GENERAL CRISIS SITUATIONS

Acknowledgements: Most of the information included in this chapter was obtained from the Handbook of Psychiatry, 2005, Mental Health Information Centre of SA, Department of Psychiatry, University of Stellenbosch.

Chapter by Professors Willie Pienaar and Soraya Seedat.

THE MOURNING PROCESS

1. The mourning process

Grief is an inevitable and universal human experience. The mourning process is normally painful, uncomfortable, traumatic and protracted. Normal bereavement should be encouraged, as "eyes that have shed tears can see better." There is considerable variability in the time-frame for normal bereavement, however, it is generally agreed that a period of at least a year should be allowed for sufficient working through of the grief process. Mourning is an ongoing process and as long that there is progression through the phases, the process can be seen as painful but normal.

The normal mourning process involves essentially four phases:

(a) The shock phase: The "I cannot believe it" phase. A feeling of paralysis and bewilderment surrounds the person. The task during this phase is to accept the event.

(b) The phase of manifested pain: The experience of pain is accompanied by tears, anger, anxiety, guilt, and distress. During this phase the person wants to negotiate, deny, project and turn back the clock. Temporary physical symptoms may arise: tiredness, poor appetite, sleeplessness,

concentration problems, nightmares and restlessness. The task during this phase is to experience the event.

(c) The phase of resuming obligations: The person begins to reorganise and resume his/her life, finds the traumatic event less painful, and starts to entertain pleasant memories. The task during this period is to go forward.

(d) The phase during which the person can again enjoy new experiences. After a seriously traumatic event, a person is often unwilling to once again "give" of him- or herself. The possibility of another loss is still too much of a threat. The mourning process terminates when the person is again ready for new experiences, not in order to replace the old ones, but to form new attachments. The painful things have now passed, and "I am now ready" to share with others. The task during this process is to be willing to once again accept, experience and continue. Willing to 'give' again. It is only when one is willing to 'give' and 'accept' emotion (love) again that one is again exposed to a potential loss again. When one is prepared to do this, one is truly healed.

2. Pathological mourning

Abnormal mourning is a mourning process that does not commence, does not progress, or does not terminate.

ADJUSTMENT DISORDERS

We learn through experience to handle stressful situations. Some individuals feel or become overwhelmed by stressful situations and develop symptoms of depression, anxiety or impaired work functioning. These symptoms may be serious enough to necessitate a brief period of psychiatric care,

usually on an outpatient basis. An adjustment disorder is a short-term maladaptive reaction to a psychosocial stressor (personal misfortune), with onset within 3 months of the stressor. An adjustment disorder is characterised by emotional and/or behavioural symptoms. Symptoms usually resolve within 6 months, but may last longer if the stressor is chronic or has long-lasting consequences. The response to the stressor is maladaptive for two reasons:

(a) there is impairment in social or occupational functioning;
(b) symptoms or behaviours are disproportionate to the stressor.

An adjustment disorder is one of the most common psychiatric diagnoses in patients hospitalised for medical/surgical problems.

The common precipitating stresses for adjustment disorders among adolescents are school problems, parental rejection, parental divorce, and substance abuse.

Among adults, common precipitating stresses are marital problems, divorce, financial problems or moving home.

In summary: If your existing stress management meganisms fail you when you are in an acutely stressful situation, an adjustment disorder is experienced. Therapy is needed in this situation in order to improve your stress management in the future. This also represents an opportunity to 'grow' as a person.

Aetiology (causality):

An adjustment disorder is precipitated by one or more stressors. Stressors may be:

Single:	Divorce, loss of a job
Multiple:	Death of a loved one coinciding with one's own ill-health
Recurrent:	Seasonal business difficulties

Continuous: Chronic illness

Factors that may make a person more vulnerable to developing an adjustment disorder include:

- the nature of the stressor and its meaning
- underlying medical disorder
- concurrent personality disorder
- loss of a parent during infancy
- being reared in a dysfunctional family
- actual or perceived social support
- family-environmental and genetic factors

SUICIDE

The true incidence of suicide and suicidal behaviour is unknown. A large number of suicide attempts go unreported, and many suicides are not recognised as such. Prevalence drops in times of war and increases with socio-economic decline. With an act of suicide, there is always a feeling of desperation and a death wish, whether shortlived or ongoing, and may represent a reaction to acute or chronic stress, or it may be part of a psychiatric illness. The 'method' chosen by the person determines the outcome (and not the age or reason for the attempt). An impulsive reaction to stress can be lethal and if not managed correctly, may re-occur.

In addition to considerable growth in the world population, the modern world is developing rapidly both technologically and scientifically. People thus become unsure, unsettled, and lacking in identity because of continual changes to their familiar surroundings. People can neither identify with traditional structures ("things of yesterday") nor the current ideologies and principles and this results in isolation. Together with increasing poverty, unemployment, family disintegration and societal violence, psychiatric and psychological disorders are prevalent. Suicide attempts, particularly among adolescents, are disturbingly common.

CRISIS INTERVENTION

A crisis is a response to hazardous events. If a patient is in a crisis, he/she is facing a problem that cannot be resolved with coping mechanisms that worked previously. A crisis is self-limited, and can last anywhere from a few hours to weeks. A crisis is characterised by an initial phase, in which anxiety and tensions rise. That phase is followed by a phase in which problem-solving mechanisms are set in motion. Effective crisis intervention will lead to personal growth and prevent the development of psychopathology in the patient and the need for psychiatric management later on.

PSYCHOLOGICAL DEBRIEFING (PD)

Psychological debriefing is a form of crisis intervention that is widely used following major traumatic events and mass disasters. Several methods of PD have been described, although it is usually thought of as a single-session (one-time), group crisis intervention lasting up to a few hours that is offered immediately after (or within a few days) of a traumatic event. The focus of PD is to review the impressions and reactions of individuals who have been exposed to a traumatic incident and to assure them that they are normal people who have experienced an abnormal event.