Traumatic Grief

In contrast to PG, most theoretical publications have focused on youths. Traumatic grief (TG) is a form of complicated grief that occurs following a death that occurs during a traumatic event or in a way that is perceived as traumatic. Although forms of complicated grief (CG) have been studied following traumatic events, not all of the proposed symptoms of TG have been assessed ((Brown & Goodman, 2005; Cohen et al., 2002; Eth & Pynoos, 1985; Layne et al., 2001; Nader, 1992, 1997; Nader & Layne, 2009; Nader & Salloum, in press; Raphael et al., 2004). Some of the descriptions of TG in relationship to reexperiencing, avoidance/numbing, and arousal are discussed on page 2.

Observations and assessments of grieving youths exposed to traumatic events suggest that grief and treatment may be complicated by the interplay of trauma and grief: 1) The interplay of grief and trauma may intensify symptoms common to both; 2) Thoughts of the deceased may lead to traumatic recollections and may trigger PTSD symptoms; 3) Traumatic aspects of the death may hinder or complicate issues of bereavement including, for example, the ability to recover from shock related to the loss, reminiscing, grief-related dreaming, aspects of the relationship with the deceased, issues of identification, and the processing of anger and rage; and 4) A sense of post-traumatic estrangement or aloneness may interfere with healing interactions (Cohen et al., 2002; Nader, 1997). Evidence suggests some differences in traumatic grief reactions related to individual circumstances and the nature of the event (Brown et al., 2008; Dillen et al. 2009).

Study is needed to determine the exact nature of TG and its relationship to PTSD, depression, and grief. Although researchers have found, for youths, that TG correlates with PTS and Depression and occurs factorially independently of depression and PTSD or anxiety (Dillen, Fontaine, & Verhofstadt-Denève, 2008, 2009; Melham et al., 2004), studies of adults with CG suggest that the manner of analysis may result in different findings. For example, exploratory factor analyses have found distinctness between CG and PTSD and/or depression for adults (Boelen, van de Schoot, van den Hout, de Keijser, & van den Bout, 2010; Golden, & Dalgleish, 2010). Confirmatory factor analyses have found significant overlap between the two (O'Connor, Lasgaard, Shevlin, & Guldin, 2010).

Adults with (attachment-related and trauma-related) CG are at increased risk for major depressive disorder, PTSD, generalized anxiety disorder, functional disability, diminished quality of life, cognitive disturbances, health problems, and suicidal ideation and behaviors months to years following a loss (Golden & Dalgleish, 2007; Zisook et al. 2010). Following traumas, youths with CG have reported higher levels of trauma, anxiety, and depression (Nader et al, 1993; Pfefferbaum et al., 2001; Pynoos et al., 1987). Even normal bereavement is associated with at least temporary internalizing, externalizing, academic, and somatic difficulties in youths (Nader & Layne, 2009; Pearlman et al., 2010). More and long-term study of TG is needed to examine a broad range of variables including more correlating and outcome variables. For example, for combined grief and trauma, examination of depression, attachment issues (e.g., attachment style, attachment to deceased), type of event, vulnerability factors, cognitive issues, and more are needed.

Factors identified as protective in relationship to loss/TG include increased levels of support, adaptive functioning, and child-centered parenting (Brown et al., 2008; Saldinger et al., 2004). Factors that may be protective for adults may not be so for children. For example, in relationship to the loss of a parent, Saldinger et al., (1999) found that anticipation of the death was not associated with better mental health outcomes.

It has been suggested that traumatic grief is a subtype of trauma. Viewed from a grief perspective, grief may co-occur and be complicated by traumatic reactions or other anxiety, conduct disturbances, and/or depression (Pearlman, Schwartz, Cloitre, 2010). Importantly, complicated grief reactions following traumas are significantly associated with functional impairment even after controlling for other disorders (i.e., current depression, anxiety, and PTSD) (Melham, Moritz et al., 2007).

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Table 3. Traumatic Grief, theorized and in need of testing/examination

	Description
Traumatic Death	•Loss of a significant other under circumstances that are or are perceived to be traumatic (with or without direct exposure to the event) •The death may be perceived by a child to be sudden, unexpected, terrifying or shocking although it may not be perceived to be so by others
Grief Re-experiencing, Avoidance, and Arousal Distinguish from trauma reexperiencing Rule out avoidance related to superstitious thinking about the contagion of death; children may have difficulty reporting a reason for avoidance	**•Reexperiencing** (a) Repeated intrusions may include observed or imagined images or other thoughts of the manner of the death. Thoughts of the deceased may segue into thoughts of the event or manner of death (b) Grief-related dreaming may be absent or may turn into general bad dreams, traumatic dreams, or bad dreams about the deceased (c) Reenactments or script-like behaviors or activities may include the circumstances of the death or other death-related repetitions (e.g., repeated death-related play, death-related rhymes, and/or repeated talk about death and dying) (d) Reminders or thoughts of the deceased my result in intense physiological reactions to reminders of the deceased or the manner of death **•Avoidance/Numbing** Avoidance behaviors and states may be related to the ability of reminders of the deceased to trigger cue-conditioned fear and/or other trauma reactions or to the overwhelming nature of trauma and grief combined ***•Arousal*** *With attachment-related CG, arousal may not be prominent.* Distinguish from PTSD arousal.
Duration	Duration of one month or more
Functioning	Symptoms cause significant distress or impairment in social, occupational, or other important areas of functioning
Treatment Issues	•Trauma treatment may be needed before grieving can begin •Grief treatment, of necessity, may be accompanied or preceded by treatment for trauma, depression, and/or behavioral problems

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