ❖ Being able to bridge that loss with positive memories of the deceased.

Successful coping will be characterized by a return to normal routines, although some symptoms may be experienced periodically throughout the year or so following the loss.

Abnormal results: - would include:-

- ❖ An unsuccessful outcome of prolonged grief, exhibited by continued preoccupation with the loss of the individual, crying spells, and depressive symptoms being the most likely complications.
- ❖ Some disruption of the daily routine would persist, and there may be extreme emotional responses, that could include no apparent reaction to difficulty containing feelings.
- ❖ Other complications include "unfinished business," or feelings of unresolved issues with the deceased. Sometimes the feelings of unresolved issues can be as simple as wishing they had communicated their love and affection for the person the last time they saw them, or may be as complicated as unresolved feelings about a history of abuse by the deceased.

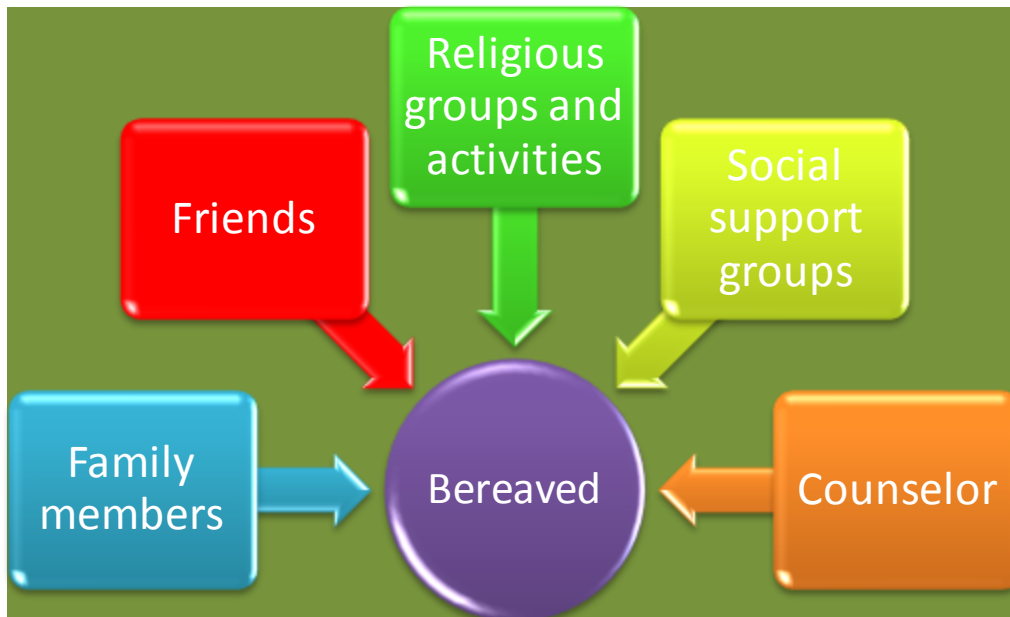
Self coping strategies/Take care of your self.

The loss of someone close to you can be stressful. It can help you to cope if you take care of yourself in certain small but important ways. Here are some that might help:

- ✦ **Remember that grief is a normal emotion.** Your grief is your own, and no one else can tell you when it's time to "move on" or "get over it." Let yourself feel whatever you feel without embarrassment or judgment. It's okay to be angry, to yell at the heavens, to cry or not to cry. It's also okay to laugh, to find moments of joy, and to let go when you're ready. Know that you can (and will) heal over time.
- ✦ **Participate in rituals.** Memorial services, funerals, and other traditions help people get through the first few days and honor the person who died.
- ✦ **Be with others.** Even informal gatherings of family and friends bring a sense of support and help people not to feel so isolated in the first days and weeks of their grief.
- ✦ **Face your feelings.** You can try to suppress your grief, but you can't avoid it forever. In order to heal, you have to acknowledge the pain. Trying to avoid feelings of sadness and loss only prolongs the grieving process. Unresolved grief can also lead to complications such as depression, anxiety, substance abuse, and health problems.
- ✦ **Express yourself.** Even if you don't feel like talking, find ways to express your emotions and thoughts. Start writing in a journal about the memories you have of the person you lost and how you're feeling since the loss. Or write a song, poem, or tribute about your loved one. You can do this privately or share it with others. Talk about it when you can. Some people find it helpful to tell the story of their loss or talk about their feelings. Sometimes a person doesn't feel like talking, and that's OK, too. No one should feel pressured to talk.
- ✦ **Look after your physical health.** The mind and body are connected. When you feel good physically, you'll also feel better emotionally. Combat stress and fatigue by getting enough sleep, eating right, and exercising. Exercise can help your mood. Don't use alcohol or drugs to numb the pain of grief or lift your mood artificially. You may feel like skipping meals or you may not feel hungry, but your body still needs nutritious foods.
- ✦ **Join a support group.** If you think you may be interested in attending a support group, ask an adult or school counselor about how to become involved. The thing to remember is that you don't have to be alone with your feelings or your pain.
- ✦ **Let your emotions be expressed and released.** Don't stop yourself from having a good cry if you feel one coming on. Don't worry if listening to particular songs or doing other activities is painful because it brings back memories of the person that you lost; this is common. After a while, it becomes less painful.
- ✦ **Create a memorial or tribute.** Plant a tree or garden, or memorialize the person in some fitting way, such as running in a charity run or walk (a breast cancer race, for example) in honor of the lost loved one.
- ✦ **Plan ahead for grief "triggers."** Anniversaries, holidays, and milestones can reawaken memories and feelings. Be prepared for an emotional wallop, and know that it's completely normal. If you're sharing a holiday or lifecycle event with other relatives, talk to them ahead of time about their expectations and agree on strategies to honor the person you loved.

Social Support Connection

The single most important factor in healing from loss is having the support of other people. Even if you aren't comfortable talking about your feelings under normal circumstances, it's important to express them when you're grieving. Sharing your loss makes the burden of grief easier to carry. Wherever the support comes from, accept it and **do not grieve alone**. Connecting to others will help you heal. Finding support after a loss:-



- ✦ **Turn to friends and family members** – Now is the time to lean on the people who care about you, even if you take pride in being strong and self-sufficient. Draw loved ones close, rather than avoiding them, and accept the assistance that's offered. Oftentimes, people want to help but don't know how, so tell them what you need – whether it's a shoulder to cry on or help with funeral arrangements.
- ✦ **Draw comfort from your faith** – If you follow a religious tradition, embrace the comfort its mourning rituals can provide. Spiritual activities that are meaningful to you – such as praying, meditating, or going to church – can offer solace. If you're questioning your faith in the wake of the loss, talk to a clergy member or others in your religious community.
- ✦ **Join a support group** – Grief can feel very lonely, even when you have loved ones around. Sharing your sorrow with others who have experienced similar losses can help. To find a bereavement support group in your area, contact local hospitals, hospices, funeral homes, and counseling centers.
- ✦ **Talk to a therapist or grief counselor** – If your grief feels like too much to bear, call a mental health professional with experience in grief counseling. An experienced therapist can help you work through intense emotions and overcome obstacles to your grieving.

What can family and friends do to help?



- ❖ **Spend time** with the bereaved person if that is what they want.
- ❖ **Talk and listen** to the bereaved person. Don't be afraid of saying the wrong thing - this is a situation many of us feel awkward about. It may help to admit that you don't know what to say if that is how you feel.
- ❖ Don't be surprised if the bereaved person wants to **talk** and go over the same ground again and again, this is quite usual.
- ❖ Don't take **anger or irritability** personally, it's part of the bereavement reaction.
- ❖ Talking about the dead person can be helpful for the grieving person and don't try and avoid mentioning them in everyday conversation.
- ❖ Offer **practical help** if the bereaved person wants this. Caring for children, help with shopping etc. may be useful, especially in the early days following a death.
- ❖ **Don't expect** too much of the bereaved person initially even if they look as if they are coping.
- ❖ **Include** your relative in social events.
- ❖ Support your relative in building **new links**, social contact and interests.
- ❖ Try to discourage the bereaved person from making any **major decisions**, such as moving home, soon after the death. Support them in thinking through the options and implications of this.
- ❖ If your friend or relative seems '**stuck**' and not coping at all well, encourage them to seek help. The family counselor/doctor is a good place to start.

What practical things need to be done if there is a death?

- ❑ When someone dies at home a doctor must be called to sign a medical certificate. If the death has been sudden the doctor will have to talk to the police who will report it to the coroner. A post mortem examination may be arranged.
- ❑ When someone dies in hospital the doctor there will give you a medical certificate.
- ❑ Once you have the medical certificate you must take it to the register office and register the death within five days. The registrar will issue a death certificate and notification of

disposal which should be given to the funeral director. Make a few copies of the death certificate. You may need these for pension and insurance purposes.

- ✦ A funeral director can be chosen before or after you have registered the death. Most people obtain a name from the telephone directory or by word of mouth. He or she will advise on the procedures for the funeral.
- ✦ Contact your social security office (local Benefits Agency) to arrange pension and other entitlements. You may be eligible for funeral payment or widow's payment. (There are guides to your entitlements available in the benefits agency.)
- ✦ Inform the tax office about your change in circumstances.
- ✦ You may want to put a death notice in the local or national papers.
- ✦ If there is a will the executors will make sure it is carried out. Contact the lawyer. If there is no will contact the Probate Registry for an application to administer the 'estate'.

What to say to someone who has lost a loved one

It is common to feel awkward when trying to comfort someone who is grieving. Many people do not know what to say or do. The following are suggestions to use as a guide.

- **Acknowledge the situation.** Example: "I heard that your_____ died." Use the word "died" That will show that you are more open to talk about how the person really feels.
- **Express your concern.** Example: "I'm sorry to hear that this happened to you."
- **Be genuine in your communication and don't hide your feelings.** Example: "I'm not sure what to say, but I want you to know I care."
- **Offer your support.** Example: "Tell me what I can do for you."
- **Ask how he or she feels,** and don't assume you know how the bereaved person feels on any given day.

Comments to avoid when comforting the bereaved

- **"I know how you feel."** One can never know how another may feel. You could, instead, ask your friend to tell you how he or she feels.
- **"It's part of God's plan."** This phrase can make people angry and they often respond with, "What plan? Nobody told me about any plan."
- **"Look at what you have to be thankful for."** They know they have things to be thankful for, but right now they are not important.
- **"He's in a better place now."** The bereaved may or may not believe this. Keep your beliefs to yourself unless asked.

- **"This is behind you now; it's time to get on with your life."** Sometimes the bereaved are resistant to getting on with because they feel this means "forgetting" their loved one. In addition, moving on is easier said than done. Grief has a mind of its own and works at its own pace.
- Statements that begin with **"You should" or "You will."** These statements are too directive. Instead you could begin your comments with: "Have you thought about. . ." or "You might. . ."

SUPPORTING GRIEVING CHILDREN

Strategies of helping grieving children

1. Living with the pain of loss.

For some children, their loss or bereavement can be the first time that they have experienced profound abandonment. Fears may arise that they might be similarly abandoned again. Nor do all children understand that the pain they feel will subside. In addition, they may try to protect the feelings of others by avoiding displays of emotion in front of them and, as a result, their feelings can go underground and resurface at a later period in their life.

Strategy - Reassurance

Don't underestimate the impact a loss has on a child even if they do not respond as expected. Reassure the child that their basic needs will be met and that over time their pain will decrease. Maintain routines and standards of discipline as much as possible, as this creates a sense of safety and predictability for the child.

2. Children express their grief differently.

Children may not have the ability to name or express their feelings because they are not visible or concrete. Because children haven't developed buffers to pain as adults often have, the feelings they experience may be overwhelming for them. Therefore, children often express their grief through their behavior such as separation anxiety, crying, withdrawal, bedwetting, disinterest in food, or disruptive behavior at school.

Strategy - Give children the opportunity to express their grief in their own way.

Make time and provision for the child to express their grief through drawing, painting, storytelling, collage, and music, making memory boxes, writing poetry or letters to the person who has died. This can provide a bridge to the expression of feelings that are difficult to articulate. The process of making concrete their feelings and talking about their work is therapeutic in itself. Don't analyze or interpret the child's work, rather allow them to tell you about it.

3. Don't hurry grief.

Psychological healing time is different to chronological healing time. Children will often break their feelings up into manageable amounts, as it's difficult for them to tolerate ongoing, intense pain. Therefore, it is not unusual to see a variety of emotions unfold in a short span of time as they slowly work through their grief.

Strategy – Be consistent

Children may need to ask questions over and over again to make sense of what has happened. Let the child know that you want to understand what they are feeling. Be patient and provide clear, consistent answers that the child will understand. Don't be afraid to ask the child what they are thinking or feeling, as they will often be forthcoming if they feel that they will be heard and accepted.

4. Children's age and development influence their understanding of death.

Very young children are often unable to understand the permanence of death or separation and can anticipate the return of the person who has gone. As they grow older, they will learn to grasp the finality and permanency of death.

Strategy – Ensure your responses are age appropriate

Be attuned to children's perceptions of death by asking them about the person who has died. Gently help them understand that the person who has died is not coming back, but also reassure them that the deceased is not in any pain. Avoid metaphors such as 'gone to sleep', 'at rest' or 'lost' as this may be confusing for children who can take these terms literally.

5. Role models.

There is no need to teach children how to grieve; their strong sense of intuition is usually their best guide. However, it is often this intuition that informs them about other people's feelings and responses to grief and in turn, how they should respond. Therefore, it is important that those around them are able to express their grief in a healthy, open manner.

Strategy - Set the scene for healthy grieving.

The expression of sadness is as natural as the expression of happiness. Model healthy expressions of grief so that children understand that it's okay for them to do the same. Resist trying to fix children's pain, by avoidance or distraction. Where appropriate, enable children to be with other children who may have had a similar experience.

SUPPORTING GRIEVING ADOLESCENTS

Story One (Inonge)

My name is Inonge and I'm 14 years old. My father died last year. He had not paid dowry, so my mother was chased away by my uncles from my father's village. I now live with my mother, sister, and brother in a one-room hut in a nearby village. My sister and I dropped out of school after my father died. I was in Standard 5 and wanted to become a teacher in the future. Everything has changed since my father died and I do not see any hope for my future. When my father was alive, he provided for all our needs; we now do not have enough to eat or blankets to cover ourselves at night. I wake up at 5 every morning and work in the garden with my sister. I also do all the household work. My mother goes out to work for piecework as a casual laborer for little pay. With this money she pays for my brother's school fees and the little that is left is for food. We often go hungry, which never happened when my father was alive. I miss my father very much and cry often when I'm alone in the garden. I feel that if he were still alive, things would be better. I would still be in school, and we would have blankets and clothes and enough to eat. We would also be living in a better house. I know mother tries her best but there is not much she can do. When I sit alone, I think of my family. I look at my brother and wonder if he will ever finish school and be a doctor like he wants. I also wish I could go back to school. As a first child, I feel responsible for everyone because my mother is now getting old. If only my father was still alive.

Activity

Can you identify the losses and feelings that Inonge has suffered?

Strategies of helping grieving adolescents

1. Grief is not always visible.

Grief comprises the many thoughts and feelings experienced because of loss, while mourning is the outward expression of grief. As adolescents are in the process of becoming more independent of their parents and other central figures in their lives, they can feel reluctant to show signs of mourning as it reinforces a sense of dependence and vulnerability. Even so, all adolescents grieve when someone they love dies.

Strategy – Be available

It is when we are truly listened to that we feel most understood. Provide adolescents an accepting, open, communicative environment in which to grieve. Convey to them that it is okay to feel the emotions that they feel, and that you will be there for them if they need to talk.

2. Don't try to 'fix' the pain associated with the grief.

It's difficult to bear witness to the pain of children and young people. This means that as bystanders, we may want to take away or fix the pain of those who are grieving. This can manifest itself by avoiding talking about the loss or the person who has died, modifying information about their death, or trying to accelerate the adolescent through their grief. While these responses may ease the discomfort of the carer, they can result in the adolescent concealing their grief, withdrawing from loved ones, or expressing their feelings in destructive ways.

Strategy – Talk about the loss

Invite the adolescent to talk about their loss and / or the person who has died. Should the adolescent not want to talk, respect their choice to do so. Ask specific questions and answer their questions honestly and clearly. Don't tell half-truths, and if you don't know the answer to something, say so. Share your memories, thoughts, and beliefs with the adolescent without pressuring them to adopt your perspective.

3. Understand that grief does not proceed in orderly, predictable stages.

Young people grieve in doses. That is, they often break grief up into bearable amounts and these can manifest in intense outbursts. It's likely that they will experience a multitude of emotions that may come and go in waves. While they can seem out of character and unpredictable, this is a common response to grief. These responses can be heightened at milestones in the person's life when they may feel the absence of the person more acutely.

Strategy – Allow for adjustment, but be aware of the danger signs

Because grief is not linear or forward moving, carers need to understand the range of emotions that can surface for the grieving adolescent. Allow teenagers some leeway as they adjust to their loss, while providing a secure, consistent environment. Where able, maintain routines. Be

aware of danger signs such as chronic depression, violence, drug and alcohol abuse, or dramatic changes in personality and seek professional support when necessary.

4 Consider the nature and centrality of the loss.

The more sudden or unexpected the nature of the death, the more likely the adolescent is to mourn in doses, holding back the pain at first. The more significant or central the role the person had in their life, the deeper the loss and mourning will be.

Strategy – Do things together

Set aside your thoughts and feelings while you try to consider the young person's experience of the world through their eyes. Think about the nature of the loss, and closeness of the relationship the adolescent shared with their person whom they are grieving. Acknowledge the depth of their loss. Set aside your time, attention, and availability for the adolescent.

5. Model healthy grief.

Like all of us, adolescents learn from the behaviour they sense and observe. Therefore, they pick up on implicit and explicit messages about how to grieve from those around them. How those around them grieve can often be an indicative of how they feel they should behave, or are expected to behave.

Strategy – Mourn together

Be aware of the messages adolescents may be receiving from those around them about how to grieve. The more adolescents observe healthy communication and the appropriate expression of the many feelings associated with loss; the more likely adolescents will understand and accept the breadth of emotions they may feel. Educate others about the needs of grieving adolescents but don't teach young people how to grieve; let the young person show you how they grieve.

UNIT III- UNDERSTANDING TRAUMA

TOPIC I- APPROACHES TO UNDERSTANDING TRAUMA

Definition of Trauma

Trauma is a mental condition caused by a severe shock especially when the harmful effects last for a long time. It is also an unpleasant experience that makes us feel upset, anxious and helpless. It affects our normal functioning physically, physiologically and psychologically. Most of the traumatic events that tend to affect people are those that last for a long time, those that come from unexpectedly and people are not prepared for them. Sometimes when people experience an event so terrible and frightening that it is difficult for most of us to imagine, they suffer from shock.

A traumatic event involves a single experience, or an enduring or repeating event or events that completely overwhelm the individual's ability to cope or integrate the ideas and emotions involved with that experience. The sense of being overwhelmed can be delayed by weeks, years or even decades, as the person struggles to cope with the immediate circumstances.

Causes

Trauma can be caused by a wide variety of events, but there are a few common aspects. There is frequently a violation of the person's familiar ideas about the world and of their human rights, putting the person in a state of extreme confusion and insecurity. This is also seen when people or institutions, depended on for survival, violate or betray or disillusion the person in some unforeseen way. However, a traumatic situation is one involving an actual or threatened death or serious injury, caused by either man or naturally based.

Man	Naturally based
<ul style="list-style-type: none"> ✓ Child being beaten or sexually abused repeatedly. ✓ Seeing a bomb attack or seeing someone shot. ✓ Wars ✓ Accidents like plane crashes ✓ Family violence ✓ Terrorist attacks ✓ Thieves and robbers ✓ Riots/shootings/ explosions 	<ul style="list-style-type: none"> ✓ Floods ✓ Heavy storms like hurricanes ✓ Mudslides ✓ Epidemics like HIV/AIDS ✓ Stroke ✓ fire outbreaks ✓ heavy rains /winters ✓ earthquakes ✓ hazardous material spills

TOPIC II-What are the signs and symptoms of someone who has been traumatized?

People who go through these types of extremely traumatic experiences often have certain symptoms and problems afterward. How severe these symptoms are depends on the person, the type of trauma involved, and the emotional support they receive from others. Reactions to and symptoms of trauma can be wide and varied, and differ in severity from person to person. A traumatized individual may experience one or several of them.

Psychological trauma can lead to serious long-term negative consequences that are often overlooked even by mental health professionals: "If counselors fail to look through a trauma lens and to conceptualize client problems as related possibly to current or past trauma, they may fail to see that trauma victims, young and old, organize much of their lives around repetitive patterns of reliving and warding off traumatic memories, reminders, and affects."

Consequently, intense feelings of anger may surface frequently, sometimes in very inappropriate or unexpected situations, as danger may always seem to be present, as much as it is actually present and experienced from past events. Upsetting memories such as images, thoughts, or flashbacks may haunt the person, and nightmares may be frequent. Insomnia may occur as lurking fears and insecurity keep the person vigilant and on the lookout for danger, both day and night.

The person may not remember what actually happened while emotions experienced during the trauma may be re-experienced without the person understanding why. This can lead to the traumatic events being constantly experienced as if they were happening in the present, preventing the subject from gaining perspective on the experience. This can produce a pattern of prolonged periods of acute arousal punctuated by periods of physical and mental exhaustion.

In time, emotional exhaustion may set in, leading to distraction, and clear thinking may be difficult or impossible. Emotional detachment, as well as dissociation or "numbing out", can frequently occur. Dissociating from the painful emotion includes numbing all emotion, and the person may seem emotionally flat, preoccupied, distant, or cold. The person can become confused in ordinary situations and have memory problems.

Some traumatized people may feel permanently damaged when trauma symptoms do not go away and they do not believe their situation will improve. This can lead to feelings of despair, loss of self-esteem, and frequently depression. If important aspects of the person's self and world understanding have been violated, the person may call their own identity into question. Often despite their best efforts, traumatized parents may have difficulty assisting their child with emotion regulation, attribution of meaning, and containment of post-traumatic fear in the wake of the child's traumatization, leading to adverse consequences for the child. In such

instances, it is in the interest of the parent(s) and child for the parent(s) to seek consultation as well as to have their child receive appropriate mental health services.

Below is a summarized table outlining emotional, cognitive, and physical, behavioral and interpersonal repercussions of traumatic experiences.

Emotional/feeling repercussions	Cognitive	Physical repercussions
<ul style="list-style-type: none"> ✓ anxiety ✓ depression ✓ fearful, ✓ social isolation ✓ have recurring panic attacks ✓ experience Irritability or anger ✓ shocked ✓ helplessness ✓ grief ✓ sudden mood shifts ✓ guilt and shame ✓ identity problems ✓ denial ✓ feeling overwhelmed 	<ul style="list-style-type: none"> ✓ concentration problems ✓ memory lapses ✓ feeling distracted ✓ flashbacks of events ✓ nightmares ✓ Intense feelings of guilt. ✓ Mental illnesses ✓ Mistrust ✓ Hyper-vigilance ✓ Relieving the experience ✓ Poor decision making ✓ Intrusive thoughts and images 	<ul style="list-style-type: none"> ✓ Eating problems ✓ Sleeping problems ✓ Unexplained chronic pain ✓ Feelings of exhaustion. ✓ Weight loss ✓ Shock symptoms ✓ Dizziness ✓ Headaches ✓ Chest pain ✓ Difficulty breathing ✓ Muscle tremors ✓ Hyper-arousal-extra sensitivity to sights, sounds, smells, touches and tastes of trauma events. ✓ Elevated blood pressure ✓ Vomiting/nausea ✓ Profuse sweating ✓ Teeth grinding ✓ Somatic disturbance
Behavioral repercussions	Interpersonal repercussions	
<ul style="list-style-type: none"> ✓ Withdrawal ✓ Heightened startle reactions ✓ Increased or decreased appetite ✓ Avoiding reminders of the traumatic ✓ Substance abuse ✓ Homicidal or suicidal ✓ Pacing the floor 	<ul style="list-style-type: none"> ✓ Difficulty in forming intimate relationships ✓ Change in usual communication patterns ✓ Sexual problems ✓ Re-victimization ✓ Suspiciousness 	

However, different people will react differently to similar events. One person may experience an event as traumatic while another person would not suffer trauma as a result of the same event. In other words, not all people who experience a potentially traumatic event will actually become psychologically traumatized.

UNIT IV- POST TRAUMATIC STRESS DISORDERS

In times of war, psychological trauma has been known as shell shock or combat stress reaction. Nevertheless, even in other instances, psychological trauma may cause an acute stress reaction which may lead on to number of post traumatic stress disorders like:-

- Panic attacks
- Post-traumatic stress disorders
- Anxiety disorders

What is the difference between Trauma and Traumatic Stress?

Trauma is an extremely subjective experience. What may be traumatic for one person may barely affect another. In a general sense though, trauma results when you experience excessive stress that overwhelms your emotional or physical ability to cope. While emotional trauma can result in the absence of any physical trauma, many times the two go hand-in-hand. For instance, the wounds from physical trauma like the loss of a limb or a gunshot wound, while an obvious shock to the body, will eventually heal. What the person is then left with, however, are the emotional wounds and repercussions of the actual traumatic event. Psychological trauma can last for many years, and if unresolved, can even become more devastating than the original traumatic event.

TOPIC I-PANIC ATTACKS

Definition

A Panic attack is defined as a sudden period of intense fear or discomfort.

"For me, a panic attack is almost a violent experience. I feel disconnected from reality. I feel like I'm losing control in a very extreme way. My heart pounds really hard, I feel like I can't get my breath, and there's an overwhelming feeling that things are crashing in on me."

"It started 10 years ago, when I had just graduated from college and started a new job. I was sitting in a business seminar in a hotel and this thing came out of the blue. I felt like I was dying."

Panic attacks are sudden attacks of fear or anxiety in situations that most people do not find frightening. They come on suddenly and are usually over in less than half an hour. Many people have had one to two panic attacks in their lifetime but people with panic disorder have repeated attacks. The attacks come out of the blue and in some situations, where help is not available or escape not possible, people become disabled by their panic attack.

It is characterized by sudden attacks of terror, usually accompanied by a pounding heart, sweatiness, weakness, faintness, or dizziness. During these attacks, people with panic disorder may flush or feel chilled; their hands may tingle or feel numb; and they may experience nausea, chest pain, or smothering sensations. Panic attacks usually produce a sense of unreality, a fear of impending doom, or a fear of losing control.

A fear of one's own unexplained physical symptoms is also a symptom of panic disorder. People having panic attacks sometimes believe they are having heart attacks, losing their minds, or on the verge of death. They can't predict when or where an attack will occur, and between episodes many worry intensely and dread the next attack.

Panic attacks can occur at any time, even during sleep. An attack usually peaks within 10 minutes, but some symptoms may last much longer. Some of the symptoms include:-

- palpitations, pounding heart, or accelerated heart rate
- sweating
- trembling or shaking
- sensations of shortness of breath or being smothered
- feeling of choking
- chest pain or discomfort
- nausea or abdominal distress
- feeling dizzy, unsteady, lightheaded, or faint
- derealisation (feeling 'unreal') or depersonalization (feeling detached from yourself)
- fear of losing control or going crazy
- fear of dying
- numbness or tingling sensations
- Chills or hot flushes.

Counseling Intervention for panic attacks



Counseling can improve the effectiveness of medication, reduce the likelihood of relapse for someone who has discontinued medication, and offer help for people with panic disorder who do not respond at all to medication. Help a client reorganize thinking processes and anxious thoughts regarding an experience that provokes panic.

An approach that proved successful for 87% of patients in a controlled trial is **interceptive therapy**, which simulates the symptoms of panic to allow patients to experience them in a controlled environment.

Symptom inductions generally occur for *one minute* and may include:

- Intentional hyperventilation – creates lightheadedness, derealisation, blurred vision, dizziness
- Spinning in a chair – creates dizziness, disorientation
- Straw breathing – creates airway constriction
- Breath holding – creates sensation of being out of breath
- Running in place – creates increased heart rate, respiration, perspiration
- Body tensing – creates feelings of being tense and vigilant

The key to the induction is that the exercises should mimic the most frightening symptoms of a panic attack. Symptom inductions should be repeated three to five times per day until the client has little to no anxiety in relation to the symptoms that were induced. Often it will take a period of weeks for the afflicted to feel no anxiety in relation to the induced symptoms. With repeated trials, a person learns through experience that these internal sensations do not need to be feared and becomes less sensitized or desensitized to the internal sensation. After repeated trials, when nothing catastrophic happens, the brain learns (hippocampus & amygdala) to not fear the sensations, and the sympathetic nervous system activation fades.

TOPIC II- GENERALISED ANXIETY DISORDERS

What is Generalized Anxiety Disorder?

Generalized anxiety disorder is a disorder that is characterized by persistent feelings of anxiety and worry. The worry is typically out of proportion to the actual circumstances, it exists through most areas of a person's day-to-day life, and is experienced as difficult to

control. The anxiety and worry is described as generalized, as the content of the worry can cover a number of different events or circumstances, and the physical symptoms of anxiety are not specific and are part of a normal response to threat.

Symptoms of generalized anxiety disorder

Individuals with generalized anxiety disorder describe themselves as sensitive by nature and their tendency to worry has usually existed since childhood or early adolescence. The symptoms of anxiety typically experienced by individuals with generalized anxiety disorder are:-

- feeling restless, keyed up, or on edge
- being easily tired
- having difficulty concentrating, or having your mind going blank
- feeling irritable
- having tense, tight or sore muscles
- having difficulty sleeping; either difficulty falling or staying asleep, or restless unsatisfying sleep.

Generalized anxiety disorder is one of the more common anxiety disorders in the community.

Counseling Intervention for generalized anxiety disorders

1.1 Psychotherapy

Psychotherapy involves talking with a trained mental health professional, such as a psychiatrist, psychologist, social worker, or counselor, to discover what caused an anxiety disorder and how to deal with its symptoms. In psychotherapy, a counselor can use

Cognitive behavioral therapy

Cognitive behavioral therapy (CBT) is very useful in treating anxiety disorders. The cognitive part helps people change the thinking patterns that support their fears, and the behavioral part helps people change the way they react to anxiety provoking situations. For example, CBT can help people with panic disorder learn that their panic attacks are not really heart attacks and help people with social phobia learn how to overcome the belief that others are always watching and judging them. When people are ready to confront their fears, they are shown how to use exposure techniques to desensitize themselves to situations that trigger their anxieties.

1.2 Medication

Medication will not cure anxiety disorders, but it can keep them under control while the person receives psychotherapy. Medication must be prescribed by physicians, usually psychiatrists, who can either offer psychotherapy themselves or work as a team with psychologists, social workers, or counselors who provide psychotherapy. The principal medications used for anxiety disorders

are antidepressants, antianxiety drugs, and beta blockers to control some of the physical symptoms. With proper treatment, many people with anxiety disorders can lead normal, fulfilling lives. Medication can be combined with psychotherapy for specific anxiety disorders, and this is the best treatment approach for many people.

TOPIC III- ANGER AND IRRITABILITY

Definition

Anger is a strong feeling which makes you want to hurt someone or be unpleasant because of something unfair or hurtful that has happened. While the term 'irritability' is widely used in descriptions of client behavior, it remains poorly defined and is often used interchangeably with aggression, violent outbursts, hostility, bad temper, anger, intolerance and so on.

This lack of consensus prompted Snaith & Taylor (1985) to define irritability as 'a feeling state characterized by reduced control over temper which usually results in... verbal or behavioral outbursts although the mood may be present without observed manifestations'.

Just like other feelings (e.g., sadness, joy), humans experience anger at different times and express the emotion in different ways. However, after a traumatic event, people will have frequent outbursts of anger and will be irritated even by the smallest things that come along their way.

Although many people think that being angry is wrong or bad, anger itself is not a problem. Extreme behaviors that stem from this emotion can become problematic.

As traumatic experiences come back to the mind anger and irritation comes onto the stage. It can be combined with some examples of things that might make us feel irritable or angry:

- Fatigue and tiredness
- Memory difficulties
- Frustration
- Changes in thinking
- Being unable to do simple things
- Telling yourself (or thinking) that you can't control your anger
- Feeling that you cannot make your own decisions
- Money worries
- Boredom
- Loss of independence with work or driving
- Living with other people you don't get along with

Anger management

Finding ways to **cool / calm** down may help with anger. Strategies might include:

- ✓ Relaxation or breathing exercises- such as breathing control and using imagery to visualize being calmly and completely in control to help calm down angry feelings.
- ✓ Talking about feelings and thoughts when you are calm - **You may decide to talk about it later** when you've calmed down or thought about it a bit more. Sometimes putting it down on paper or talking it through with someone else first can help get more perspective.
- ✓ Walking away
- ✓ Listening to music
- ✓ Having a shower or cold drink
- ✓ Trying a different activity or task
- ✓ Changing the topic

TOPIC IV-POST TRAUMATIC STRESS DISORDER

Wendy's Story

Three months ago, Wendy was in a major car accident. She sustained only minor injuries, but two friends riding in her car were killed. At first, the accident seemed like just a bad dream. Then Wendy started having nightmares about it. Now, the sights and sounds of the accident haunt her all the time.

Wendy has trouble sleeping at night, and during the day she feels irritable and on edge. She jumps whenever she hears a siren or screeching tires, and she avoids TV programs that might show a car chase or accident scene. Wendy also avoids driving whenever possible, and refuses to go anywhere near the site of the crash.

Definition

Post-Traumatic Stress Disorder, is a mental illness that some people develop after experiencing traumatic or life-threatening events. Such events include warfare, rape and other sexual assaults, violent physical attacks, torture, child abuse, natural disasters such as earthquakes and floods, and automobile or airplane crashes. People who witness traumatic events may also develop the disorder. The more severe and the greater the number of traumatic events experienced, the more likely someone is to develop the disorder. PTSD often leaves one feeling vulnerable, out of control, and as if one is in constant danger. These feelings are persistent, are strong, and do not disappear over time on their own. Everyday life, work, and relationships can be negatively affected.

What are the causes of PTSD?

P PTSD develops in response to a traumatic event. About 60% of men and 50% of women experience a traumatic event in their lifetime. Most people who are exposed to a traumatic event will have some of the symptoms of PTSD in the days and weeks after the

event. For some people these symptoms are more severe and long lasting. The reasons why some people develop PTSD are still being studied. There are biological, psychological and social factors that affect the development of PTSD.

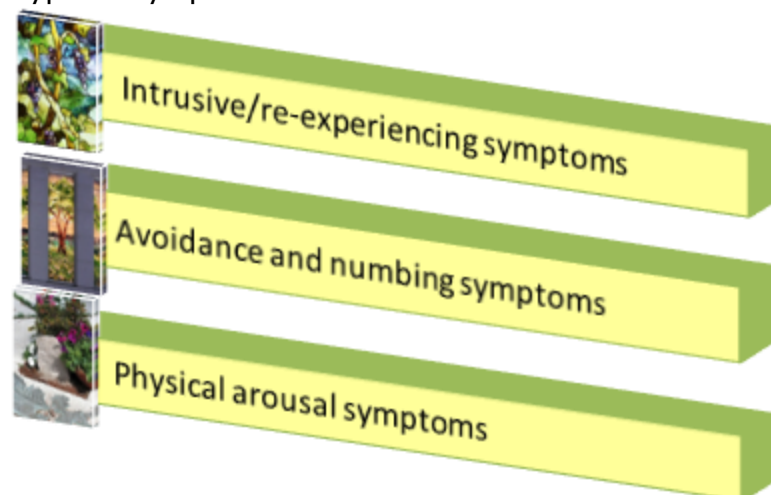
Post-traumatic stress disorder is an extreme reaction to extreme stress. In moments of crisis, people respond in ways that allow them to endure and survive the trauma. Afterward those responses, such as emotional numbing, may persist even though they are no longer necessary.

Not everyone who experiences a traumatic event develops post-traumatic stress disorder. Several factors influence whether people develop the disorder. Those who experience severe and prolonged trauma are more likely to develop the disorder than people who experience less severe trauma. Additionally, those who directly witness or experience death, injury, or attacks are more likely to develop symptoms.

People may also have existing biological and psychological vulnerabilities that make them more likely to develop the disorder. Those with histories of anxiety disorders in their families may have inherited a genetic predisposition to react more severely to stress and trauma than other people. In addition, people's life experiences, especially in childhood, can affect their psychological vulnerability to the disorder. For example, people whose early childhood experiences made them feel that events are unpredictable and uncontrollable have a greater likelihood than others of developing the disorder. Individuals with a strong, supportive social network of friends and family members seem somewhat protected from developing post-traumatic stress disorder.

What are the symptoms of PTSD?

Although PTSD symptoms can begin right after a traumatic event, PTSD is not diagnosed unless the symptoms last for at least one month, and either cause significant distress or interfere with work or home life. In order to be diagnosed with PTSD, a person must have three different types of symptoms:



Intrusive/re-experiencing Symptoms:

Intrusive/re-experiencing symptoms are symptoms that involve reliving the traumatic event. There are a number of ways in which people may relive a trauma. They may have upsetting memories of the traumatic event. These memories can come back when they are not expecting them. At other times the memories may be triggered by a traumatic reminder such as when a combat veteran hears a car backfire, a motor vehicle accident victim drives by a car accident or a rape victim sees a news report of a recent sexual assault. These memories can cause both emotional and physical reactions. Sometimes these memories can feel so real it is as if the event is actually happening again. This is called a "flashback." Reliving the event may cause intense feelings of fear, helplessness, and horror similar to the feelings they had when the event took place.

Avoidance and withdrawal reactions

Are ways people use to keep away from, or protect against, intrusive reactions. These reactions include trying to avoid talking, thinking and having feelings about the traumatic event, and to avoid any reminders of the event, including places and people connected to what happened. Emotions can become restricted, even numb, to protect against distress. Feelings of detachment and estrangement from others may lead to social withdrawal. There may be a loss of interest in usually pleasurable activities. Some people forget, or are unable to talk about important parts of the event. Some think that they will have a shortened life span or will not reach personal goals such as having a career or family.

Physical arousal reactions

Are physical changes that make the body react as if danger is still present. These reactions include constantly being "on the lookout" for danger, startling easily or being jumpy, irritability or having outbursts of anger, difficulty falling or staying asleep, and difficulty concentrating or paying attention.

Diagnosis

To warrant a diagnosis of PTSD, the reaction, as described above, must be present for more than one month and cause significant impairment in the person's life and functioning.

Types of treatments for post-traumatic stress disorder (PTSD)

- ✚ **Trauma-focused cognitive-behavioral therapy.** Cognitive-behavioral therapy for PTSD and trauma involves carefully and gradually "exposing" yourself to thoughts, feelings, and situations that remind you of the trauma. Therapy also involves identifying upsetting thoughts about the traumatic event—particularly thoughts that are distorted and irrational—and replacing them with more balanced picture.

- ✚ **Family therapy.** Since PTSD affects both you and those close to you, family therapy can be especially productive. Family therapy can help your loved ones understand what you're going through. It can also help everyone in the family communicate better and work through relationship problems.
- ✚ **Medication.** Medication is sometimes prescribed to people with PTSD to relieve secondary symptoms of depression or anxiety. Antidepressants such as Prozac and Zoloft are the medications most commonly used for PTSD. While antidepressants may help you feel less sad, worried, or on edge, they do not treat the causes of PTSD.
- ✚ **EMDR (Eye Movement Desensitization and Reprocessing).** EMDR incorporates elements of cognitive-behavioral therapy with eye movements or other forms of rhythmic, left-right stimulation, such as hand taps or sounds. Eye movements and other bilateral forms of stimulation are thought to work by "unfreezing" the brain's information processing system, which is interrupted in times of extreme stress, leaving only frozen emotional fragments which retain their original intensity. Once EMDR frees these fragments of the trauma, they can be integrated into a cohesive memory and processed.

UNIT V- COPING STRATEGIES FOR TRAUMA AND ITS DISORDERS

TOPIC I- BASICS OF COUNSELING TRAUMA VICTIMS

Intervention/Treatment

Treatment of Trauma and post-traumatic stress disorders may involve psychotherapy, psychoactive drugs, or both. Psychotherapists help individuals confront the traumatic experience, work through their strong negative emotions, and overcome their symptoms. Many people with post-traumatic stress disorder benefit from group therapy with other individuals suffering from the disorder.

Children at Risk



Following a traumatic event such as the attack on the World Trade Center on September 11, 2001, or a natural disaster or trauma, children and teens most at risk for PTSD are those who directly witnessed the event, suffered from direct personal consequences (such as the death of a parent, injury to self), had other mental health or learning problems prior to the event, and lack a strong social network. Issues that tend to put people at higher risk for developing PTSD include increased duration of a traumatic event, and higher severity of the trauma experienced. In addition to those risk factors, children and adolescents with violence in the home have a greater risk of developing PTSD after a traumatic event.

How can parents and counselors help a child who is traumatized?

Early intervention is imperative. Parental support influences how well the child will cope in the aftermath of the event. Parents and professionals can help children by:

- Maintaining a strong physical presence
- Modeling and managing their own expression of feelings and coping
- Establishing routines with flexibility

- Accepting children's regressed behaviors while encouraging and supporting a return to age-appropriate behavior
- Helping children use familiar coping strategies
- Helping children share in maintaining their safety
- Allowing children to tell their story in words, play or pictures to acknowledge and normalize their experience
- Discussing what to do or what has been done to prevent the event from recurring
- Maintaining a stable and familiar environment

How should I help myself and my family after a traumatic event?

There are a number of steps you can take to help restore emotional well being and a sense of control following a disaster or other traumatic experience, including the following:

- Recognize that this is a challenging time but one that you can work to manage. You've tackled hardships at other times in your life. Tap into the skills you used to get through past challenges.
- Allow yourself to mourn the losses you have experienced. Try to be patient with changes in your emotional state.
- Ask for support from people who care about you and who will listen and empathize with your situation. But keep in mind that your typical support system may be weakened if those who are close to you also have experienced or witnessed the trauma.
- Communicate your experience in whatever ways feel comfortable to you such as by talking with family or close friends, or keeping a diary.
- Find out about local support groups that often are available such as for those who have suffered from natural disasters, or for women who are victims of rape. These can be especially helpful for people with limited personal support systems.
- Try to find groups led by appropriately trained and experienced professionals. Group discussion can help people realize that other individuals in the same circumstances often have similar reactions and emotions.
- Engage in healthy behaviors to enhance your ability to cope with excessive stress. Eat well-balanced meals and get plenty of rest. If you experience ongoing difficulties with sleep, you may be able to find some relief through relaxation techniques. Avoid alcohol and drugs.
- Establish or reestablish routines such as eating meals at regular times and following an exercise program. Take some time off from the demands of daily life by pursuing hobbies or other enjoyable activities.
- Avoid major life decisions such as switching careers or jobs if possible because these activities tend to be highly stressful.

DISASTER



Disaster is a sudden, accidental event that causes many deaths and injuries. Most disasters also result in significant property damage. Common natural causes of disasters include earthquakes, floods, hurricanes and typhoons, and tornadoes. Tsunamis (popularly, but incorrectly, known as tidal waves), volcanic eruptions, wildfires, and landslides and avalanches rank among the other natural forces that sometimes create disasters.

Not all disasters are produced by the forces of nature. Many modern-day disasters involve accidents aboard passenger-carrying airplanes, ships, or railroads. Other —man-made— disasters can be traced to the collapse of buildings, bridges, tunnels, and mines, as well as to explosions and fires unintentionally triggered by humans.

Preparing for Disaster

With the recent series of tragic natural disasters, this is a good time to think about becoming prepared for disaster. By their very nature, disasters create challenges and hardships. A compounding factor is that they often occur by surprise. The good news is that we can plan for disasters and build our resilience so that we are better prepared to handle these situations.

Family disaster plan

You can create a Family Disaster Plan by taking four simple steps.

- First, learn what hazards exist in your community and how to prepare for each.
- Then meet with your family to discuss what you would do, as a group, in each situation.
- Next, take steps to prepare your family for disaster such as: posting emergency phone numbers, selecting an out-of-country family contact, assembling disaster supply kits for each member of your household and installing smoke detectors on each level of your home.
- Finally, practice your Family Disaster Plan so that everyone will remember what to do when a disaster does occur.

Preparations

- ❖ Develop and practice a Family Disaster Plan. Contact your local emergency management or civil defense office, or your local Red Cross office for materials that describe how your family can create a disaster plan. Everyone in the household, including children, should play a part in the family's response and recovery efforts.
- ❖ Teach your child how to recognize danger signals. Make sure your child knows what smoke detectors, fire alarms and local community warning systems (horns, sirens) sound like.
- ❖ Explain how to call for help. Teach your child how and when to call for help. Check the telephone directory for local emergency phone numbers and post these phone numbers by all telephones. Tell your child to call 999.
- ❖ Help your child memorize important family information. Children should memorize their family name, address, and phone number. They should also know where to meet in case of an emergency. Some children may not be old enough to memorize the information. They could carry a small index card that lists emergency information to give to an adult or babysitter.

After the Disaster: Time for Recovery

Immediately after the disaster, try to reduce your child's fear and anxiety.

- ❖ Keep the family together. Your first thought may be to leave your children with relatives or friends while you look for housing and assistance. Instead, keep the family together as much as possible and make children a part of what you are doing to get the family back on its feet. Children get anxious, and they will worry that their parents will not return.
- ❖ Calmly and firmly explain the situation. As best as you can, tell children what you know about the disaster. Explain what will happen next. For example, say, "Tonight, we will all stay together in the shelter." Get down to the child's eye level and talk to them.
- ❖ Encourage children to talk. Let children talk about the disaster and ask questions as much as they want. Encourage children to describe what they are feeling. Listen to what they say. If possible, include the entire family in the discussion.
- ❖ Include children in recovery activities. Give children chores that are their responsibility. This will help children feel they are part of the recovery. Having a task will help them understand that everything will be all right.

Self help Disaster recovery strategies

Strategy I- Seek comfort and support

Natural disasters and other traumatic events turn your world upside down and shatter your sense of safety. In the aftermath, taking even small steps towards restoring safety and comfort can make a big difference.

Being proactive about your own and your family's situation and well-being (rather than passively waiting for someone else to help you) will help you feel less powerless and vulnerable. Focus on anything that helps you feel more calm, centered, and in control.

- 1. Re-establish a routine:** There is comfort in the familiar. After a disaster, getting back—as much as possible—to your normal routine, will help you minimize traumatic stress, anxiety, and hopelessness. Even if your work or school routine is disrupted, you can structure your day with regular times for eating, sleeping, spending time with family, and relaxing. Do things that keep your mind occupied (read, watch a movie, cook, play with your kids), so you're not dedicating all your energy and attention to the traumatic event.
 - 2. Connect with others:** You may be tempted to withdraw from social activities and avoid others after experiencing a traumatic event or natural disaster. But it's important to stay connected to life and the people who care about you. Support from other people is vital to recovery from traumatic stress, so lean on your close friends and family members during this tough time.
 - a. Spend time with loved ones.
 - b. Connect with other survivors of the traumatic event or disaster.
 - c. Do "normal" things with other people, things that have nothing to do with the disaster.
 - d. Participate in memorials, events, and other public rituals.
 - e. Take advantage of existing support groups: your church, community organizations, and tight-knit groups of family and friends.
 - 3. Challenge your sense of helplessness:** disaster leaves you feeling powerless and vulnerable. It's important to remind yourself that you have strengths and coping skills that can get you through tough times. One of the best ways to reclaim your sense of power is by helping others. Taking positive action directly challenges the sense of helplessness that contributes to trauma:
 - comfort someone else
 - give blood
 - volunteer your time
 - donate to your favorite charity
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Strategy 2- Minimize media exposure

In the wake of a traumatic event or disaster, it's important to protect yourself and your loved ones from unnecessary exposure to additional trauma and reminders of the traumatic event.

While some people regain a sense of control by watching media coverage of the event or observing the recovery effort, others find the reminders upsetting. Excessive exposure may be further traumatizing—in fact, retraumatization is common.

- ✚ Limit your media exposure to the disaster. Do not watch the news just before bed. Take a complete break if the coverage is making you feel overwhelmed
- ✚ Information gathering is healthy, but try to avoid morbid preoccupation with distressing images and video clips. Read the newspaper or magazines rather than watching television.
- ✚ Protect your children from seeing or hearing unnecessary reminders of the disaster or traumatic event
- ✚ After viewing disaster coverage, talk with your loved ones about the footage and what you're feeling

Strategy 3- Acknowledge and accept your feelings

After a traumatic event, you may experience all kinds of difficult and surprising emotions, such as shock, anger, and guilt. Sometimes it may seem like the sadness and anxiety will never let up.

Sadness, grief, anger and fear are normal reactions to the loss of safety and security (as well as life, limb, and property) that comes in the wake of a disaster. Accepting these feelings as part of the grieving process, and allowing yourself to feel what you feel, is necessary for healing.

1) Dealing with traumatic grief and other painful emotions

- a. Give yourself time to heal and to mourn the losses you've experienced.
- b. Don't try to force the healing process.
- c. Be patient with the pace of recovery.
- d. Be prepared for difficult and volatile emotions.
- e. Allow yourself to feel whatever you're feeling without judgment or guilt
- f. Talk to someone you trust about what you're feeling

2) An exercise to help you feel grounded in times of emotional stress and turmoil

Sit on a chair, feel your feet on the ground, press on your thighs, feel your behind on the seat, and your back supported by the chair; look around you and pick six objects that have red or blue. This should allow you to feel in the present, more grounded and in your body. Notice how your breath gets deeper and calmer. You may want to go outdoors and find a peaceful place to sit on the grass. As you do, feel how your bottom can be held and support by the ground.

Strategy 4- Make stress reduction a priority

Almost everyone experiences signs of stress after going through a traumatic event. While a certain amount of stress is normal, and even helpful, as you face the challenges that come in the aftermath of a disaster, too much stress will you can also reduce stress by keeping yourself healthy

Relaxation is a necessity, not a luxury

Traumatic stress takes a heavy toll on your mental and physical health. Making time for rest and relaxation will help you bring your brain and body back into balance.

- a. Do relaxing activities such as meditating, listening to soothing music, walking in a beautiful place, or visualizing a favorite spot.
- b. Schedule time for activities that bring you joy—a favorite hobby or pastime, a chat with a cherished friend.
- c. Use your downtime to relax. Savor a good meal, read a bestseller, take a bath, or enjoy an uplifting or funny movie.

How sleep can reduce traumatic stress

After experiencing a traumatic event, you may find it difficult to sleep. Worries and fears may keep you up at night or disturbing dreams may trouble you. Getting quality rest after a disaster is essential, since lack of sleep places considerable stress on your mind and body, and makes it more difficult to maintain your emotional balance. As you work through the trauma-related stress, your sleep problems should disappear. But in the meantime, you can improve your sleep with the following strategies:

- ✓ Go to sleep and get up at the same time each day.
- ✓ Limit drinking, as alcohol disrupts sleep.
- ✓ Do something relaxing before bed, like listening to soothing music, reading a book, or meditating.
- ✓ Avoid caffeine in the afternoon or evening.
- ✓ Get regular exercise—but not too close to bedtime.

BUILDING EMOTIONAL RESILIENCE



Introduction

How do people deal with difficult events that change their lives? The death of a loved one, loss of a job, serious illness, terrorist attacks and other traumatic events: these are all examples of very challenging life experiences. Many people react to such circumstances with a flood of strong emotions and a sense of uncertainty.

Yet people generally adapt well over time to life-changing situations and stressful conditions. What enables them to do so? It involves resilience, an ongoing process that requires time and effort and engages people in taking a number of steps.

You can take steps today to reduce stressful emotions in the midst of the disaster-related chaos by strengthening your resilience. **Resilience** is the process of adapting while facing adversity, trauma, tragedy, threats or other sources of stress. By strengthening your resilience, you will be better able to persevere through the challenges posed by the disasters in your home and community.

Here are some ways you can build emotional resilience and strengthen your sense of control during this difficult time.

Make connections. It's easy to feel alone in your worries and other reactions. Connecting with close family members, friends and neighbors can be a source of strength and support. By discussing some of the challenges you are experiencing, you may discover you are not alone. You may learn how others are managing similar experiences and incorporate some of those strategies. Sometimes after disasters, local support groups are offered by appropriately trained and experienced professionals. People can feel a sense of relief and comfort by connecting with other survivors who have had similar reactions and emotions. Another way to make connections is to reach out and help others who are also managing such challenges. Helping others can give you a sense of accomplishment and self-worth.

Avoid seeing disasters as insurmountable problems. You can't stop the disasters, but you can change how you interpret and respond to them. Try to see beyond the current crisis to how future circumstances may be a little better. Note any subtle ways in which you might already feel better as you make progress containing damage or cleaning up following the disaster.

Take a news break. Watching replays of disaster footage can increase your distress. Often, the media tries to interest viewers by presenting worst-case scenarios. These may or may not be representative of what's happening to your home or community.

Accept that change is a part of living. Certain goals may no longer be attainable because of your home and community being hit by a disaster. Accepting circumstances that cannot be changed can help you focus on circumstances that you can change.

Move toward your goals. Develop some realistic goals. Do something regularly -- even if it seems like a small accomplishment -- that enables you to move toward your goals. Instead of focusing on tasks that seem unachievable, ask yourself, "What's one thing I know I can accomplish today that helps me move in the direction I want to go?"

Take decisive actions. Act on adverse situations as much as you can. Take decisive actions, rather than detaching completely from problems and stresses and wishing they would just go away. Although disasters can uproot people from their normal routines, establish new routines as soon as you can, even if they may have to change again once the flood and clean-up are over.

Look for opportunities for self-discovery. People often learn something about themselves and may find that they have grown in some respect as a result of their struggle with loss. Many people who have experienced tragedies and hardship have reported better relationships, greater sense of strength, increased sense of self-worth, a more developed spirituality, and heightened appreciation for life.

Nurture a positive view of yourself. You are persevering through difficult circumstances. That's an accomplishment. Developing confidence in your ability to solve problems and trusting your instincts helps build resilience.

Keep things in perspective. Even when facing significant disasters, try to consider these stressful circumstances in a broader context and keep a long-term perspective. You've tackled past hardships that may have felt overwhelming at the time. Tap into those successful skills to get through current challenges.

Maintain a hopeful outlook. An optimistic outlook enables you to expect that good things will happen in your life. Try visualizing what you want, rather than worrying about what you fear.

Take care of yourself. Engage in healthy behaviors that will enhance your ability to cope with excessive stress. Be patient in the midst of the chaos. You may not feel like it, but eat well balanced meals and get plenty of rest. If you experience difficulties sleeping, you may be able to find some relief through relaxation techniques. Avoid alcohol and drugs since these can increase feelings of sadness or distress and hamper your progress in successfully managing current circumstances.

For many people, using the resilience-building strategies described above may be sufficient to get through the current crisis. At times, however, an individual can get stuck or have difficulty managing intense reactions. A licensed mental health professional such as a psychologist or counselor, can help you develop an appropriate strategy for moving forward. It is important to get professional help if you feel like you are unable to function or perform basic activities of daily living.