

Individual and Family Development (week due 1/31)

Dr Wells

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My first point for Chapters one and two of Journey Across the Life Span (JALS) is that Post Traumatic Stress Disorder (PTSD) can last for six months or can be on-going. The person troubled with can re-live the trauma through a flashback. My husband and I were in a motor vehicle accident on the Henry Hudson Parkway over two years ago. We were hit from behind, and were airborne for several seconds. Because we did not see it coming, there was nothing we could do to avoid the accident. The ambulance EMTs that came to take us to the hospital, explained that that stretch of highway is notorious for many accidents with casualties. We had no broken bones and only bruises, but the damage to my psyche was far greater. Every time we had to drive the Henry Hudson into Manhattan, I found myself anxious and constantly looking in the rear-view mirror to make sure no one was going to hit us from behind. The anxiety was very real, even though, the odds of getting hit again were so small. PTSD doesn't listen to reason. With my patients, I would want to listen to understand their trauma. I would want to gauge how much anxiety they felt even in the re-telling of what happened. With time, my PTSD has diminished, and I even have been able to drive in to Alliance campus on the Henry Hudson. Even though the memory of the accident still remains, I have been able to get over my fear to drive that stretch of highway. I would want to give hope to my patients, and work with them to resolve fears and anxieties.

My second point is along the same lines in learning something about anxiety. In moderate anxiety the client can tune out distractions to focus on the situation even with mild physical responses. I didn't realize in severe anxiety it is difficult for the person to comprehend the simplest tasks or to learn something new. The confusion and lack of ability to focus is debilitation for the person. If a client were in this stage of anxiety they would need more comfort, support, and direction by leading gently than given options. Decision making is impaired. I would want to teach clients deep breathing exercises to combat a panic attack or severe anxiety.

My third point is from Chapter two and is about body language and congruence. I think as a therapist it would be good to pay attention, as the client is talking about their life, if what they say is matching what they are telling you, through their body language. If the person says they love and adore their husband, but demonstrates through her body language that she is fearful or apprehensive it needs to be noted. Incongruence is important, because the client may be unaware of their own incongruence. I thought it was so important that the book brought out much of communication is not verbal. I think this is something to be trained in, and taught to recognize incongruence.

For my three other points on the listed readings I want to first bring out a point from the Grief and Loss book about disenfranchised grief. I didn't know there is a name for what I was feeling at my Father's death last year. Disenfranchised, from my understanding from the book, means you don't feel you have a valid reason to grieve. Well-meaning people tried to comfort me by saying things that made me feel I shouldn't grieve too much. One person said, "Well at least your dad knew the Lord, and he is in a better place." Which is true but it also made me

feel a little guilty or selfish for still wanting him here on earth. Another comment was, “Wow your dad lived till he was eighty-six! You had him around a long time. I wish I had my Father around so long.” Which is also true but in reality, I was hoping Dad would live till he was ninety-five or longer. It even makes it more difficult, because all the things they mentioned were absolutely true. Never-the-less, my grief was still devastating losing my father. He was the kindest most gentle man we knew, and he was always there for me and my family. I still miss him, deeply. So, experiencing loss of a father, I would want my clients to feel free to grieve no matter what the circumstances. I would want to give them permission to grieve without judgement.

My second point I from the Grief Counseling and Grief therapy book. I loved how the book explained there is, “No one size fits all” as pertaining to grief therapy. This is my favorite point this week. God has made us each so unique. Unique in everything from backgrounds, family of origin and culture, education, hometowns, values, and beliefs. With all these different variables in one’s life how could there be a single approach to grief? I remember hearing at church people mentioning a woman that everyone felt should be over the death of her husband. How long it takes to navigate through the grief process is as unique as the person. This point makes sense to me, and I would want my clients to feel no pressure to get over their grief by my time schedule.

Lastly, the book brought out you have to distinguish between loss as bereavement (without trauma symptoms) or trauma bereavement. With trauma there is an added element of the death taking place in a violent way. Interestingly, the book explains that trauma must be addressed first before you can attend to the grief. This is important to keep in mind because the

client may not want to go to the scary place of talking through the trauma first. This also makes sense to me for healing to happen the trauma should be looked at first. I would need training in this because the two (trauma and grief) seem so intermingled.