Bereavement-informed responses to traumatic death

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REFERENCES


[PTSD Debate within the Military]: “Certain military leaders, both active and retired, believe the word ‘disorder’ makes many soldiers who are experiencing PTSD symptoms reluctant to ask for help. They have urged a change to rename the disorder posttraumatic stress injury, a description that they say is more in line with the language of troops and would reduce stigma.

But others believe it is the military environment that needs to change, not the name of the disorder, so that mental health care is more accessible and soldiers are encouraged to seek it in a timely fashion. Some attendees at the 2012 APA Annual Meeting, where this was discussed in a session, also questioned whether injury is too imprecise a word for a medical diagnosis.

In DSM-5, PTSD will continue to be identified as a disorder.”]


[From the foreword by Therese A. Rando: “…it’s not too much of a stretch, if any, to state that in general traumatologists know little to nothing about loss and, conversely, thanatologists know about the same amount regarding trauma. This is quite alarming given that, by definition, in all trauma there is loss and in the majority of losses there is significant trauma.” p. xv]

Frances, Allen. (2013). Saving normal: An insider’s revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma, and the medicalization of ordinary life. NY: William Morrow. [Frances, M.D., was the chair of the DSM-IV Task Force and of the department of psychiatry at Duke University School of Medicine, Durham, NC.]


Guldin, M., Li, J., Pedersen, H., Obel, C., Agerbo, E., Gissler, M., Cnattingius, S., Olsen, J., & Vestergaard, M.. (Nov. 11, 2105) Incidence of suicide among persons who had a parent who died during their childhood. JAMA Psychiatry; 1227 DOI: 10.1001/jamapsychiatry.2015.2094 [Study used register data from 1968-2008 in Denmark, Sweden and Finland of 189,094 children who had a parent die before age 18. Included a matched non-bereaved group and compared the suicide rate of these two groups.

Findings:
~ There was a higher risk for boys (4 in 1,000) and girls (2 in 1,000) who had a parent die of suicide, but there were also higher rates for children whose parent died of other causes.
~ Researchers note that the study had no information on important risk factors including genetic factors, social network or family lifestyle.

[Here are samples of headlines in different publications discussing this article:
Death of a parent in childhood associated with increased suicide risk ~ Sciencedaily.com

Kids who lose a parent more likely to commit suicide ~ TIME.com

Parent’s death during childhood tied to increased suicide risk ~ Phillyvoice.com
http://www.phillyvoice.com/parents-death-during-childhood-tied-to-increased-s/

Losing a parent increases risk of suicide for kids under 18 ~ Universityherald.com

Higher suicide risk for those whose parent die when they are young ~ Medicalnewstoday.com
http://www.medicalnewstoday.com/articles/302465.php]


Hippocrates, Greek Physician (460 BC – 357 BC)
“It is more important to know what sort of person has a disease than to know what sort of disease a person has.” Downloaded 11-10-15 from http://www.brainyquote.com/quotes/quotes/h/hippocrate132701.html

References for Safe Crossings Foundation Keynote: Bereavement-informed responses to traumatic death

[A “continuing bonds” inventory self-report questionnaire developed from 189 adolescents bereaved by sibling death and 305 bereaved mothers and parents (165) to the question: If you could ask or tell your dead (sibling) something, what would it be? Answers were:

~ A continuing presence (you’re still here with me)
~ I will always miss and love you.]


[Describes study of 56 children 7-13 years old who had parent/caregiver die within last 6 months. They were in an intervention program.

Person who died: 82% mother death;
Ethnicity: 68% Caucasian, 9% African American, 7% Asian, 7% Hispanic, 9% other.
Mode of death: 34% natural death; 29% illness; 29% accidental death; 9% suicide.
Findings: 57% displayed “adaptive functioning” and 43% maladaptive: “falling below clinical threshold levels on measures of depression, posttraumatic stress, anxiety, and internalizing/externalizing behaviors.”

Factors for the adaptive children included:
- lower mean scores on avoidant coping (suppression or avoiding thoughts or feelings)
- higher mean scores on coping efficacy/emotional expression
- religiosity/spirituality, meaning-making
- parental empathy
- supportive caregiving]


[“Traumatic death: a death that occurs in a manner that is unanticipated, shocking, or violent; may be inflicted, self-inflicted or unintentional.” p. x.]


[A number of studies have concluded that childhood bereavement alone - without other risk factors - is unlikely to lead to future mental health problems. Notable exceptions are discussed in this Melhem et al article related to the death of a parent following suicide, accident or sudden death. The risk factor here is poor parent mental health as a contributor to poor child mental health.]

[A number of studies have concluded that childhood bereavement alone (without other risk factors) is unlikely to lead to future mental health problems. Notable exceptions are discussed in this Melhem et al article related to the death of a peer following suicide; peer suicide constitutes a risk factor for Major Depressive Disorder (MDD) among close friends.]


