CHAPTER 8

Grief and Traumatic Stress: Conceptualizations and Counseling Services for Veterans

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For someone diagnosed with Posttraumatic Stress Disorder (PTSD), the complexities of emotionally juggling traumatic stress symptoms while simultaneously facing strong emotions associated with grief and loss can be overwhelming and trigger trauma-related reactions. Neria and Litz (2004) summarize this dilemma while describing the interplay of grief response and traumatic stressors: "Typically, loss by traumatic means (e.g., homicide) is conceptualized as a traumatic stressor event than can lead to posttraumatic stress disorder (PTSD)… However, grief is a distinct individual, social, and relational experience" (p. 73).

What hospice or palliative care providers may observe with some of their war veterans or traumatized patients are some of the more commonly reported PTSD symptoms: problematic sleep, acting out of past memories, nightmares related to traumatic event(s), increased feelings of being unsafe, irritability, low self-esteem, and anxiety related to diminished control of their environment. Add to these struggles impending or anticipated loss and these symptoms may worsen significantly. Some hospice workers describe hearing a spontaneous disclosure of a veteran's traumatic event near the end of life when previous information about other significant war incidents had not been shared (personal communication, June 24, 2011). The appearance of a veteran's problems can seem convoluted or nonsensical to the untrained provider, when, in fact, this type of response is more typical for trauma survivors who are faced with future losses. One way to look at this interplay between grief and traumatic stressors is to consider unresolved grief as a part of a survivor's traumatic stress response, and traumatic stress as a form of complicated grief. The following section is an effort to make sense of the resurgence of traumatic

stress symptoms that can appear around impending loss and unresolved grief responses in veterans, and to discuss the role of VA medical centers and Vet Centers in providing grief counseling.

Interrelationship Between Traumatic Events and Grief

Depending on the traumatic event situation, there are tangible and intangible losses that occur very quickly during a traumatic incident. Tangible losses may include the loss of life, limbs, personal possessions; intangible losses may include the loss of a relationship, a dream of the future, a role in life, or the ability to trust others. At the time of crisis, war trauma survivors, as well as non-war veterans who are victimized by violence, are often faced with a sudden and overwhelming flood of information, which they must quickly sift through in order to make split-second decisions for survival. Unfortunately, many of these decisions are focused on making choices between the "lesser of two evils," without a fully satisfactory outcome. Active-duty service members are often not in situations where they can reflect later on their choices made during a crisis. This reality may be due to competing demands of being in a war zone, or they may choose not to access resources if they have self-evaluated their decision as being not acceptable or even shameful (Neria and Litz, 2004).

Thus begins the complications and challenges of trauma survivors who are also dealing with more recent or current losses. Because traumatic stress and grief responses are inextricably connected, a possible helpful task for providers lies in determining the context of current loss(es) with past loss(es) for veteran trauma survivors.

Context of grieving prior to traumatic events from the military

What determines how a patient copes after a traumatic event appears to be related to his or her pre-trauma experiences with grief and loss. Service members who have never learned to grieve prior to experiencing a traumatic event in the military or were traumatized during their childhood may consider normal grieving as an abnormal response. Learning about pre-military losses and past coping skills from a veteran's history provides the context of how he or she may have emotionally treated a traumatic event loss during active duty, as well as current or impending losses. By understanding more about a patient's past and current losses (whether traumatic or not), hospice and healthcare professionals are able to approach veteran patients (or their family) with better perspective and expectations. In addition, considering the possible reactivation of traumatic stress symptoms when losses re-trigger PTSD,

workers can consider alternative resources to assist a veteran with these issues, normalize the changes, and offer appropriate support.

It is possible that trauma survivors diagnosed with PTSD respond differently to recent losses than those who have not experienced a traumatic event (Green, 2000; Raphael, 1997). Survivors dealing with sudden or unpredictable tragedy may be less likely to access emotions that permit them to regain a sense of normality and health in order to move forward with their lives. When these individuals have a difficult time adjusting, they may be at higher risk for a response comparable to complicated grief (Monk, Houck, and Shear, 2006). This can occur if survivors are unable to communicate their emotions experienced as a result of a traumatic event, especially thoughts about their own role during the incident. Aspects of one's trauma experience may remain hidden.

In addition, one study found that survivor perceptions of enduring causal influences as factors within experiencing a traumatic event (instead of attributing a catastrophic experience as an isolated incidence) are significantly related to PTSD symptoms (Gray and Lombardo, 2004). In other words, part of whether previous trauma is considered a random or isolated event or a part of one's persisting experience of life (a bleak or fatalistic perspective) contributes to whether people have PTSD or not. Another study also found that those who explained their own personal traumatic events as occurrences that were attributed to their own internal beliefs about victimization were also more likely to have PTSD (Falsetti and Resick, 1995).

Should survivor thoughts be focused on feeling responsible for a tragic outcome, a survivor may opt to not share this information with others (e.g., "I should have stopped him from getting in the car" or "I should have been there when the accident occurred because I would have done something different and they'd still be alive"). Self-blaming thoughts such as these can result in an emotional dilemma of feeling excessively responsible for a negative outcome, lack of control to change the outcome, and an unwillingness to reveal self-blaming thoughts to others for fear of rejection. Self-blaming or victimizing beliefs are then never challenged, since a trauma survivor has not communicated this struggle with others, or minimizes the impact of the incident. By maintaining the secrecy of self-blame (e.g., "I'm powerless," "I'm not a good person after what I've done," or "If you knew what've I've seen or done, you wouldn't want to talk with me"), many survivors with PTSD will withdraw and isolate themselves from their social supports and have continued chronic problems.

A survivor's response to loss often depends on past experiences of loss. Although there is little empirical study conducted on the mediators of traumatic bereavement, some have suggested that previous experience of trauma or significant previous loss may prolong the grieving process, potentially leading to more problematic symptoms after the loss of a significant other (Neria and Litz, 2004; Green, 2000; Raphael, 1997). Those struggling with bereavement responses may make assumptions about what grief actually looks like, deny any experience of grieving, consider normal grieving as an abnormal response, feel inordinately uncomfortable around those who express grief-related sadness, or defer grief to others. If a survivor's experience of loss was in the context of serving in the U.S. military in a war zone, when the ability to grieve was not an option due to a crisis situation, the ability to access emotions appropriate for the loss will be far more challenging (Neria and Litz, 2004).

Taking into account the severity and intensity of traumatic occurrences, those who experience these events without knowing how to cope with loss are more challenged in regards to their readjustment after a traumatic event. This is illustrated in the case of Mr. Z, who was active-duty during the Vietnam War for one year. He was in the Navy, but found himself attached to a Marine Corps unit for his job, something he was not anticipating. As a result of his reassignment, he was treated differently by the Marines, and felt ostracized for "not being one of them" due to his ethnic background, as well as being from another branch of the military. One particular traumatic incident involved the death of a civilian, and Mr. Z felt a heightened sense of responsibility for this particular outcome. For years, he refused to discuss the incident for fear that anyone who knew what happened would reject him. In addition, he also was demonstrating classic PTSD symptoms, including recurrent nightmares. Through psychotherapy, Mr. Z finally revealed his self-blaming thoughts about the civilian's death, using phrases and descriptions that also indicated some losses that occurred within him. "I just wanted to feel like I was one of the good guys…I was scared that they didn't trust me, so I made sure to show them that I wasn't scared and they could trust me… after that guy (enemy soldier) died, I never wanted to trust anyone ever again…" Mr. Z didn't experience physical losses in this traumatic incident; however, his emotional losses included his plans to make the military his career, his desire to connect with others, and his trust of others. After many years of never sharing about this war-zone event, Mr. Z revealed his need to make a crucial choice to end another's life in order to save his own. While sharing this event in a counseling session, the veteran

grieved, for the first time, the numerous emotional changes within him many years ago from this incident. It was only after he examined in therapy the true impact this event had on his life, as well as tapping his repressed emotions, that he was able to stop having many of his PTSD symptoms. By expressing profound sadness over his dilemma, Mr. Z was then able to move cognitively and emotionally forward for the first time in over 20 years.

In counseling, the ability to "process" underlying stuck beliefs and emotions by a survivor can have tremendous healing impact because counseling focuses on issues of self-blame, discusses the reality of the details within a traumatic event, addresses distorted beliefs of control, and provides opportunities to fully express grief, loss, and sadness. If one can imagine that a survivor disclosing the details of a traumatic event is, for that person, like sharing his or her most protected and horrifying moment, then one can appreciate the level of trust necessary between counselor and client prior to this information being shared. Providers are encouraged to be open to a wide range of emotional expression, listening closely for statements of self-blame, and handle the information as one would handle a valuable and delicate piece of fine china.

Grief as the root of traumatic stress

Traumatic stress and unresolved grief appear to be highly connected. It is quite possible that the diagnosis of PTSD may also encumber survivors' ability to grieve other situations. Because the symptoms of the disorder may include aspects of chronic grief, the ability to express loss and sadness from either anticipatory grief or more current losses may be limited. Current losses often resonate within a trauma survivor of past losses. Survivors diagnosed with PTSD (with unresolved loss issues as part of their traumatic event) will likely truncate, abbreviate, or deny grieving current losses. Instead, survivors may express alternative emotions or behaviors, such as angry outbursts, a need to control others or having intrusive memories of previous loss situations. They may express feelings of guilt, depression, or low self-esteem; they may become socially isolated or experience an increase in nightmares.

The nuances of working through unresolved grief and loss vary with each individual survivor or client. In order for those struggling with traumatic stress to begin coping with their losses, a strong rapport is necessary between provider and client. Without a strong trusting relationship, a survivor will often not disclose important information. A thorough assessment regarding a survivor's context currently, as well as during a traumatic event, is also helpful.

An assessment can also include identifying the emotions of guilt, shame, loss, or powerlessness with which the survivor may struggle.

VA Services: A Brief Summary

A confusing aspect when attempting to match veteran services and needs of veterans is navigating the diverse resource offerings. VA medical centers (VAMCs) are separate entities from Veteran Benefits (VBA) offices, yet they intersect in terms of what healthcare services veterans are eligible for within VAMCs. VAMCs offer regular hospital or outpatient services for veterans who are eligible, depending on either their military service-connected disability percentage rated by the VBA or their financial means (income), for those who have also served an established minimum of honorable service time. Mental health services are provided at all VAMCs and most Community-based Outpatient Clinics (CBOCs); however some VAMC services will charge a co-pay to veterans who are receiving services which they are not service-connected for or if a veteran is less than 50% service-connected disabled overall. Veterans and providers are encouraged to access the admissions office of their local VAMC or CBOC to learn more about eligibility for VA services. Routing through the process of accessing VA benefits can also include state-level veteran services and the services offered by veteran service organizations (VSOs), such as the American Legion, Veterans of Foreign Wars, and Disabled American Veterans (DAV). This can make the process both beneficial and challenging, as each of these organizations overlaps in some of their offerings, while providing unique services for veterans.

Vet Centers and Readjustment Counseling Service: Grief and bereavement counseling

Grief counseling within Vet Centers and VA medical centers can serve an important role in the recovery for not only those addressing impending death, but also those who have unresolved grief from traumatic events; again, options vary widely. The commonly used phrase, "If you've seen one VA, you've seen one VA," holds true as it applies to grief and bereavement counseling. The best resource to start with is to access the Department of Veterans Affairs website (www.va.gov) in order to locate and identify what exists at a nearby facility. Numerous VA medical facilities do offer hospice and palliative programs, and many include grief groups or counseling.

A multitude of psychotherapy options have been made available over the past 20 years to assist with PTSD within VA facilities and in local communities.

Again, these resources vary, and some may or may not also focus on unresolved grieving. At many VA medical center programs, time-limited, evidence-based treatments are offered to treat PTSD (as well as medication management). Many of the manualized interventions are based on the premise that PTSD is rooted in "obsessive thoughts," although it is the clinical opinion of the author that PTSD may be more complicated than only obsessive thinking about a traumatic incident.

Out in the community are the well-established Vet Centers (formerly known as Veteran Outreach Centers). Vet Centers are part of the Readjustment Counseling Division of VA and have grown from a handful of centers to over 300 over the course of 33 years. Vet Centers specialize in counseling veterans who have served in a war zone, service members or veterans who have survived sexual assault while in the military, and bereavement cases. Because Vet Centers only work with those meeting the above eligibility criteria, counselors are often adept at identifying symptoms related to unresolved grief and loss, as well as PTSD and other readjustment issues.

Since the advent of the wars in Afghanistan and Iraq, and in collaboration with the Department of Defense (DoD), the Vet Center program provides the first and only established grief counseling by an entire system of the Department of Veterans Affairs. Each of the Vet Centers accepts grief counseling cases after the military outreaches and offers bereavement services to active-duty families. Procedurally, the DoD informs the family about free grief counseling through the Vet Centers. If the family wishes to participate (either individually, as a couple, or as a family), the military will contact the Vet Center regional office serving the geographical area of the family members. The Vet Center regional office then contacts the closest Vet Center in proximity to the family members' residence, and the local Vet Center contacts and offers grief counseling directly to the family. By providing grief counseling to various family members, Vet Centers provide an opportunity for families to maintain their connection with their deceased loved one in a veteran-centric setting. Most grief counseling sessions are provided on an individual basis and allow the family members an opportunity to confidentially discuss the ramifications of the loss of their service member. The eligibility for grief counseling is not limited to war zone deaths, but also includes the death of any active duty service member also recently deceased stateside, and is not time-limited.

Conclusion

Grief and loss issues likely have a triggering role for a veteran trauma survivor with PTSD. These situations can include anticipatory grief, since significant losses from the past will potentially be emotionally reactivated as a survivor anticipates the loss of yet another significant relationship. Without counseling or psychotherapy interventions which address unresolved grief, the old patterns of abbreviated grief response will likely be repeated. Part of the goal of effective grief counseling is to provide a safe place where a client can share feelings of vulnerability and horror, as well as fears of past situations. Effective counseling will include a nonjudgmental attitude by the counselor, encouraging a client to express all emotions. Providers can also assist survivors in identifying the many types of losses experienced through a traumatic event. Vet Centers provide bereavement counseling for family members of active-duty service members; VA medical centers have a variety of options, some of which are accessible via hospice and palliative care within the VAMC.

To learn more about Vet Centers, and to locate the closest Vet Center, go to the Vet Center website (www.vetcenter.va.gov).

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