

Healing

TRAUMA AND GRIEF



Well Living House

Dr. Anne Mantini & Dr. Janet Smylie

Post-Traumatic Stress Disorder & Traumatic Grief

People respond to traumatic events in their own way. Research on the impact of trauma and traumatic grief indicates that people can experience extreme distress if they have been a victim of trauma but also if they have witness or heard about trauma, or if they have lost someone in an unexpected way.. Many people are able to, in the long term, find ways of going on with their lives with little change in their capacity to love, trust, and have hope for their future. eople However, many people can also develop PTSD or symptoms of traumatic grief. This happens when,

out of necessity, they react to traumatic events by emotionally blocking during and after the trauma. This is a normal reaction to traumatic stress, because it allows the stressful experience to dominate how a person organizes their lives. This stress also causes people to perceive subsequent stressful life events as if they are still experiencing their prior trauma. Yet, focusing on the past in this way gradually robs the person’s life of meaning and pleasure. The severity of the impact of trauma depends on the age and development of the person and the source of the trauma, i.e., whether the trauma was relational and caused by a close family member or someone outside

the family, a natural disaster, or war or if the community has experienced a traumatic event, and even if a person has lost a family member in a tragic, sudden or unknown way.

PTSD is a *normal* reaction to an abnormal and extremely stressful situation – just like we shiver, get frostbite, and eventually lose consciousness when we are extremely cold.

Spirit to Spirit Gathering

October 17th-21st



2016

3 Elements of PTSD:

- Repeated reliving of memories of the traumatic experience in images, smells, sounds and physical sensations, accompanied by extreme physiological and psychological distress.
- Strong desire and attempts to avoid any reminders of the trauma. Also emotional numbing or detachment as a way of coping with the stress. This creates a need to withdraw.
- Increased arousal and sensitivities, typically in hypervigilance, irritability, memory and concentration problems because certain sensations and memories from the trauma return without warning.



Impact of Traumatic Stress

Traumatic Stress:

- An initial stress response where the body regulates itself relatively quickly after the event but can continue to be felt over the long-term as well.

PTSD:

- Reliving of memories
- Avoidance of reminders
- Increased arousal (reactivity)
- Symptoms are ongoing, can become chronic
- The traumatic stress becomes the organizing principle of how the person lives

Delayed PTSD:

- Symptoms of PTSD, when initially there was none
- Occurs sometime after the event (weeks, months, or even years)
- Can be frightening and confusing because there might not be a clear connection to the symptoms and the traumatic event and memories may be absent.

Complex/Developmental PTSD:

- Most severe symptoms
- Trauma has been experienced at an early age in development
- Trauma was chronic, impacting development

- Impacts brain development
- Impacts attachment, bonding
- Trauma involved an individual close in relationship (i.e., parent, caregiver, person in position of authority)
- Profoundly disruptive
- Impacts all relationships of individual

Traumatic Grief

- Intense sorrow and pain at the thought of the lost loved one
- Focus on little else but the loved one's death
- Extreme focus on reminders of the loved one or excessive avoidance of reminders
- Intense and persistent longing or pining for the deceased
- Problems accepting the death
- Numbness or detachment
- Bitterness about your loss
- Feeling that life holds no meaning or purpose
- Irritability or agitation
- Lack of trust in others
- Inability to enjoy life or think back on positive experiences with your loved one

Indigenous Approaches to Healing

As Indigenous peoples we have always had our own ways of maintaining our health and wellbeing and our own healing and medicine practices. This includes our own ways of responding to and healing from trauma and loss.

There is still a wealth of knowledge and practice out there. Traditional healing practice can be as simple as a private daily prayer. Ceremonial practices can include, for example smudging, singing, feasting together, pipe ceremonies, sweat lodges, fasts, sun dances among other things.

Traditional counsellors draw on Indigenous teachings and life experience to support healing.

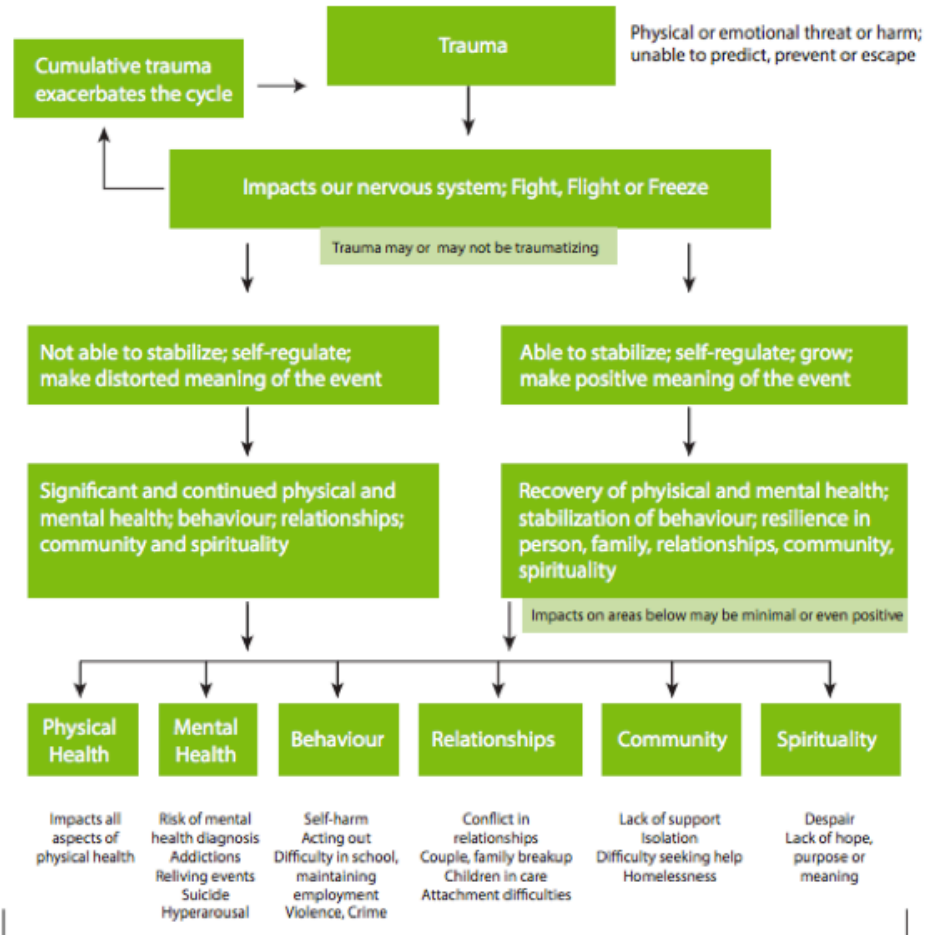
There has always been great diversity in these practices and individuals and families are encouraged to identify Indigenous knowledge keepers and elders that they feel comfortable with, respect and can be themselves with. Ask around.

The network of Aboriginal health access centres in Ontario all have traditional healing programs with elders and knowledge keepers who have been vetted by community.

What is Grief?

Common worries during times of grief:

- Sadness, crying
- Shock, numbness, not feeling anything at all for a while
- Difficulty accepting the loss, not believing it has happened
- Anger, guilt, shame, blame
- Isolation, alienation, loneliness
- Confusion
- Not looking after ourselves or others
- Not caring about work
- Relief (that the suffering is over or that a new beginning can now take place)
- Fear that what we are feeling or doing may not be normal
- Thoughts of self harm or suicide
- Difficulty concentrating
- Acting out of character and being different to the way we usually are
- Substance abuse, drinking, using drugs or smoking too much
- Physical worries such as headaches, not eating well, or not sleeping well
- Wanting to go home to community or family



Traumatic Grief Due to Violence

When someone in our family dies as a result of a violent act or are missing from the community, people left behind experience many complex feelings, thoughts and behaviours. Many of these relate to the person no longer physically being in our life. Some relate to the fact that the death resulted from violence, or suspected violence; these feelings are particularly intense, overwhelming and far-reaching.

For every traumatic death or loss from the community there are often many family members, friends and community members who are affected. While people work through their personal anguish differently, some aspects of traumatic bereavement are common due to the societal stigma associated with the violence and the pain of the need for resolution of the violent crimes.

Traumatic grief can affect physical and mental health and may sometimes include dealing with thoughts of suicide or self-harm. It is vital that, people themselves, and the community around them, respond to the person experiencing traumatic grief with compassion, respect and ongoing support.

Impact of Traumatic Grief

- Shock, numbness, denial
- Searching for a reason
- Guilt, responsibility for not preventing the harm
- Anger and blame
- Stigma and shame
- Loneliness, social isolation and disconnection
- Difficulty trusting others, feeling abandoned and rejected
- Difficulty with family relationships
- Depression
- Coming to accept that the loss will be a permanent part of life.
- "we can't just get over it, but we can grow our life around it"



How to manage grief?

Let yourself grieve

Look after yourself

Share your feelings & heal

It is normal.

It is important to be able to express and share sadness and grief rather than keeping feelings locked inside.

Stressful

Eat healthy, frequently and keep a routine to eat, rest, exercise and sleep at regular times.

Heal

Let yourself heal. It can be helpful to enjoy happy memories by talking, smiling, laughing about the person.

Story telling

There are many ways to express strong feelings of grief: Playing music, story telling, dancing, writing, talking, praying, painting, meditating.

Don't Avoid

Try not to use alcohol or drugs to treat grief, they numb feelings that need to be expressed.

Remember

Set some time alone to remember and let the feelings out, look after yourself and spend time telling stories and sharing with friends, family.

Ceremonies

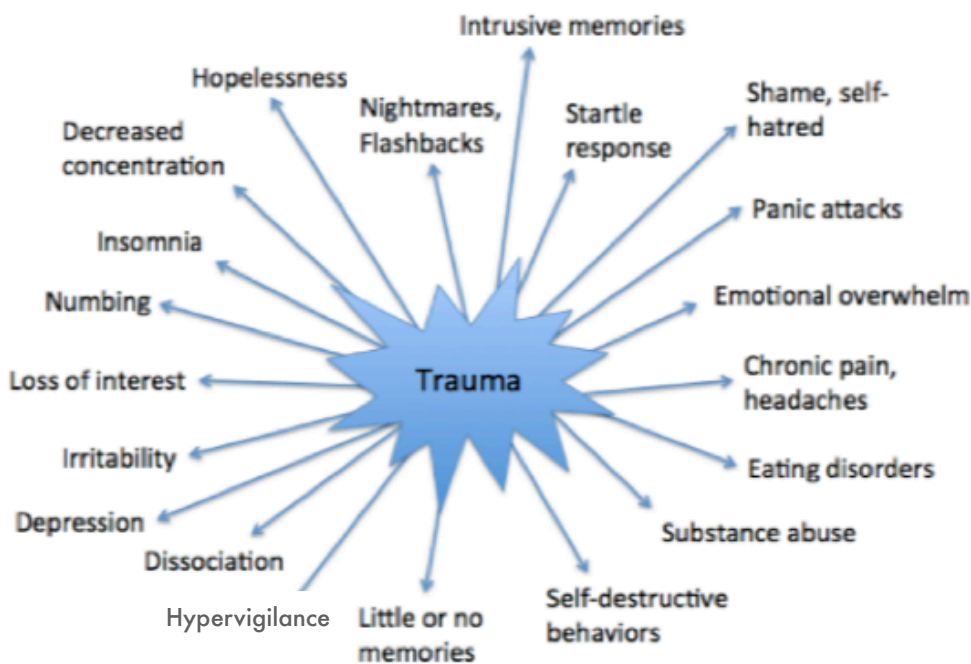
Ceremonies, rituals that are part of family, cultural and heritage are important.

Connect

Stay tuned in with yourself and remember to connect through walking, music, sport or hobbies

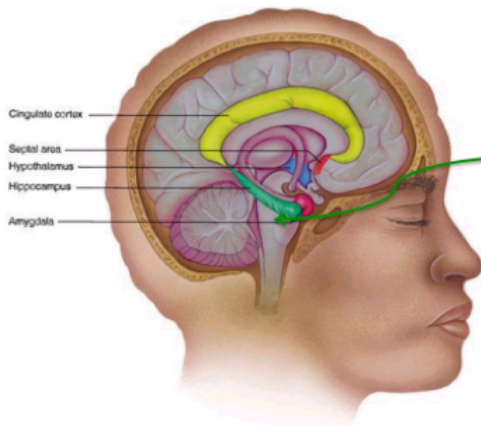
Ask for Help

Traditional healers, healing circles, bereavement support groups, doctors and community health workers.



As the frequency and duration of traumatic events increases, so do the negative impacts and symptoms. When traumatic stress is addressed shortly after it occurred, the likelihood of developing PTSD or traumatic grief is lower. People who have experienced trauma may also struggle with more chronic depression, self-harm, substance abuse and suicidal behaviours.

Memory Representation- Neural Bases



See: Brewin et al., 2010; Schauer, Neuner, Elbert, 2011

The Neurobiology of Trauma

The body's reaction to traumatic events sets up a number of changes in the brain. When we perceive danger, the limbic system (located in the midbrain, above the brain stem) acts as our internal alarm. When we sense danger, it goes into action and cues the adrenal glands to release stress hormones. These hormones increase blood flow to the major muscles, sharpen our senses, and ready us for a fast response. When the crisis is over, the body eliminates the stress hormones and we go back to normal. If the trauma occurs early in life and lasts a long time, as in childhood abuse and neglect, the effects are more persistent. The limbic system is primed to remain on alert. With an alarm system stuck on "high," people impacted by trauma startle easier, have trouble accurately reading faces and social cues, have difficulty sleeping, and tend to avoid situations that increase stress. Since lots of everyday problems increase stress, at least in the short term, problems pile up. Avoidance of difficulties and the emotional pain that accompanies them can lead to phobias and other psychological disorders. The thinking part of the brain, the prefrontal cortex, may find it hard to break in and help the limbic system calm down. So thoughts can get stuck in a rut of ruminating on the past, especially the traumatic event, which in turn keeps the hyperarousal of the limbic system

- to abstract, flexible, contextualized representations (**cold memory/verbally accessible**)
- and to inflexible, sensory-bound representations (**hot memory/sensory representations**)

going. Evolution designed stress hormones to prepare our bodies to escape from danger. When the crisis has passed and the stress hormones are no longer needed, they are broken down.

However, when we are chronically activated, stress hormones become toxic to the brain, interfering with our ability to learn new things and then remember what we have learned. These circumstances continue to change our bodies and the structure and function of our brains. As mentioned earlier, the hippocampus grows smaller when chronically exposed to stress hormones. But these same hormones increase the size of the amygdala, creating a feedback loop that makes the limbic system even more sensitive to environmental cues and internal body sensations associated with trauma.

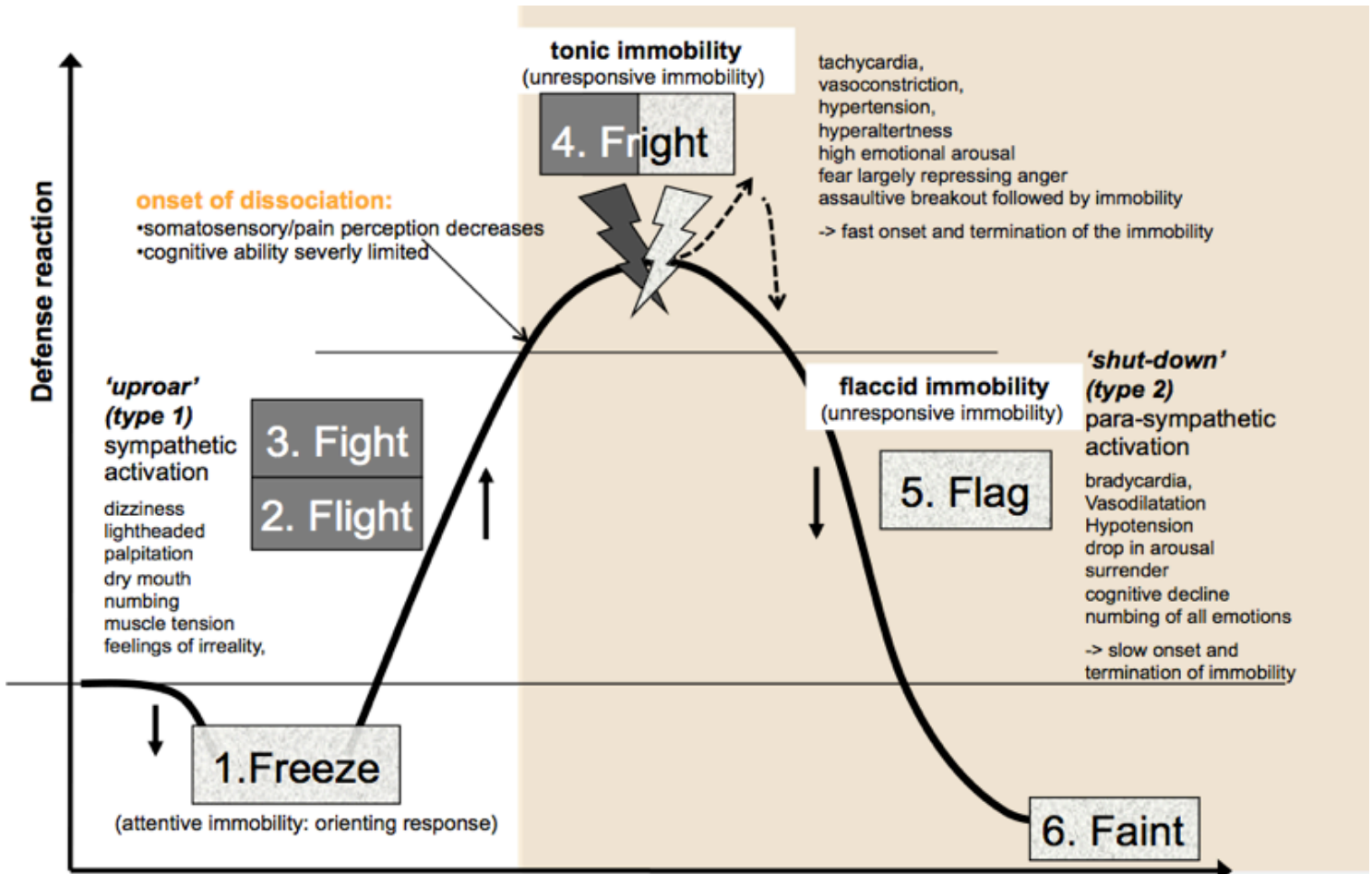
Traumatic Events

Single and Multiple

- 1. SINGLE EVENT**
A one-time experience or one event that has a beginning and an end, like a car accident or surgery.
- 2. PROLONGED FAMILY VIOLENCE**
Physical, sexual and emotional abuse, neglect, or witnessing violence in the household.
- 3. COLONIZATION/HISTORICAL**
Disconnecting cultures from their families, relationships and cultural practices. Residential school, the '60s scoop' and ethnic cleansing.
- 4. WAR**
Exposure to living in ongoing violence attributed to antagonists in armed conflict, systemic rape, arbitrary arrests, shortage of necessities and executions.
- 5. DISCRIMINATION**
Societal practices which exclude and discriminate against another culture. When educational and employment practices or access to healthcare are not equal across cultures. Direct discriminatory comments, assumptions or actions can also be traumatic.
- 6. CUMULATIVE EFFECT**
Stress from traumatic events, whether a person experienced the trauma directly or not, is cumulative over time. This means that multiple traumas exponentially increase traumatic stress reactions.

Grounding by walking and consciously connecting to the ground can be healing for PTSD





The Biology of Surviving

peritraumatically, is triggered.

1. The CASCADE 'Freeze-Flight-Fight-Fright-Faint' is a **sequence of six fear responses** that escalate as a function of defense possibilities and are activated the closer you are to the perceived source of danger.
2. These reaction patterns provide **optimal adaptation** to particular stages of imminence.
3. The individual cascade of defenses displays that a person who is traumatized has gone through during the traumatic event **will repeat itself, if the fear-network**, which has evolved

Activation

- Reorganization of blood supply
- Faster and deeper breath
- Increased perspiration
- Tachycardia
- Reduced bowel mobility
- Heightened senses

If stress increases even more the sensory gates shut down and onset of dissociation occurs (this is a decreased awareness). This is adaptive even though it may not be helpful at the time as will tend to dissociate rather than experience the intense emotions of the trauma.

National Aboriginal Health Organization
Advancing the Well-being of First Nations, Inuit and Métis

Definition of Resilience

- **Individual resilience** – a person's ability to overcome stress and adversity.
- **Community resilience** – how people overcome stress by drawing from cultural networks that constitute communities.
- Resilience is a dynamic interaction of individual and collective processes that contribute to adaptability, strength, the ability to surmount obstacles, meet challenges and recover from setbacks.
- Resilience exists at the level of families, groups, communities and larger social systems.

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
ᓂᓴᓴ ᓂᓴᓴᓴᓴ ᓴᓴᓴᓴᓴᓴ ᓴᓴᓴᓴᓴᓴ

STRONG SPIRIT - STRONG CULTURE - STRONG PEOPLE

Too often, the focus is so intently on the problems that we miss the strengths and resilience of people suffering from trauma. It helps to that we are human beings and we are not about what has happened to us. Trauma should be viewed as an "injury" that requires time and support to heal. We need to recognize symptoms as originating from adaptations to the traumatic event/s or context. Validating resilience is important. Understanding a symptom as an adaptation reduces the guilt and shame that is so often associated with trauma. We need self-compassion, and to develop new skills and resources so better adaptations can be developed for the current situation.

Strategies for Dissociation

"that lost and faraway look in your eyes"

Smudge: hold on to a ceremonial or special object

Apply pressure to legs and arms

Physical activity like squatting, jumping to increase cardiac output

Ask someone to help alert you and to help shift your attention

Focus on your feet, feel the ground, breath in/out slowly

Focus on 'here and now'

Count numbers, describe the outdoors, where you are

Change your body position, work on a craft

Look at your feet and give yourself instructions to get a drink of water

Move to a environment, stand and stretch again

Breathe in and out slowly

Draw out your memory on a piece of paper

Places to go for help now:



© Credit: iStockPhoto.com, ID 2463361

- Aboriginal Health Access Centers www.aohc.org/aboriginal-health-access-centres
 - Mental Health Helpline: 1-866-531-2600
 - www.talk4healing.com
 - 1-855-554 HEAL
 - CLEO Women's Hotline: 1-866-863-0511
 - B'saanibaamaadsiwin 1-866-829-7049
 - Ontario Native Women's Association: own@own.ca 1-800-667-0816
-
- Prepared by:
Dr Anne Mantini & Dr. Janet Smyle
October 18, 2016

- Kids Help Phone: 1-800-668-6868
- Distress Centers Ontario www.dcontario.org
- From Grief to Action www.fgta.ca
- PTSD Course at CAMH www.camhx.ca/education/online
- Gift From Within PTSD for Survivors and Caregivers www.gifffromwithin.org
- Torn From Our Midst: Videos of grief, healing and action. www.virtua.aadnc-aadc.cg.a
- Aboriginal Healing Foundation www.ahf.ca
- Ending Violence: Assembly of First Nations: www.afn.ca/en/policy-areas/i-pledge-end-violence

Trauma Facts

Regardless of its source, trauma is:

1. UNEXPECTED

Traumatic grief happens when the person is not expecting the loss, especially if it is a result of a violent crime.

2. UNPREPARED

Traumatic grief happens when the person has not prepared for the loss.

3. OUT OF CONTROL

There was nothing the person could do to stop it from happening. It was beyond the person's control.

4. IT CAN HAPPEN TO ANYONE

Anyone can be traumatized. No one is immune. It is widespread, occurs throughout the world and can affect anyone. Traumatic stress is a normal reaction to a shocking event.

5. DIRECT, WITNESSED, HEARD IT

Families can be traumatized by an event happening to one or more of its members. Even people who did not directly experience the trauma or witness it, can be impacted by it, especially if they had a close relationship with the person who was the victim of the trauma or loss.

6. TRAUMATIZED COMMUNITIES

Whole communities can be traumatized when events effect any of its members.