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Grief Following Traumatic Loss

Killings in U.S. schools			
<u>Date</u>	<u>Community</u>	<u># Killed</u>	<u>Age of Assailants</u>
April 20, 1999	Littleton, CO	15	17, 18
May 21, 1998	Springfield, OR	2	15
May 21, 1998	Onalaska, WA	1	15
May 21, 1998	Houston, TX	1	17
May 19, 1998	Fayetteville, TN	1	18
April 28, 1998	Pomona, CA	2	14
April 24, 1998	Edinboro, PA	1	14
March 24, 1998	Jonesboro, AR	5	11, 13
Dec. 1, 1997	West Paducah, KY	3	14
Oct. 1, 1997	Pearl, MS	3	16
Feb. 19, 1997	Bethel, AK	2	16
Feb. 2, 1996	Moses Lake, WA	3	14

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Grieving

by Kevin Ann Oltjenbruns, Ph.D.

My heart is heavy as I write this newsletter about the grief process – not only for those who lost their lives in the Columbine High School massacre, but for all who have been killed in so many earlier shootings (in this country and abroad) and for all who survive. While the intro-

duction includes a summary of recent shootings in schools in the United States, it does not include the murders in other countries' schools or in so many other settings. The grief process will be long and difficult for friends and family members, for those who have lost a sense of security in their own worlds, and for those who fear continued violence in our communities.

Overview of normal grief process

Because family and friendship networks are made up of many persons, of many ages, certain issues are raised in this newsletter that show the variation of grief responses.

Regardless of the circumstances, grief, for most, is an overwhelming and long-lasting reaction. It is manifested in a wide variety of ways. While not universal, the following are common bereavement reactions:

Physical	Psychosocial	Behavioral
• fatigue • disturbed sleep patterns • loss of energy/strength • change in appetite • headaches • various health concerns	• shock • emotional numbness • sadness • anger • fear • depression • anxiety • guilt • apathy • hopelessness • helplessness • inability to concentrate • disorientation • preoccupation	• crying • hostile outbursts • loss of interest in daily activities • restlessness • withdrawal from others • over-dependence on others

Grief does not proceed in a linear fashion but rather involves a complicated multiplicity of thoughts, feelings, behaviors and physical reactions. Particular thoughts and feelings ebb and flow and may return once again.

Although not physically present, most of us grieve a multiplicity of losses. We grieve for those who died; feel pain for family and friends who survive; we are angry at what was taken from all of us – a sense of safety; we question what the future will bring and whether we can stop the violence. We are forced to examine what our own personal role in that effort must be if our society is to succeed.

Adolescent survivors of the massacre

Grief and adolescents

at Columbine High School not only lost their classmates and teacher, they also lost their innocence and sense of security. As they become increasingly able to deal

with abstract thought, these young persons must come to grips with their own personal mortality. While that is a normal developmental task, those touched by this tragedy have had to deal with it in a real and personal fashion – not in relation to the hypothetical.

Those who were spared have had to deal with it in a way most of us can only imagine; and it will be confounded with feelings of survivor guilt. “Why was my life spared when so many others around me were taken?” It is crucial to understand that youth across our nation have been touched.

As young persons struggle to come to terms with the loss and deal with their own grief, some will convert feelings of anger into aggressive activities and various acting out behaviors. For many, there will be an inability to concentrate, diminished study habits, and a decline in academic performance. Those who are trying to mask their symptoms may turn to alcohol and other drugs and need our help to deal with their grief in more constructive ways.

Many who grieve the losses

Grief and young children

at Columbine High School and other death events are children. Young children may regress to behaviors more typical of an earlier developmental stage. For example, a young child who has been toilet trained may again wet the bed, or a child who is grieving may again suck a thumb or talk baby-talk, even though s/he had not done so in many months.

Young children typically do not understand the finality of death and may ask questions or make comments reflective of that misunderstanding. For example, a 3-year old may keep

asking when someone is coming back. Until they are cognitively capable of understanding that death is not reversible, questions will continue and are natural.

Adults must continue to give children accurate information in terminology they can understand. Euphemisms that lead to confusion can be damaging in that they may diminish the child’s trust in what an adult is telling them. When a child’s sibling has died for example, s/he needs to be told — even though s/he may not fully understand. The child should not be told that the sibling has “gone on a trip” — this simply raises the expectation that the brother or sister will return.

The healing process is likely to be more difficult in certain types of situations. A few of the variables

Variables that affect normal grief reactions

that increase the risk of a complicated grief reaction are included in the chart on page 3.

Other factors also will have an impact on an individual’s grief response. These variables are related to the person who is grieving, the person who died, and the death event itself.

Traumatic grief

Clearly, many of these factors converge in the senseless murder of our

Other factors that have an impact on grief response

Individual who died	Person who is grieving	Death event itself
• life stage • similarity to bereaved • relationship to bereaved • centrality of relationship that was lost	• cultural background • personality • coping strategies • developmental stage	• suddenness • violent characteristics • preventability

Variables that increase the risk of a complicated grief reaction

Variable that often makes a death more difficult to come to terms with.	Brief explanation
Suddenness of death	There is no chance to “say goodbye” to a person who has died or to engage in “anticipatory grief.”
Violent death	Survivors often are horrified by thoughts of what the loved one’s last moments were like; a need to tell their story over and over – to police, courts, media.
Belief that the death was preventable	Those who survive are often haunted by questions of “Why?” or “Could I or someone else have stopped this event from occurring?” This results in much self-blame and anger at others they believe could have stopped the event.
“High profile” event	While widespread attention can bring comfort at some level (during some time frame), individuals are often overwhelmed by lack of privacy, media attention, constant reminders of the death of their loved one.
Multiplicity of losses	While grief is not cumulative per se, it may be all the more overwhelming when there are multiple deaths.
Previous or current mental health problems of person who is grieving	Persons may not have the coping strategies to deal with the loss effectively.
Perceived lack of social support following the death	Others’ caring is one of the factors known to contribute to mediation, over time, of the grief response.

youth in school settings. In those situations where persons not only grieve the loss of loved ones but must also come to terms with the horror of the event itself, the healing process will be all the more difficult. For example, the students, teachers, staff members, family, emergency personnel and others who ...

- heard the gunshots, explosions, threats by the gunmen;
- saw others get shot;
- were threatened or injured themselves;
- participated in or observed various rescue activities;
- participated in the identification of those who were killed;
- observed the devastation in the school

may ultimately experience Post Traumatic Stress Disorder (PTSD). Further, family members and other survivors may experience what is called

“secondary trauma” by having lost loved ones in such horrific circumstances. The following are common manifestations of PTSD (DSM-IV).

- hyper-vigilance
- exaggerated startle reactions
- intrusive thoughts, images, and perceptions
- “hallucinations”
- intense psychological distress to cues that resemble an aspect of the trauma event
- persistent avoidance of stimuli associated with the trauma
- restricted range of affect following the trauma

“Traumatic grief” is the term used to describe reactions that involve both PTSD and grief reactions. When a traumatic death occurs, the individual must deal with the symptoms of “...trauma, grief,

and the interaction between the two. The response to traumatic death is further complicated by the fact that catastrophic events can affect entire communities. Treatment for bereavement alone after a traumatic death may be ineffective.” (Nader, 1996, p. 208.)

Healing

The path to healing will likely be hard and arduous for those involved in the Columbine shootings. It is crucial that survivors and those who give them support understand that the grief process typically lasts for a long time – much longer than many people understand. Without this understanding, many who truly do care about those who are grieving do not provide caring support for the length of time needed.

The acute phase of grief is the time frame during which the death is first recognized – both intellectually and emotionally. Symptoms of grief are the most intense during this time frame and often last several months. While the pain ultimately diminishes over time, it may never totally disappear; and, for many, grief reactions are apparent for several years after the death. Anniversaries of significant events often bring thoughts and feelings back to the surface, and most survivors appreciate others’ caring and sensitivity as those dates draw close.

The healing process does not unfold over a series of defined stages, but rather seems to oscillate over time – between dealing with the loss itself and restoring some sense to the world in which they now live.

At one point, researchers believed it was crucial to break the bond with the person who died in order to “get on with one’s life.” In recent years, it has become more evident that healthy resolution to one’s grief may well include an ongoing attachment with the person who died (not as a cen-

tral figure in daily life, but rather as an individual who will always be important to the survivor).

Support

Individuals who experience a truly traumatic grief response will most likely need professional intervention. However, each of us can provide support that will be very important in the ongoing and long-term healing process – support that does not depend on being a trained professional, but rather on being a caring individual.

For professional support when losses occur, many organizations, including mental health clinics, schools, churches and hospices, can provide help or make appropriate referrals.

Impact of grief on relationships

Up to this point, the focus of this newsletter has

to recognize one another’s needs and provide support, persons may actually see their relationship strengthen. If, on the other hand, persons are so consumed by their own grief or aren’t able to understand the other person’s reactions (that may well be different from their own), survivors simply may not be available to one another emotionally.

Stress is magnified when one person expects that the other will show grief in the same way s/he does. When this is not the case, there may be blame or a feeling that the other isn’t grieving “correctly” or did not love the person who died to the same degree.

This should not be the conclusion; instead, one should recognize that each person grieves in a unique fashion. What is seen on the outside is not necessarily reflective of what is occurring on the inside.

In the months to come, classmates at Columbine

Suggestions for Providing Support	
Give permission to grieve.	Understand that grief is an extended process and individuals will not be over it in a few months; recognize their right to grieve and indicate your willingness to support them in the process.
Encourage individual expressions of grief.	Help persons understand that there is no “right” way to grieve; allow persons to deal with loss in a way appropriate to their own needs (e.g., not all persons need to cry or talk).
Support acceptance of all aspects of the loss.	Loss is multifaceted; each component must be grieved (e.g., a student who lost a friend has lost a person to spend time with and share things with, a confidant, a part of his/her future).
Listen to the bereaved.	While many of us struggle to find “the right words to say,” there is no magic formula to take away the pain. Instead of talking, we can likely do more good by listening – or simply “being there.” These actions alone can show our caring.
Share information about the grief process.	Many who do not understand the normal grief process believe they are abnormal in their reactions or are going crazy. Information about the long-term trajectory of grief and its many manifestations can be reassuring to a person who is grieving.
Assist in practical and concrete ways.	While truly meant to be sincere, offers to “let me know if I can help” often are not acted upon. Persons who are grieving are often so overwhelmed that they do not know what to say. A specific and concrete suggestion may be much more helpful: “I will pick you up from school next week; I would like to bring a meal to your family on Tuesday.”

been on individual reactions to loss. It is important to remember, however, that individuals do not exist in isolation. Crises — such as the tragedy at Columbine High School — may bring people closer together or they may serve as a wedge that can cause such significant stress that it may ultimately do harm to the relationship. If survivors continue

High School may see some friendships strengthen and others weaken. Parents who lost their children are likely to experience some changes in their marital relationship. Some changes will be positive; others will be negative. We need to help survivors understand that grief also may take a toll on surviving relationships and be sure that support is available in

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Invitation to dialogue

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