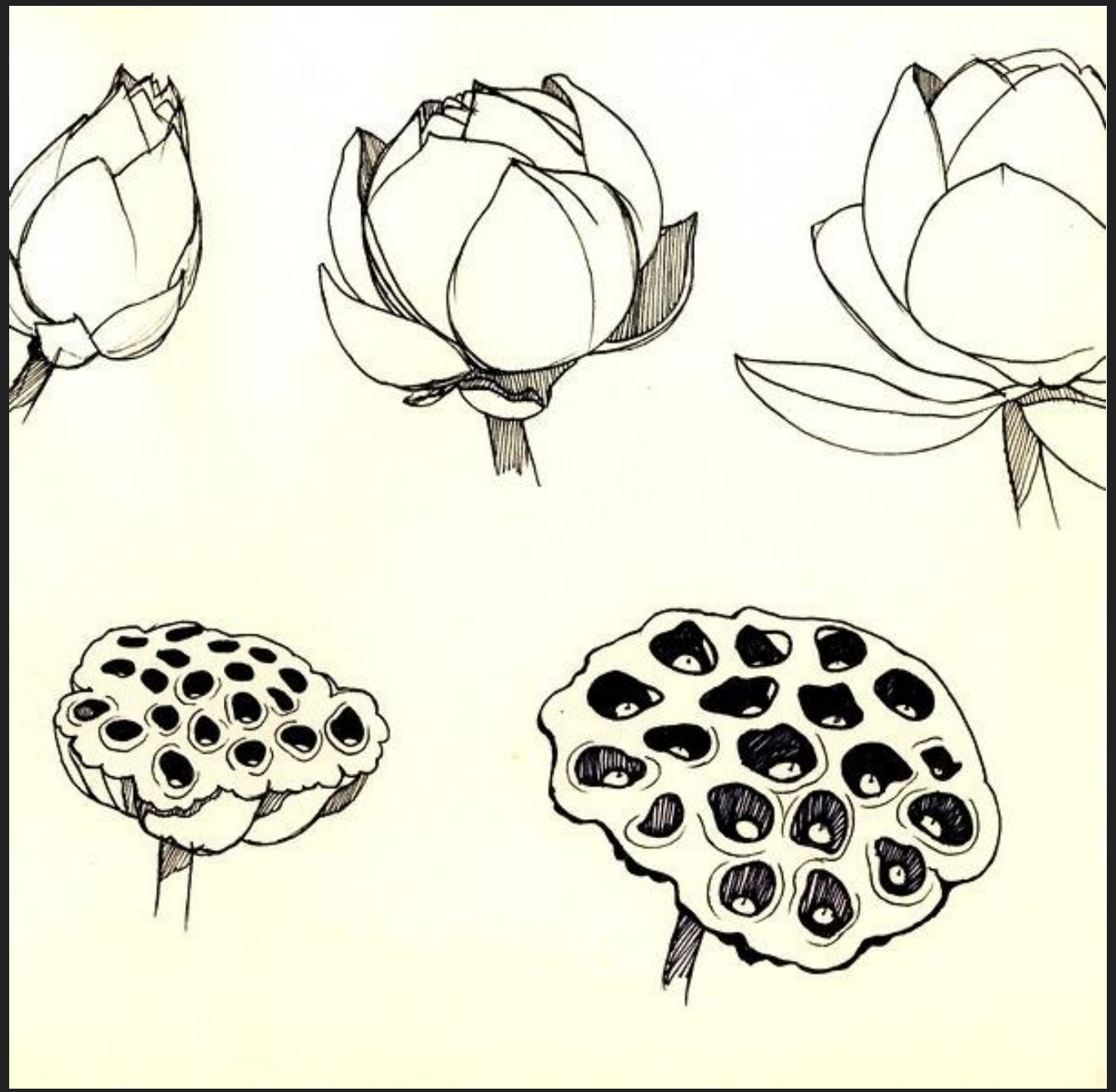


The Arc of a Trauma: From Initial Injury to End-of-Life Possibilities

Ashley Greenwell, PhD

My Background & Lenses

- Trauma Psychologist & former patient in trauma treatment.
- Trained in medical model (first language) & spiritual/humanistic traditions.
- 20 years seeking training in PE, EMDR, DBT, CPT, PFA, RO DBT, IFS, CBT-I, ACT & MCP.
- NODA hospice volunteer & Hospital Ethicist at end-of-life (EOL).
- I have not died, nor experienced PTSD at the EOL.

Some considerations for you:

1. We are talking about trauma & death.
2. Know yourself. Be deliberate about how you want to relate with today’s material.
3. You’re in good company (directory).
4. Art, recording, newsletter & slides

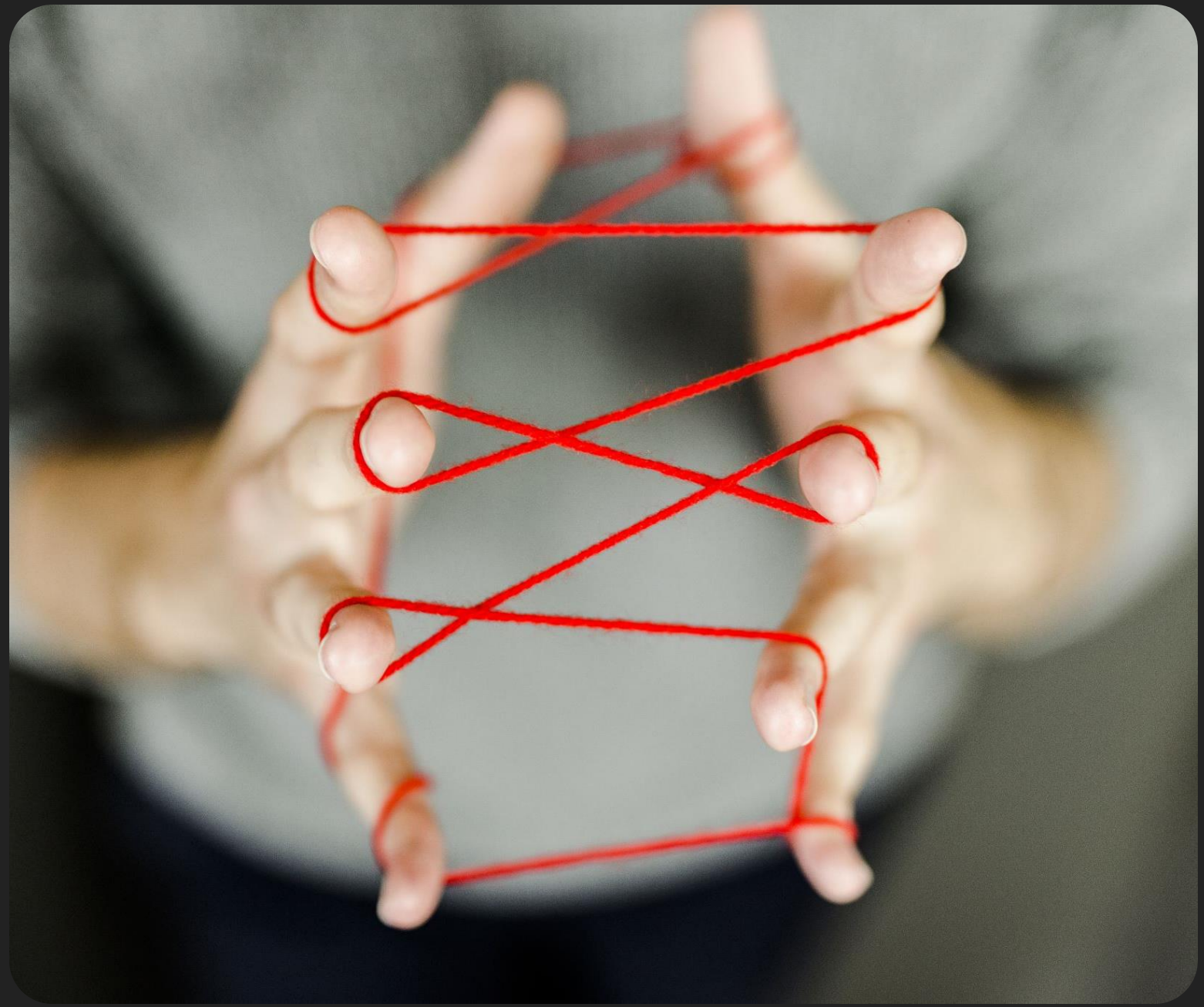
Overview of Today's Topics

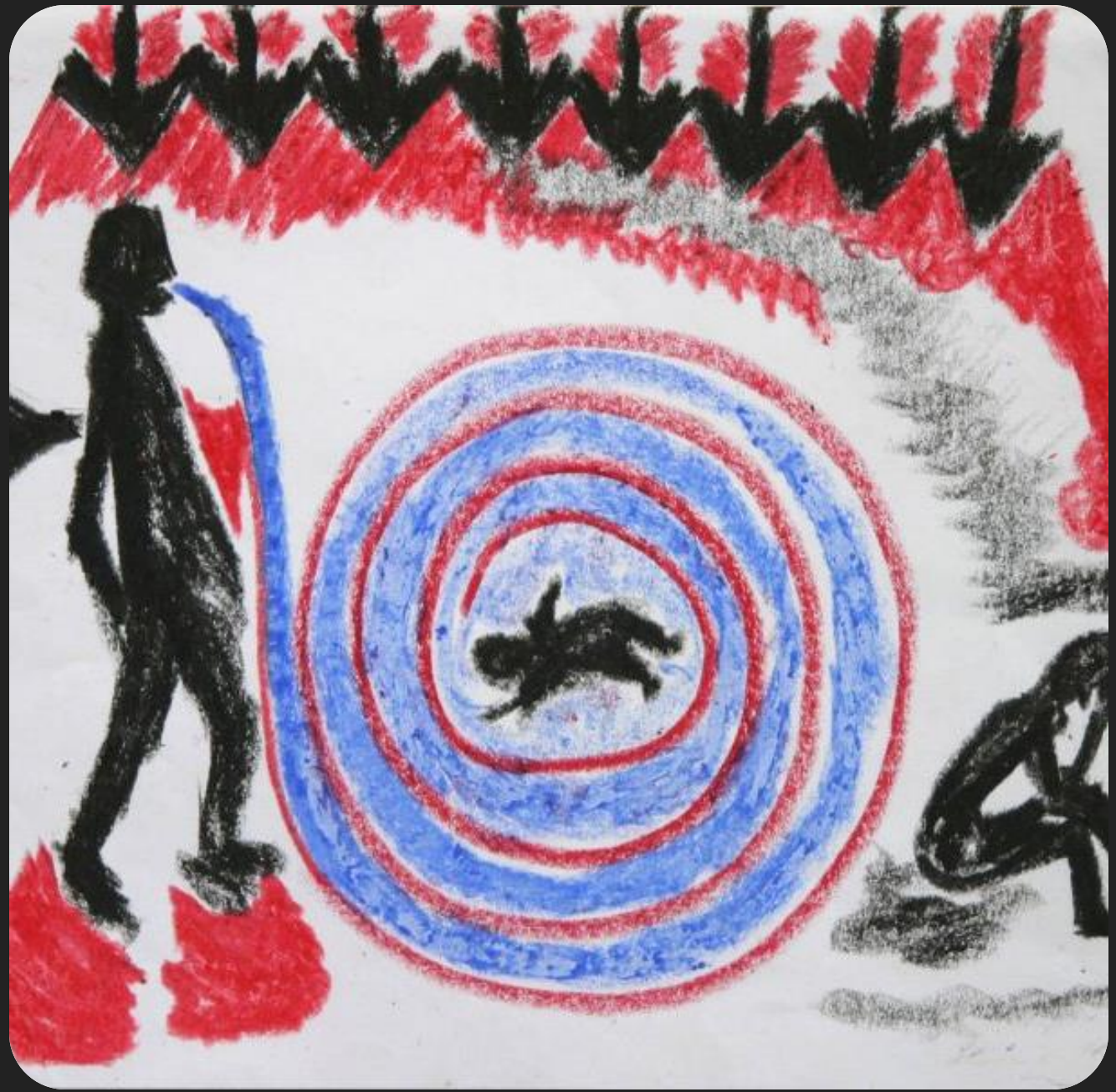
1. Defining Trauma
2. Pre-trauma experience & identity
3. The Immediate aftermath after trauma
4. Long-term healing considerations
5. End-of Life-Opportunities

Defining a Traumatic Event

A sudden, forceful & distressing experience that overwhelms a person's ability to adaptively process in the moment.

Horowitz, 1989





Unnamed Dax Centre, 2006

Pre-trauma Identity

- Trauma never happens to a blank slate.

WWII Bomb Bunkers, Henry Moore, 1941

Imagine later on today something very unexpected, suddenly happens in your life….

and that it’s something that would just be so wonderful to experience…

Trauma & Understanding Uncertainty

Life is inherently uncertain, and if we can't deal with uncertainty, then we'll struggle to deal with life.

Uncertainty + anticipated threat → highly aversive.

Uncertainty + hope/awe → pleasant (wonder, excitement, curiosity)

Calibrating our perceptions & baseline nervous system activation

- A secure **childhood** (or **precarious**) establishes our default relationship w/ uncertainty & our sense of agency in the world.

- If we learned that ambiguity is dangerous,
  - We'll experience chronic (inflammatory) stress/vigilance.
  - Upregulation feels normal (allostatic stress) but puts wear and tear on
  - To escape perceived threat, we build & rebuild a lot of distractions & defenses e.g...
    - Past: blaming self or others
    - Future: assuming the worst, over/under-intervening (fatalistic or fixed mindsets)

Oglesby et al 2017; Jackson, 2023

Clinician Lens: Early establishment of coping patterns

As a child, who did you turn to when your life felt overwhelming and unsafe?

Resiliency Research & Early Childhood

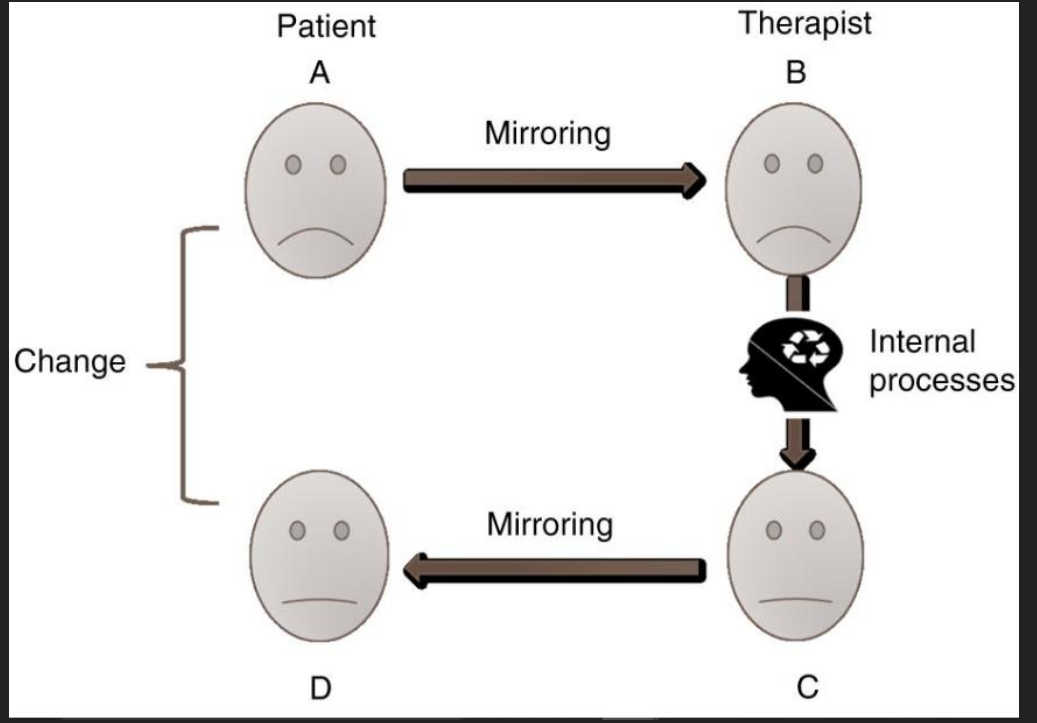
- **<u>Established Patterns of Positive Coping:</u>**
  - Seeking support, problem-solving, and reframing the situation positively.
- **<u>Established Patterns Negative Coping:</u>**
  - Avoidance, denial, substance use, or emotional disengagement.
    - Sheffler et.al., 2019

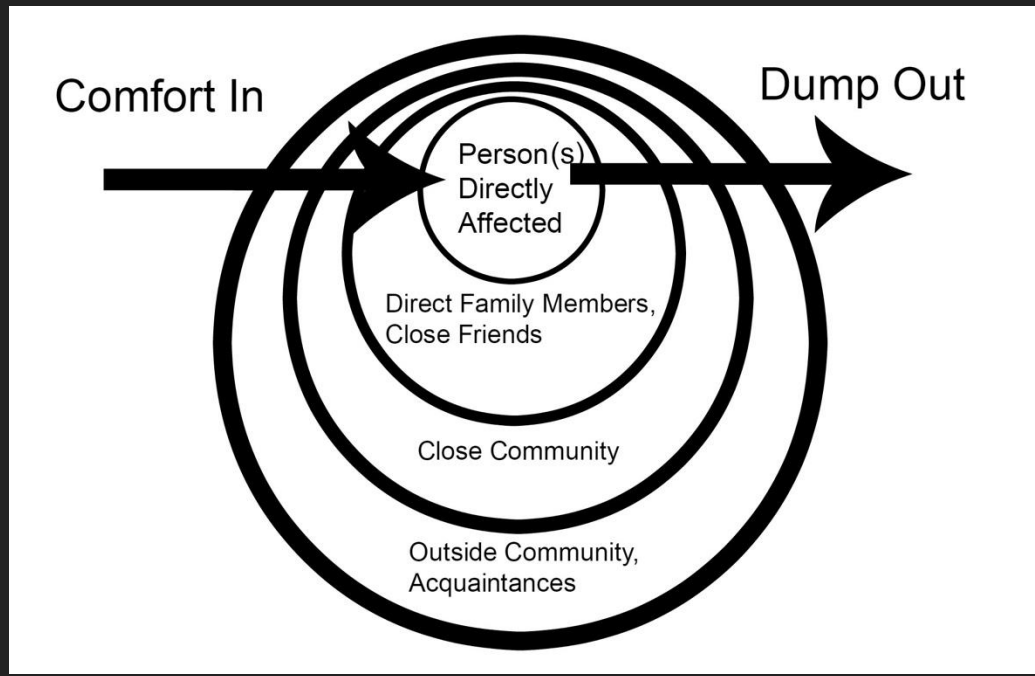
The Immediate Aftermath

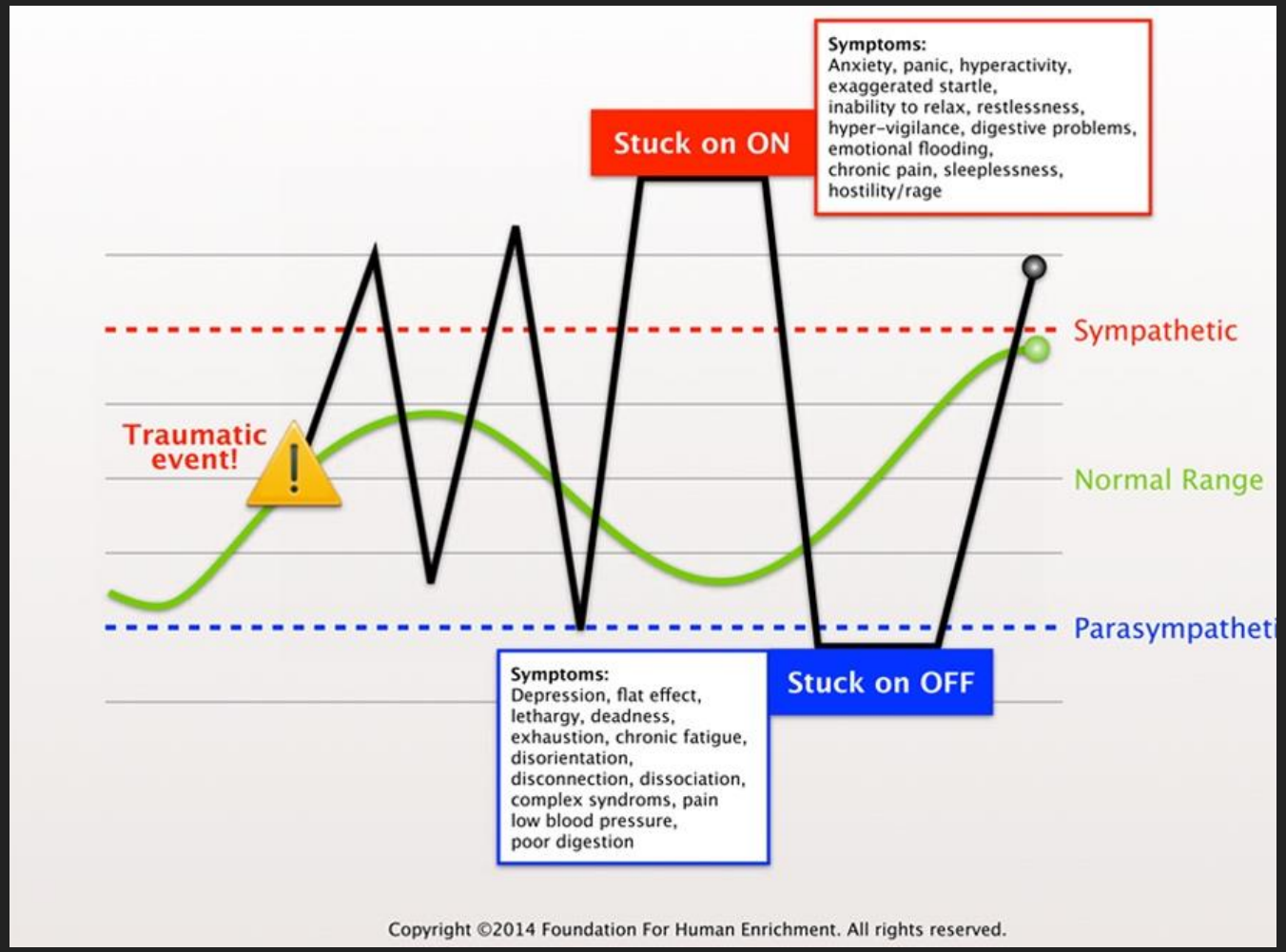
Dax Centre, 2006

Psychological First Aid

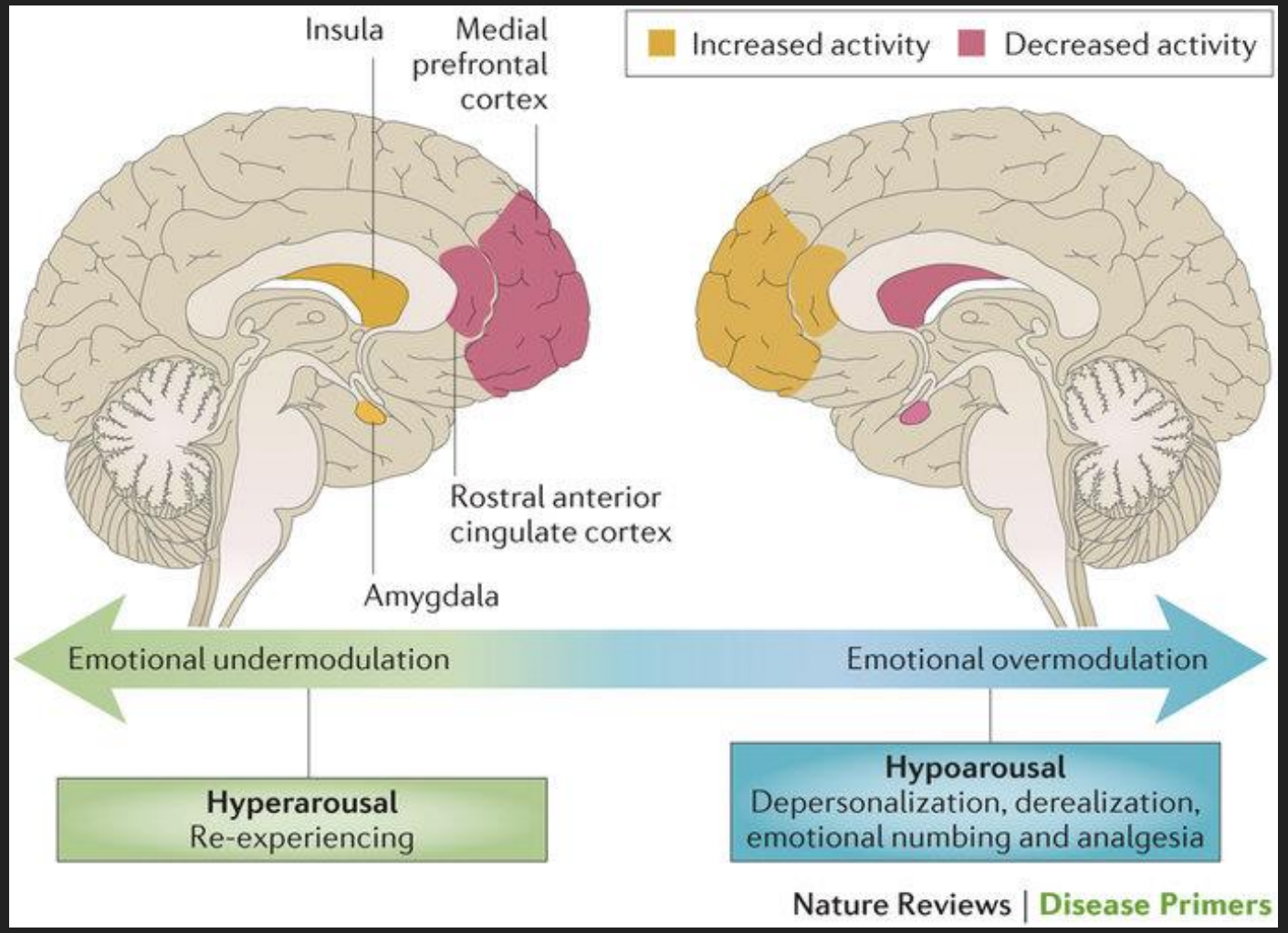
- Re-establishment of safety and control
  - Further adversity/demands are true threats.
  - Support: Witnessing their pain points & caring while remaining regulated
- Psychoeducation
  - Normalizing symptoms
  - Giving a map & instilling hope
- Assessment for red flags
- Encouraging positive coping habits
- Connecting with services for basic needs
- Helping them access <u>healthy</u> social support





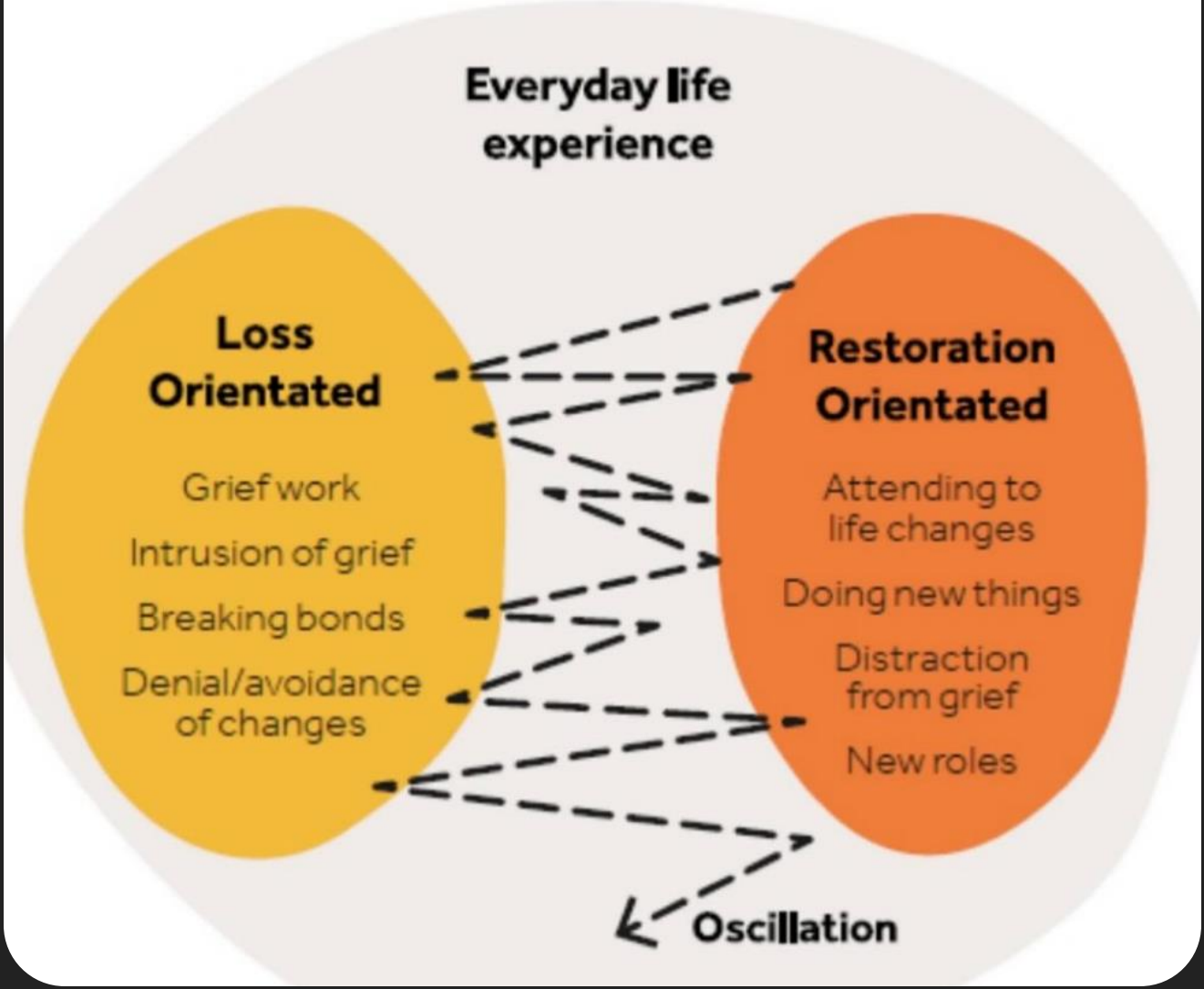


PTSD as a disorder of ANS dysregulation



A brain with after a trauma

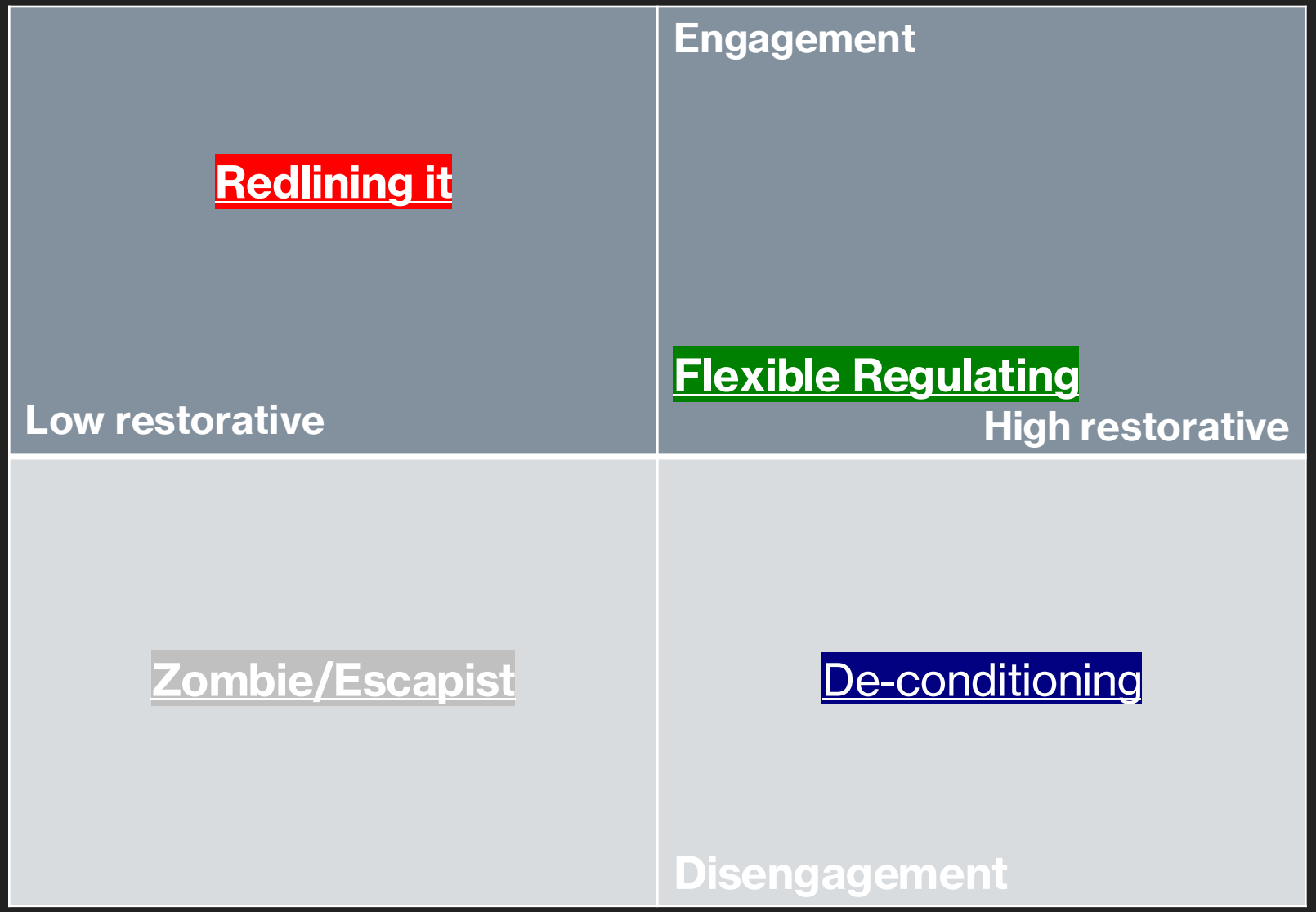
Dual Process Grief



- A healthy seesaw avoiding toxic nostalgia or flight into the future (and phobic of the past)
- Both rest & rehab
- Regulatory flexibility (not stuck)

Bonanno, 2022

Imbalance of Rebuilding Efforts & Rest



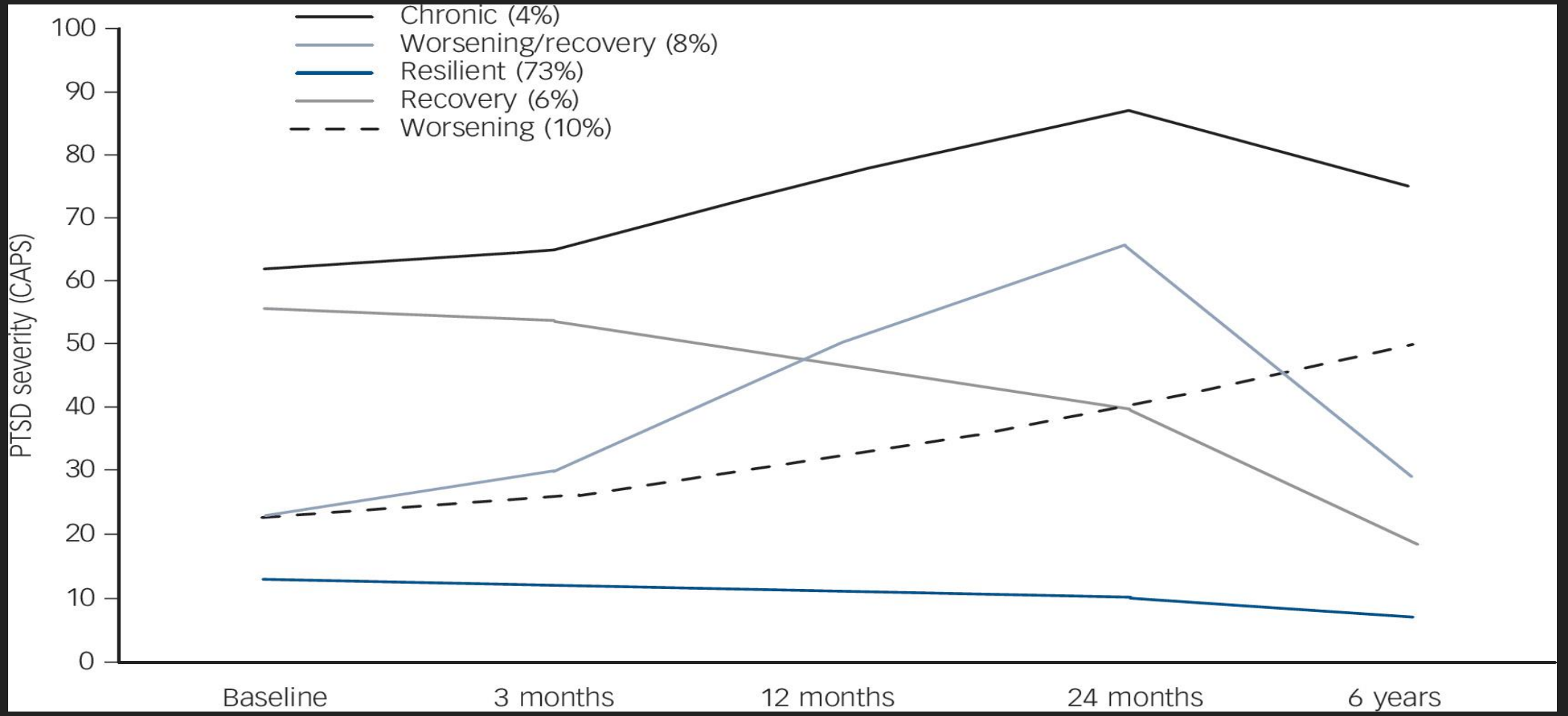
- High quality deep rest coupled with compassionate re-entry challenges.

Biggest predictors long term of non-recovery from trauma

1. NEGATIVE COPING STYLE
    - E.g., Avoidance, denial, disengagement
2. SEVERITY OF TRAUMA
3. POOR SOCIAL SUPPORT

Dai et al., 2016

Typical Trajectories of Trauma Symptoms



Bryant et al 2018

Clinician Perspective & Assessment:

- **Days Out**
  - **Red Flags (e.g., extreme sleep disturbance, extreme distorted beliefs, dangerous coping)**
- 1 Month Out:
  - **Assess what new habits and belief systems have been established 1 month out**
- 3 Months Out:
  - **What does the trajectory look like?**
    - **Traumatic events can freeze time or keep us trapped into the past or frantically trying to predict the future.**
    - **Values-based re-entry into life(compassionate exposure)**

The Resilience Paradox

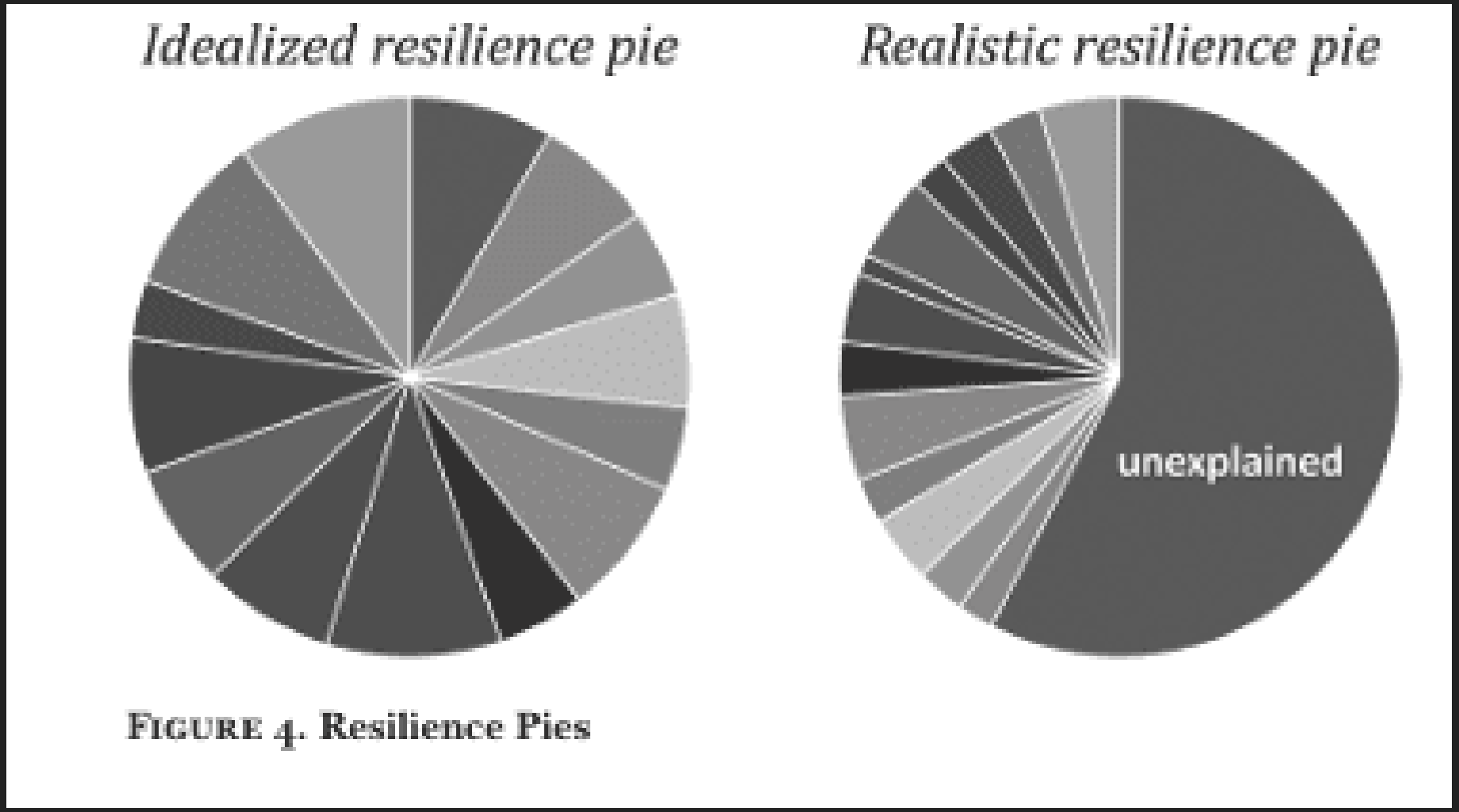


FIGURE 4. Resilience Pies

- Bonanno, 2021

Example Tools:

Say What You Mean to Say

I'm feeling stressed and need some ways to cope
I'm feeling stuck and need some ideas for solutions
I'm feeling exhausted and need some rest
I'm feeling forgotten and need to know that someone cares
I'm feeling apathetic and need some motivation
I'm feeling hopeless and need to know that things will get better
I'm feeling lonely and need someone to be there with me
I'm feeling worthless and need to know what gives me value
I'm feeling like I don't belong and need some connection
I'm feeling scared and need some comfort
I'm feeling overwhelmed and need some space
I'm feeling abandoned and need to know that you're still there for me
I'm feeling weak and need some strength
I'm feeling misunderstood and need some validation
I'm feeling trapped and need to know that there is a way out
I'm feeling aimless and need some direction and purpose
I'm feeling defeated and need to know that I will get through this
I'm feeling rejected and need to know that I'm loved
I'm feeling hurt and need some healing
I'm feeling like a failure and need to see my successes
I'm feeling ashamed and need to know that I can be forgiven
I'm feeling empty and need some substance and drive
I'm feeling judged and need to see my worth
I'm feeling consumed with grief and need some relief
I'm feeling vulnerable and need some support

Grief Registry

Thank you for deciding to be one of my people when I need support. When I am "in it," I may not know what I need. If you can check in with me utilizing these things, I know there are often ways I need support. Thank you for being my person, and for your love. Please check a box and send this back to me.

How To Support Me

Monetary Support
- ☐ Paying a bill
- ☐ Planning a getaway
- ☐ Booking body work
- ☐ Gift Card

Physical Support
- ☐ Going on a walk
- ☐ Helping to clean up
- ☐ Grocery shopping
- ☐ Child care if needed

Digital Support
- ☐ Digital gift Card
- ☐ Buying mediations
- ☐ Video chats
- ☐ Digital support groups

Emotional Support
- ☐ Sitting with you
- ☐ Listening to you
- ☐ Asking ? if wanted
- ☐ Helping find support

Food
- ☐ Gift Card
- ☐ Take them shopping
- ☐ Send over essentials
- ☐ Send over their favs

Things I Don't Need
- ☐ Coming over everyday
- ☐ Unsolicited advice
- ☐ No ? until I am ready

Jimanekia Eborn

Sometimes slowing down to heal afterward is not an option.

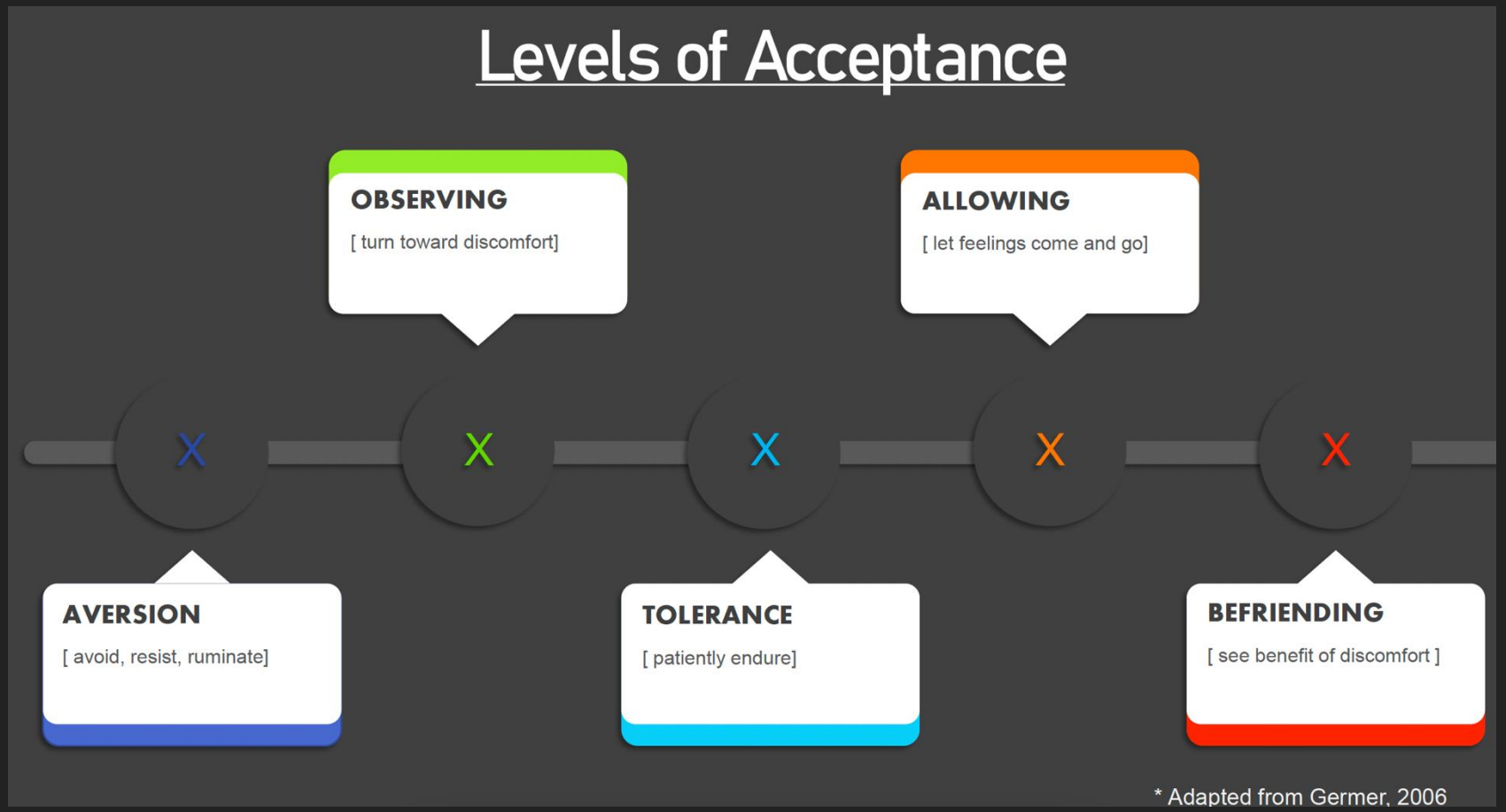
Longer-term Adjustment

Enduring effects: After the aftermath

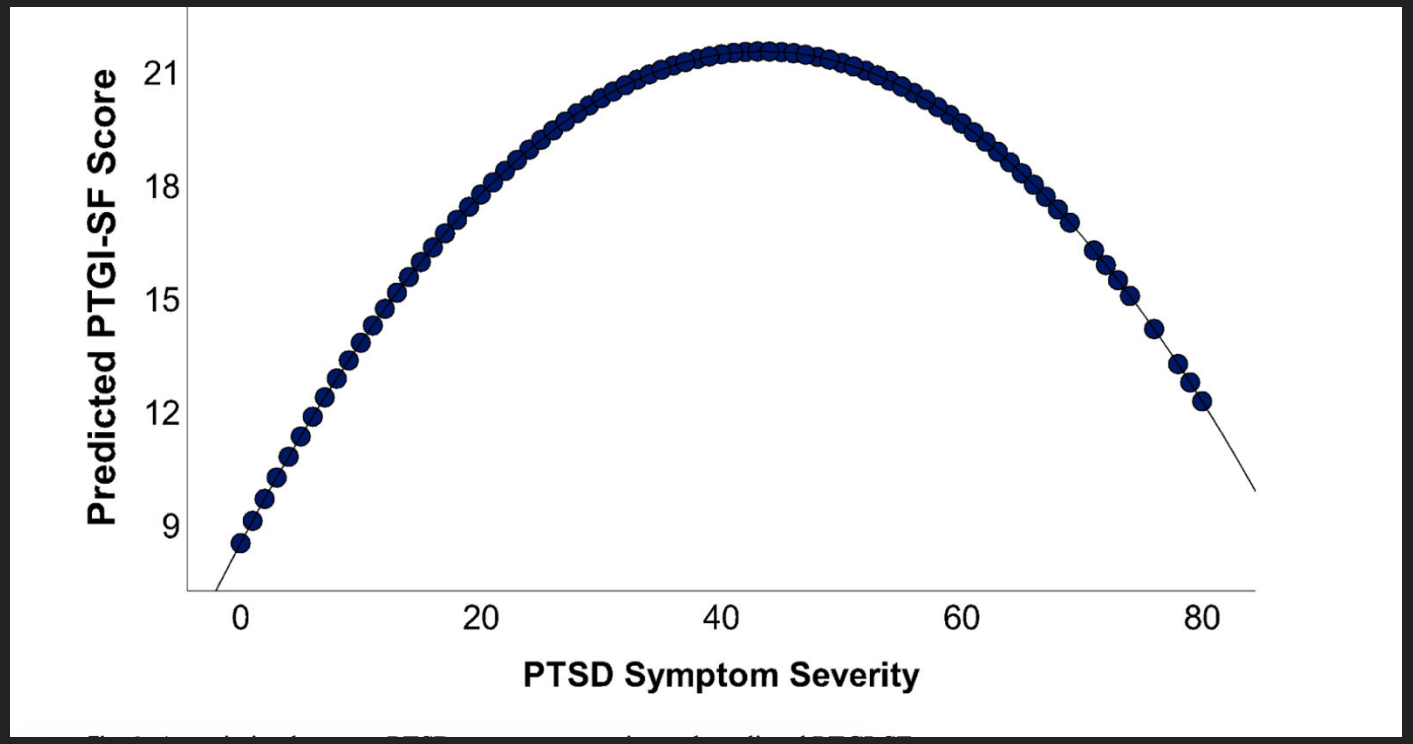
- *Are there old memories that would still make you **flinch** on the inside when you think of them?*

- **Avoidance & cementing of trauma learning**
- **What got you through a trauma, doesn't work for flourishing.**
- **Reclaiming the anniversary of the trauma with intentionality or ritual**

Why (IMO) IFS and EMDR are so popular…



Posttraumatic Growth



- The subjective experience of a greater appreciation for life, a change in priorities, a feeling of personal growth, the identification of new possibilities, greater closeness in intimate relationships or a positive spiritual change. Survivors can often report feeling stronger, wiser or more confident after the traumatic experience

- Tedeschi et al.,

End of Life Possibilities

Suharu Ogawa

Hospice Data

- **By 75 years old, 90% of the population will have experienced a traumatic event,**

  BUT <10% will meet criteria for PTSD.

- **Trauma re-activation may be exacerbated by health conditions**
- **Other related conditions are also common:**
  - **Death anxiety, complicated grief, loneliness, demoralization**

Kuwert, 2013

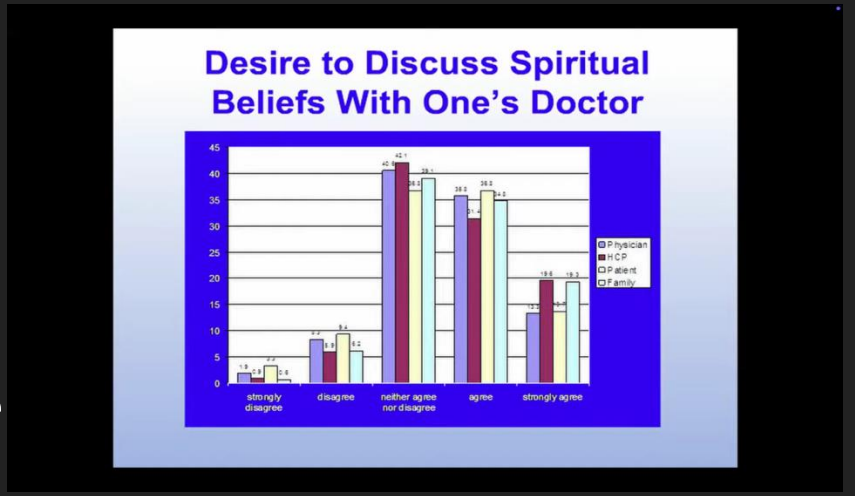
What might PTSD look like at EOL?

PTSD symptom criteria	Implications for EOL care
Intrusions	Life review leads to more intrusions More nightmares worsening sleep
Avoidance	Lack of engagement in medical decision making Withdrawing, isolating Avoid talking about death and dying Poor social support and medical relationships
Negative cognition or mood	Mistrust providers Negative attitudes about treatment Difficult blame, guilt, shame
Arousal and reactivity	Anger and irritability leading to difficult relationships Panic, agitation, difficulty sleeping

Larsen & Lane, 2025; Kotwall, 2024

A Trauma lens at the end of life

- 10-20% of individuals w/ trauma histories reported PTS symptoms at EOL.
  - Sx's rated as highly disturbing (worse than shortness of breath).
  - Supportive counseling helped



- Those w/ PTSD at EOL:
  - Utilized more services
  - Had higher total pain ratings (pro-inflammatory effects of stre
  - Were prescribed more antipsychotics
  - At higher risk of:
    - dementia, delirium, depression, & loneliness
- Avoidance/concealing caused hidden costs and unexplained behaviors

Larsen & Lane, 2025; Kotwall, 2024

Why trauma symptoms can surface at EOL

- EOL/Illness may be a new trauma

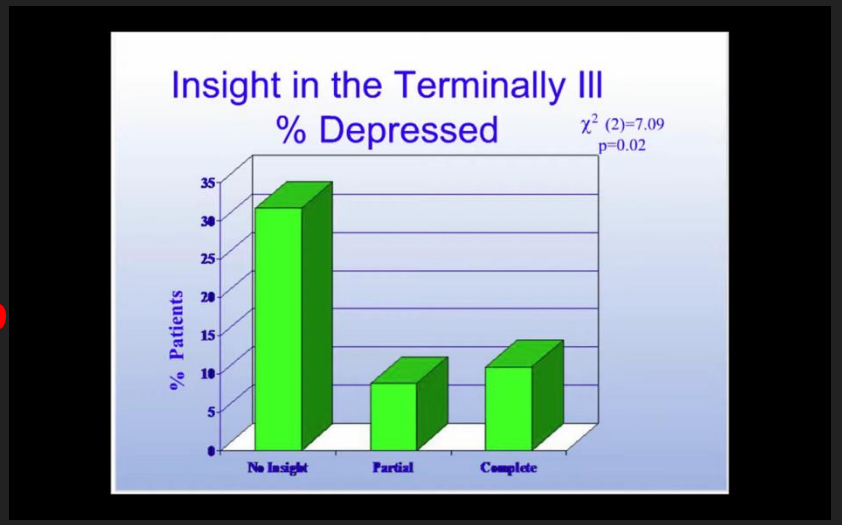
- Delayed Onset or a re-emergence of prior trauma
  - Loss of autonomy and control over our environment and habitual safety behaviors
  - Cognitive decline reduces capacity to suppress reactions and control attention
  - Unfinished business and desire for

Recommended Trauma Interventions at EOL

- Pre-stage: Assessment **(brief screener unless there is cause to do a more intensive one)**
  - ***Do you continue to feel bothered by events that have happened in the past? Sometimes illnesses or health problems can bring painful memories or remind us of ways we felt in the past. Is that happening for you?***

- Stage 1: **Palliative care and social support (days to weeks to live)**
  - **What are patient priorities?**
  - **Avoid triggering PTSD,**
  - **Provide connection/active listening,**
  - **Modify environment**

- Stage 2: **Psychoeducation & enhance coping skills (weeks to mo**
  - **For family and patient to normalize and support understanding**
  - **Symptom management**



Intensive EOL Trauma Interventions

- Stage 3: Treat the trauma directly or Meaning Centered Approach- Months to years
  - **Trauma Processing Therapy**
    - **Patient is motivated and willing and has enough cognitive control to emotionally process and modulate thinking about trauma**
  - **Meaning Centered Approach**
    - **Patient declines to revisit traumas**
- Psychedelics (no research looking at PTSD & EOL together)
  - Psilocybin for EOL Existential Anxiety
  - MDMA for PTSD

Garnich et al, 2025

Meaning Centered Psychotherapy

- Foraging for meaning as key nutrient (not necessarily happiness)

- Exploring 4 Types of Meaning-making:
  - Historical/Legacy: What did I inherit & do I want to leave behind?
  - Creativity: How can I still contribute & express myself?
  - Experiential: How can I connect with & receive experiences?
  - Attitudinal: How do I want to encounter life's

Ethical & Practical challenges with trauma & EOL interventions

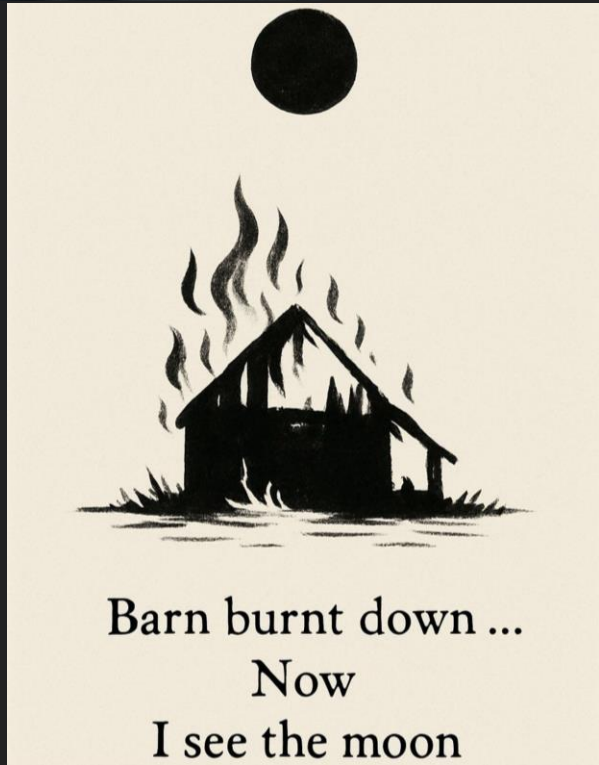
- Moving targets and values conflicts (intra and inter)
- Decisional capacity and declining care,
- Privacy and documentation (who is the executor),
- Role conflicts, advocacy for the patient
    - Centering the survivor (not family, not staff)

Larsen & Lane 2023

EOL Individual Possibilities

- Powerful psychological vise
  - Trauma fuels drive to survive, seek control, & safety. Aging & impending death announces that strategy is no longer an option.
  - Most people won't transform, yet there are often meaningful experiences

- An invitation to reconsider our understanding of priorities, rules, & needs.
- Can our heartbreak and loss open us up rather than close us down?



Provider Considerations

- Knowing your own biases, letting go of your control agenda, assumptions about death and embracing honest humility.
- Honoring their Dignity, & Self-Determination (considering their decision-making capacity)
- 2 case examples

Article PDF Available

Dying Is Unexpectedly Positive

June 2017 · Psychological Science 28(7)

DOI:10.1177/0956797617701186

Authors:

Amelia Goranson Ryan S Ritter

Adam Waytz Michael I Norton

Contact & Resources:

- Questions?
- Local EOL resource registry
- Death Cafe
- My Ongoing MCP Classes

Contact:

info@GreenwellwellPsychology.com