

# CHAPTER 3 COPING WITH CRISIS, TRAUMA AND GRIEF

As already outlined, different people have different physical and psychological responses to life changing events. Furthermore, they also have different coping mechanisms and respond differently to counselling and treatment. Whilst some may have the inner resources and social support networks to deal with crises without outside help, others may struggle markedly and rely on interventions to help them get through.



## The Onset of a Crisis

Crises may occur quite abruptly and in response to a specific event e.g. a debilitating accident. When this happens, the person often has no previous experience which they can draw on to help them cope. In other cases, the crisis may occur as a result of multiple events. The individual may have been managing to cope but one more

unfavourable event tips the balance and they become snowed under. In either case the person is likely to suffer from mental health problems or sometimes develop a mental health disorder.

Another possible scenario is that there is no specific identifiable event which causes the crisis but instead there is a gradual build-up of distorted thoughts and perceptions which lead to the point of crisis. This happens with some mental

health disorders such as bipolar disorder, schizophrenia and other psychoses.

Most people are able to withstand some amount of stress and anxiety associated with negative life changing events. We have the inner resources to cope and are able to adapt in order to alleviate anxiety. As such, our coping strategies help us to avoid crises.

However, it is not always possible to develop effective means of coping with life changing events and instead we may end up relying on maladaptive strategies. These negative strategies may only serve to compound our sense of stress and anxiety and exacerbate the symptoms associated with it. Sometimes a person who develops unhelpful coping mechanisms trundles along leading a poorer quality life in terms of their psychological and social wellbeing. Others who experience this may feel that they have little or no control and they are unable to help themselves. This may cause the person to either panic or to retreat into themselves but invariably leads to a crisis.

When a crisis does occur it can last from days to weeks, but it is finite. Sometimes the person is able to overcome the crisis without outside help because they are able to harness their inner resources. Sometimes the person is able to cope because they have a reliable social support network they can fall back on. At other times the person may need to call upon counsellors or other health care professionals to help them to find their way out of a crisis. In severe cases, the person may need to be hospitalised in order that they can receive effective treatment to help them deal with the crisis.



# Individual differences in responses

There are a number of reasons why people interpret events differently which we shall now review.

## Perception of a Life Changing Event

Whether or not a life changing event evolves into a full blown crisis depends on how it is perceived by the individual as well as how adaptive their coping strategies are. The way that an event is perceived depends on things like:

- Personality
- Self-esteem
- Current stress levels
- Personal coping mechanisms
- Previous responses to stress, trauma, loss, anxiety, etc.
- Social support groups

In addition to personal factors, perception of an event is also influenced by how threatening it is seen by the individual with regards to such things as:

- Safety
- Stability of life
- Goals
- Future
- Livelihood

If you consider an event such as assault then it can be seen to be very disruptive because it derails a person's sense of safety, stability of relationships and family life, and possibly their perception of the future and life goals. If the victim also has poor coping mechanisms, low self-esteem and a lack of social support they will struggle to cope. Conversely, individuals with high levels of self-esteem are more likely to have good mental health and self-belief and would be more likely to perform effectively during a crisis.

## Perception of Control

One of the reasons why some people are able to cope better with crises than others is the level of control we believe we have over them. If we perceive that we have a high degree of control over an event it will be experienced as less stressful than something we believe is beyond our control.

Many studies using what is termed the 'locus of control' have demonstrated a strong link between the degree of control over a stressor and the corresponding experience of stress. People who have an 'internal locus of control' tend to believe that they have a large degree of control over their lives and can make changes where needed to improve their lives. These people are less likely to experience adverse reactions to stress.

On the other hand, people who have an 'external locus of control' are more likely to think that they have little control over what happens to them and are more likely to suffer from exposure to stress. These people may continuously worry about stressful events and become

increasingly anxious. In extreme cases, this perpetual worry and feeling of being powerless can lead to 'learned helplessness' whereby the person stops trying and gives up.

In relation to negative life changing events, someone who experiences learned helplessness is so used to being unable to stop the cause of their stress or anxiety that they no longer attempt to avoid the situation - even though if they did they could reduce the stress.

Furthermore, as well as having some degree of control over a stressor, feedback is also very important. Although we may be able to take measures to reduce the impact of a crisis we need to know more than just that we have control over it. If we actually receive feedback which shows us that our efforts have had some success, this will relieve the impact of the stress even more. People are generally more positive and proactive when they can see that their actions are having the desired effect.

## **Type A & Type B Personality**

In addition to perceived levels of control over events, some research has identified personality types as being important factors in susceptibility to stressors.

Friedman and Rosenman (1974) first came up with the concept of type A and B behaviour patterns using male patients who had coronary heart disease. They discovered that males with a Type A pattern were over two and a half times more likely to develop coronary heart disease compared to those with a type B pattern.

The type A behaviour pattern is characterised by competitiveness, ambition, aggressiveness, impatience and high levels of alertness. They always seem to be in a hurry and often do not let others finish what they are saying before interrupting them. These people can be quite easily aroused to hostility by situations that others would not respond to. They are even competitive in their leisure activities.

On the other hand, those with type B patterns of behaviour show less competitiveness, and although they may also be ambitious they do not allow their work to take over their lives.

Research has suggested that there is an increased risk of coronary heart disease and other physiological conditions amongst those with type A personality patterns because their bodies are continuously under stress. They are more likely to succumb to the general adaptation syndrome.

It should be noted that not everyone is a Type A or Type B personality in all situations. Most people probably lie somewhere between the two types and exhibit both types of behaviour pattern depending on the situation.

## **Defence Mechanisms**

Sigmund Freud originally proposed that we use defence mechanisms as a means of protecting our egos against disturbing thoughts and feelings. Defence mechanisms are a healthy way of coping with stressful events, and if we did not use them we would find stress too difficult to manage. However, they can become problematic if used excessively and the underlying

stressors are not dealt with. Some of the more common defence mechanisms are as follows:

**Denial** - this is where a person completely denies that something exists in order to avoid the conflict it may cause them. An extreme example is denying that a spouse is dead and continuing to set the table for them several years after their death.

**Repression** - sources of conflict and stress are buried away in our unconscious mind in order to avoid dealing with them.

**Projection** - this is where undesirable thoughts and feelings are projected onto others. We tend to tar others with our own problems rather than own the problem ourselves and acknowledge them. We excuse our behaviours by believing that others have the same motives.

**Reaction formation** - this is where someone acts in a way which is opposite to how they really feel. For instance, a person may openly claim to hate someone they are infatuated with because finding that person attractive causes them immense conflict which is difficult to deal with.

**Intellectualisation** - this is where the person detaches themselves from traumatic or disturbing events by thinking and talking about them in abstract or intellectual terms so as to avoid being emotionally involved.

**Rationalisation** - this is used to end a conflict and to help people think that they did it in the right way. Rationalisation is where logical

explanations are sought to explain crisis events but the explanation would often not be considered rational or logical by others. It is used to change the individual's perception of a conflict so as to make a decision easier.

All defence mechanisms should be interpreted with caution. Just because a particular behaviour could indicate that a defence mechanism is being used, it is not confirmation that it is. Most clinicians would interpret a specific behaviour for being what it is, rather than consider it to be a means of concealing underlying thoughts or feelings. A more thorough client history and understanding of the individual is important and should be used in conjunction with experience gained in making clinical judgements.

