

***The Institute for the Study and Treatment of Loss***  
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**What Therapists Need to Know About Traumatic Bereavement:  
What It Is and How to Approach It**

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***N.B.*** *Some of this material is included for your reference only, and will not be discussed in detail during this workshop. You will note that some portions of this outline are geared to professionals, while others are directed towards mourners.*

**OVERVIEW**

- I. Fundamental concepts underlying traumatic bereavement*
- II. The phenomenon of traumatic bereavement*
- III. Background information for intervention after sudden, traumatic loss*
- IV. Core strategies for treating traumatic bereavement*

**I. FUNDAMENTAL CONCEPTS UNDERLYING TRAUMATIC BEREAVEMENT**

**A. Concepts of Loss (Rando, 1984)**

**1. Two Categories of Loss**

- Physical (It is tangible, e.g., car stolen or leg amputated)
- Psychosocial/Symbolic (It is intangible, e.g., divorce or job loss)

**2. Secondary Loss (Rando, 1984)**

Loss that goes with or results as a consequence of the death (physical or psychosocial/symbolic)

**3. A Special Case of Secondary, Psychosocial Loss: Violation of the Assumptive**

World (Rando, 2015, In Press)

Assumptive World: Organized mental schema containing everything a person assumes to be true about the world, the self, and others on the basis of previous experiences

Three component areas, which can interact with, influence, and overlap each other.

- a. Assumptions, expectations, and beliefs
  - In terms of trauma and bereavement, there are two categories of assumptive world elements:
    - Global - Pertain to the self, others, life, the world in general, and spiritual matters
    - Specific - Pertains to what has been lost (e.g., loved one, object, belief)
- b. Personal life narrative (PLN). Also known as “life story” or “self-narrative,” this incorporates the past and present, as well as expectations and plans for the future
- c. Subjective experience of meaningfulness

## B. Definitions and Distinctions

1. Grief: Grief refers to the process of experiencing the psychological, behavioral, social, and physical reactions to the perception of loss. (Rando, 1993)
2. Mourning: Mourning refers to coping efforts through engagement in six processes that promote the personal readjustments and three reorientation operations required to accommodate the loss of a loved one. (Rando, 2015, In Press)
  - a. The three reorientation operations of mourning occur in relation to:
    - *The deceased loved one.* This involves the undoing of the psychological ties that had bound the mourner to the loved one when that person was alive, and the development of new ties appropriate to that person's being dead. Former attachments are altered to permit transformation from the old relationship based upon physical presence to the new one characterized by physical absence.
    - *The mourner.* This involves the mourner personally adapting to the loss by revising both his/her assumptive world and identity insofar

as each has been changed by the loss of the loved one.

- *The external world.* This involves the mourner's learning how to live healthily in the new world without the loved one through adoption of new ways of being in that world, along with reinvestment in it, to compensate for and adapt to the loved one's absence.

b. The Six "R" Processes of Mourning (Rando, 1993)

1. Recognize the loss

- Acknowledge the death
- Understand the death

2. React to the separation

- Experience the pain
- Feel, identify, accept, and give some form of expression to all the psychological reactions to the loss
- Identify and mourn secondary losses

3. Recollect and reexperience the deceased and the relationship

- Review and remember realistically
- Revive and reexperience the feelings

4. Relinquish the old attachments to the deceased and the old assumptive world

5. Readjust to move adaptively into the new world without forgetting the old

- Revise the assumptive world
- Develop a new relationship with the deceased
- Adopt new ways of being in the world
- Form a new identity

6. Reinvest

3. *Complicated mourning* is present whenever, taking into consideration the amount of time since the death, there is some compromise, distortion, or failure of one or more of the six "R" processes of mourning. (Rando, 1993)

4. The crucial role of anxiety in bereavement

- Catalyzing agent
- Form of traumatic stress reaction (Rando, 2000, see below)

5. Trauma (Rando, 2015, In Press)

a. A *psychological trauma* is an event, perceived to be inescapable, that confronts a person with actual or threatened death or serious injury (physical or psychological) to the self or another. It brings about four sets of effects, each of which dysregulates the person. Such trauma (Rando, 2015, In Press):

- Instantly propels your brain and body into “survival mode”
- Overwhelms your usual coping abilities
- Creates significant psychological distress and dysfunction
- Violates your assumptive world

b. *Traumatic stress* refers to a person’s distress that is caused by that person’s experience of psychological trauma (Rando, 2015, In Press)

- Includes any defenses the person uses to cope with that trauma and its effects (e.g., avoidance, emotional numbing, or dissociation) and any consequences flowing from them
- Applies to general reactions (e.g., nervousness or irritability), as well as to specific disorders (e.g., PTSD or depression)
- A common error is to view PTSD as the only manifestation of traumatic stress

c. Nine Arguments for Acute Grief As a Form of Traumatic Stress Reaction (Rando, 2000). Both share:

- Inherent involvement with both loss and trauma
- Elemental association with anxiety
- Qualification as a "personal disaster" (Raphael, 1981)
- Suitability of classification under a stress response category
- Common fundamental issues
- Manifest symptomatology and associated features
- Alternating modes of regulation of exposure to distressing material
- Presentation of two tasks to affected individuals: Trauma mastery and healthy mourning
- Ultimate treatment requirements for working through of the experience via cognitive completion with affective release

d. Four sources of trauma in grief and mourning

- \*Normal component of grief and mourning
  - \*Circumstances of the death
  - Relationship issues between the mourner and the deceased
  - Mourner liabilities
6. Perspectives On the Character, Duration, and Course of Mourning
- a. Idiosyncratic (43 influencing factors)
  - b. Duration
  - c. Course
  - d. "Closure" - It's the wrong term to use
    - The operative word is *accommodation*
    - Grief can be *resolved*, mourning cannot
  - e. Subsequent Temporary Upsurge of Grief (STUG) reactions (Rando, 1993)

## II. THE PHENOMENON OF TRAUMATIC BEREAVEMENT

- A. *Traumatic bereavement* is the state of having suffered the loss of a loved one when grief and mourning over the death is complicated or overpowered by the traumatic stress brought about by its circumstances. (Rando, 2015, In Press)
- B. Twin Tasks in Traumatic Bereavement: Trauma Mastery and Loss Accommodation
- C. Five Basic Impacts of Sudden and Traumatic Death Challenges (Rando, 2015, In Press)
1. Disables coping
  2. Impairs functioning
  3. Compromises adaptation
  4. Increases mourner's distress
  5. Complicates the mourning
- D. The Triad of Troubles in Traumatic Bereavement (Rando, 2015, In Press)
1. Personal traumatization (Comes from the trauma elements. Requires *trauma mastery*)
    - Increases problems and distress
    - Decreases coping abilities and psychological functioning
  2. Loss under traumatic conditions (Comes from the loss elements. Requires *healthy grief and mourning*)

- Complicates mourning and adaptation
- 3. Trauma and loss compromise and/or potentiate each other. (Comes from the combination of trauma and loss. Requires *recognition of unique problems and selection of specific strategies*)
  - Compromise each other
    - Traumatic stress interferes with grief over loss
    - Grief over loss interferes with trauma mastery
  - Potentiate each other
    - They intensify each other's symptoms
    - They escalate symptoms common to both

E. Three Levels of Association of Acute Grief and Traumatic Stress and Their Treatment Implications (Rando, 2000)

Determine by how much traumatic stress is present and how it affects functioning

1. Three levels of association of acute grief and traumatic stress
  - First Level: Acute grief with minimal traumatic stress symptomatology (i.e., "normal" amount of traumatic stress found in "normal" acute grief)
  - Second Level: More than the usual amount of traumatic stress symptomatology secondary to presence of one or more high-risk factors (may or may not meet diagnostic criteria for PTSD/ASD)
  - Third Level: Sufficient traumatic stress symptomatology to meet diagnostic criteria for full-blown PTSD/ASD and/or overpower the grief
2. Two configurations of traumatic stress symptomatology in acute grief, and their treatment implications (Rando, 1993; 2000)
  - a. Overlay of significant traumatic stress symptomatology blanketing mourning
    - Treat traumatic stress symptoms prior to loss-related aspects. Focus on trauma mastery first\*
  - b. Interspersion of traumatic stress symptomatology with loss-related elements

- Treat both simultaneously by incorporating techniques for addressing traumatic stress into overall interventions for mourning

\*Caveat: One person's meat is another person's poison. Therefore, you may have to attend to some aspects of loss first before you deal with some traumatic material. Unless there is an overwhelming reason to do otherwise, go where the mourner wants.

F. Twelve High-Risk Elements for Traumatic Bereavement (Rando, 2015, In Press)

1. Sudden death: A death that comes abruptly and shockingly, without warning or expectation.

a. Whenever one deals with a sudden death, one is in fact dealing with a *traumatic death* because the suddenness and lack of warning personally traumatizes the mourner

b. *Sudden death* and *traumatic bereavement* always present the mourner, at least for a period of time, with *complicated mourning*.

c. Sudden death may be classified either as an unnatural or natural death:

- Natural death - arises from internal physiological conditions within an individual's body
  - heart attack/stroke
  - embolus/thrombus
  - seizure
  - hemorrhage
  - acute bacterial or viral illness
  - other acute syndromes leading to death
- Unnatural death - one in which individual does not die from natural occurrences within the body, but from interaction with an external agent(s)
  - accidents
  - disasters
  - suicides
  - homicides
    - also includes terrorism and war

The majority of these deaths are human-induced and bring numerous complicating issues, such as untimeliness, intentionality, violence, and preventability

d. Types of sudden death and their implications

- Immediate sudden death
- Sudden death after a brief period of time
- Intermediate sudden death situation
- Sudden death in the context of an ongoing illness or an improving medical condition

2. Violence and Its Consequences: Injury, Mutilation, and Destruction
3. Human-Caused Event
4. Suffering (Physical or Emotional) of the Loved One Prior to the Death
5. Unnaturalness
6. Preventability
7. Intent of the Responsible Agent(s)
8. Randomness
9. Multiple Deaths
10. One's Own Personal Encounter With Death
11. Untimeliness
12. Loss of One's Child

G. Challenges Created by the *Personal Traumatization Brought to You by Your Loved One's Sudden Death* (Rando, 2015, In Press)

1. Your capacity to cope is overwhelmed.
2. Your assumptive world is violently shattered.
3. The loss doesn't make sense to you.
4. You feel a profound loss of security and confidence in the world that affects all areas of your life.
5. You experience emotional shock for an extended time period.



6. You feel dissociated.
7. Your acute grief reactions persist for a long time.
8. Your mind doesn't work properly.
9. Learning the reality of your loved one's loss, and going through other mourning processes, takes relatively longer after sudden death.
10. In your traumatized state, you may make decisions or take courses of action you can later regret.
11. You can have increased sensitivity, awareness, and responsiveness in some areas of your life, while they're simultaneously decreased in others.
12. Your nervous system is affected, which can cause you to feel on edge and overreact.
13. Because you're irritable and easy to anger, you can develop family, relationship, and work problems.
14. You may search intensely for meaning.
15. You have complicated mourning, at least for a while, and a higher probability of developing a mental, behavioral, social, or physical disorder.
16. You're likely to experience unexpected problems at the "pitfall periods" around 6 months and 2 years after the death.
17. Your mourning won't meet your or others' expectations if they've been based on anticipated deaths, and you mistakenly can be viewed as "sick."

H. Challenges Created by the *Loss of Your Loved One Under Sudden Death Circumstances* (Rando, 2015, In Press)

1. You may have had little to no chance to finish unfinished business with your loved one.
2. Because your loved one's sudden death seems so disconnected from anything that precedes it, you can find it difficult to understand and accommodate.
3. You might not have been with your loved one at the time of death.
4. You may have relatively more intense emotional reactions.
5. Disbelief about your loss interferes with your ability to come to grips with the

reality of the death and its implications.

6. Since the death abruptly severed your relationship with your loved one, you can experience intense longing for physical contact with that person, which translates into an actual physical ache.
7. Because of the sudden disconnection from your loved one, you're likely to search for that person with unparalleled intensity and urgency.
8. You may obsessively reconstruct the events that led to the death.
9. The loss highlights what was happening in your relationship with your loved one at the time of the death.
10. You can experience extra secondary losses
11. You may need to determine responsibility, assign blame, demand accountability, and mete out punishment for the death.
12. Besides suddenness, there may be other elements in your loved one's death that bring their own complications.
13. Because the sudden death precluded the type of planning with your loved one that can occur before an anticipated death, you may not have had specific knowledge of your loved one's preferences or received their useful guidance.
14. After sudden death, you suffer from not having had opportunities that are available before an anticipated death to plan for, rehearse, and learn how to be without your loved one.

### **III. BACKGROUND INFORMATION FOR INTERVENTION AFTER SUDDEN, TRAUMATIC LOSS**

- A. Particularly Problematic Aftereffects of Sudden and Traumatic Death (Rando, 2015, In Press)
  1. Anxiety, fear, panic
  2. Hyperarousal; hypersensitivity; emotional lability; physical symptoms
  3. Dissociation
  4. Avoidance, numbing, and forgetting
  5. Reexperiencing (includes flashbacks and intrusions)

6. Searching; sorrow, separation pain, longing
  7. Anger
  8. Guilt and shame
  9. Impaired mental functioning; confusion; bewilderment
  10. Focus on the traumatic aspects of the death
  11. Shattered assumptions/disrupted life narrative/loss of meaning
  12. Withdrawal/isolation from others
  13. Immoderate acting out/impulsive/addictive/compulsive behaviors
    - Using substances for self-medication
    - Gambling
    - Sexual activity
    - Working
    - Eating
    - Shopping/spending (“retail therapy”)
    - Exercising
    - Procrastinating
    - Internet use
  14. Physical reactions
    - Hyperarousal and a sensitized nervous system
    - Wide variety of physical complaints
    - Increased physical risk and vulnerability
    - Stress cardiomyopathy (aka “broken heart syndrome” – not an actual heart attack)
  15. Parental bereavement after the loss of a child
  16. Traumatic bereavement trajectory
- B. Goals and Strategies for Treatment of Posttraumatic Stress *In General* (Adapted from Rando, 1993, 2000)

General goals: Empower the survivor and liberate him/her from the traumatic effects of victimization

1. Bring into consciousness the traumatic experience, repeatedly addressing it until

robbed of its potency

2. Identify, dose, express, and work through the affects of the traumatic encounter (e.g., helplessness, shock, horror, terror, anxiety, anger, guilt)
3. Integrate memories, affects, thoughts, images, behaviors, and somatic sensations of the traumatic experience
4. Mourn relevant physical and psychosocial losses
5. Discourage maladaptive processes and address defenses/ behaviors used to cope with the trauma and mechanisms employed to deal with it
6. Focus on acquisition/development of new skills and behaviors and/or retrieval of overwhelmed ones to promote healthy living in the world after the trauma
7. Counter helplessness/powerlessness with experiences, activities, and actions supporting:
  - mastery
  - sense of personal worth and value
  - connectedness to others
  - coping ability
  - release of feelings in small doses

As appropriate, support:

- giving testimony
  - participating in rituals
  - working for change in or to help others with similar traumatic experiences
  - avoiding further victimizing or helplessness-producing experiences
8. Develop a perspective on:
    - what happened
    - by whom
    - why
    - what one was/was not able to do and control within the situation
    - coming to terms with the helplessness and shock of the trauma
  9. Accept appropriate responsibility for one's behavior and relinquish any inappropriate assumption of responsibility and/or guilt
  10. Create meaning out of the traumatic experience
  11. Integrate into the assumptive world all the negative/positive aspects of the trauma

and the meaning of the experience

- place in psychic continuity within the totality of one's past, present, and future
- make requisite cognitive adaptations to promote adjustment

12. Form new identity that reflects one's survival of the traumatic experience and integrates the extraordinary into one's life
13. Reinvest in love, work, and play; reconnect with others and resume the flow of life/developmental growth halted by the traumatic victimization and its sequelae

C. In the Treatment of Traumatic Bereavement: Nine Components to be Integrated with Treatment Strategies for Complicated Mourning (Adapted from Rando, 2015, In Press):

1. Self-stabilization skills
  - Develop or tap capacities to self-soothe and ground oneself (e.g., Pearlman et al., 2014)
2. Anxiety management
  - Address manifestations of anxiety physiologically, psychologically, socially, and behaviorally (e.g., Bourne, 2010)
3. Exposure strategies
  - Reprocess traumatic memories and emotions
4. Cognitive strategies
  - Address dysfunctional thinking
  - Promote positive self-talk
5. Regulation of affect and cognition
  - Decrease negative emotion and thoughts
  - Increase positive emotion and thoughts
6. Behavioral strategies
  - Address avoidance
  - Learn new skills
7. Create a narrative / Tell the story

- Explore story of the death as mourner currently knows it
- Put into a narrative after traumatic material is processed (e.g., Neimeyer, 2012)
- May need restorative retelling (Rynearson, 2001)

8. Connections with others

- Share with them
- Receive support from them
- Meaningfully reengage with them

9. Reconstruction of personal meaning

- Revise violated assumptions
- Revamp disrupted life narrative
- Reestablish a subjective experience of meaningfulness in life
- Attend to what matters now in light of this death

D. Importance of Stabilizing the Mourner and Building in Appropriate Self-Capacities and Self-Care – Do Not Just Rush Into Trauma! (Adapted from Rando, 2015, In Press)

1. Teach coping skills. In particular, teach how to modulate emotion, “dose” self, and “ground” self
2. Choice of order in which to proceed
3. The importance of movement
4. Evaluate for medication

E. Selected Common Concerns of the Mourner After a Sudden, Traumatic Death (Rando, 2015, In Press)

1. Preventability issues and guilt
2. Anger
3. Unfinished business and unanswered questions
4. Criminal prosecution and civil litigation
5. Returning to work
6. Issues with the public
  - Public tragedy death
  - Media involvement
  - Spontaneous memorials

F. Selected Issues in Traumatic Bereavement Requiring Special Attention from Professional Caregivers (Rando, 2006)

1. Psychoeducation about all aspects of traumatic bereavement and dissimilarities from bereavement after anticipated, natural death
  - Predict issues with others due to ignorance, misinformation, and inappropriate expectations
2. Be prepared to educate about and address the special challenges of:
  - hyperarousal
  - anxiety and fear
  - avoidance, emotional numbing, and dissociation
  - flashbacks, reenactments, and other reexperiences
  - anger
  - guilt
  - depression
  - focus upon the traumatic aspects of the death
  - shattered assumptive world/lack of meaning
3. Some necessary interventions often overlooked
  - Addressing hyperarousal reduction and the importance of movement
  - Revising the assumptive world and reconstructing meaning (e.g., Neimeyer, 2012)
  - Restorative retelling of the violent death to reconcile the narratives of the deceased's life and death (e.g., Rynearson, 2001)
4. Anticipating and responding to the challenges brought by the short and long-term course of traumatic bereavement (e.g., "window," cycle-and-drop-down progression)
5. Enabling and supporting appropriate action around:
  - search for death-related information
  - dealing with the media
  - criminal trials and civil suits
  - contending with absent or insufficient social support
  - networking with peers
  - designing personal therapeutic bereavement rituals
  - making something good come out of the bad
  - achieving posttraumatic growth
6. Assisting in the development of healthy connections to, and an appropriate new relationship with, the deceased

7. Taking into consideration the specific challenges posed by the particular death

#### **IV. CORE STRATEGIES FOR TREATING TRAUMATIC BEREAVEMENT**

After proper assessment and formulation of a plan, implement these 12 core strategies of intervention (Adapted from Rando, 2015, In Press):

1. Educate the mourner and create a proper mindset
2. Promote healthy thinking, feeling, coping, and self-care
3. Enable the six “R” processes of mourning
4. Connect the mourner with supportive others
5. Facilitate and witness the telling of the story
6. Work towards mastery of personal traumatization
7. Address unfinished business and unanswered questions
8. Adopt strategies relevant for the death circumstances
9. Support use of personal bereavement rituals
10. Foster effective navigation of the outside world
11. Assist in reconstruction of meaning
12. Help the mourner not let the death define or limit the self



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**The material in this worksheet has been adapted from the resources below. Please note that most of Dr. Rando's works profile the contributions of numerous other authors who are not listed here, but are referenced within the keynote or workshop.**

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