

TRAUMA & NORMAL RESPONSES

What is a Trauma?

A trauma is a sudden, unexpected, distressing event outside the range of normal, everyday experience. Traumas may be natural disasters (floods, earthquakes, large fires) or "man-made" events (severe car accidents, pirates' attacks, incarceration and torture).

A traumatic event may be experienced directly or indirectly as a witness or receiver of shocking news. It is common to experience a range of thoughts, feelings and behaviours that include shock, disbelief, anger, numbness, intense fear, confusion or trembling, amongst other symptoms, as a result of a traumatic event.

Normal Responses to Trauma

There are a number of responses experienced by people after a trauma. Remember, these are normal responses experienced by normal people to "out of the ordinary day-to-day" experiences. You are not going mad if you are experiencing these sorts of reactions.

Emotional: shock, fear, anger, sadness, shame ...

Physical: difficulty getting off to sleep, breathing difficulties, feeling tired and fatigued, headaches, nausea, diarrhoea, constipation ...

Thinking: inability to concentrate, memory problems, frequent thoughts or images of the incident, nightmares, difficulty making simple decisions ...

Behaviour: withdrawal from others, easily irritated by other people, loss of interest in normal activities and hobbies, loss of appetite, increased use of alcohol or cigarettes ...

These symptoms may occur quite soon after the event or may develop at a later stage. They may occur in isolation or group together to form a recognisable syndrome or disorder. If they occur and disappear in a few weeks, then it is called acute stress reaction. If they take longer to occur and last for some time, then this is referred to as post-traumatic stress disorder (PTSD).

TRAUMA & PTSD

A person can develop PTSD after experiencing, witnessing or being confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical

well-being of that person or of others, and where the person's response has involved intense fear, helplessness or horror.

A person suffering from PTSD will also experience many of the reactions listed above. The difference will be that the symptoms continue for longer than a month and will interfere with day-to-day living. When the symptoms subside after three months it is referred to as acute PTSD. When the symptoms continue for longer than three months it is called chronic PTSD. Some people appear to experience a delay of months or years before the symptoms become apparent: this is known as delayed onset.

PTSD is characterised by the re-experiencing of an extremely traumatic event along with symptoms of increased arousal and the avoidance of anything associated with the trauma.

THE MAIN CHARACTERISTICS OF PTSD

Listed below are indicators of PTSD. You do not have to experience all of them to be diagnosed as suffering from PTSD.

Five Ways of Re-experiencing Trauma

1. Recollections of the trauma that recur and are distressing and intrusive.
2. Dreams of the trauma that recur and are distressful.
3. Sudden acting or feeling as if the traumatic event were reoccurring.
4. Mental distress when exposed to triggers which resemble some aspect of the traumatic event.
5. Physiological reactivity when exposed to triggers which resemble some aspect of the traumatic event.

Seven Indicators of Avoidance and Numbing

1. Avoiding thinking, feeling or talking about the event.
2. Avoiding activities or places which, and people who, might trigger memories of the event.
3. Unable to remember some significant detail of the event.
4. Far less interest in activities that held priority prior to the trauma.
5. Detached from other people.
6. Limited emotions for others, e.g., unable to have loving feelings.
7. Sense of a foreshortened or pointless future, e.g., does not expect to have a long full life.

Five Examples of Increased Arousal

1. Sleep difficulties.
2. Anger and irritation.
3. Reduced concentration.
4. Increased scanning reactions.
5. Heightened noise reactions.

DEALING WITH IT

It is in the competence of professionals such as consultant psychiatrists and clinical psychologists to treat PTSD and associated problems. However, if such specialised services are not available, or if you choose not to use outside assistance, you may still like to apply these self-help strategies.

Strategies to Control Intrusive Recollections of the Event

1. Containing

Visualise a STOP sign or say the word "stop" to yourself whenever you experience an intrusive thought or image. Then make a time with yourself to watch a "mental video" of the trauma for twenty minutes at a certain time later that day.

This strategy may seem silly. However, it allows you to control the intrusions rather than them seeming to control you and your time.

2. Desensitising

This is a useful strategy when some intrusions are especially persistent.

- Write about the trauma each day for four days.
- Set aside about half an hour and write for this period of time.
- Add in more details each day as you recall them.
- Take a break and breathe slowly if the recollections cause you to feel anxious.
- Wait a few minutes and then continue with your writing.
- At the completion of the four days read through what you have written.
- Tear your written recollections into tiny pieces and throw them in the bin.

Strategies to Overcome Avoidance Behaviour

1. Climbing your stress ladder

- Think of the situations which you avoid because they remind you, or might trigger a recollection, of the trauma. They might somehow seem threatening to you.