

What is Trauma

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Background

In recent years there has been a growing focus on trauma and the approaches, techniques and research in this field are growing all the time. Trauma has always been a major part of the work in the Daughters of Charity Child and Family Service (DoCCFS) and we have seen in our casework that many children and families attending the centres have been exposed to traumatic life events and situations. We know that trauma and adverse childhood experiences can negatively affect children as they grow and these experiences can impact on physical and mental health as well as daily psychological functioning and wellness with long term effects. The DoCCFS are committed to continue to learn and evolve our practice and we have always worked at being a trauma responsive service with much thought and planning given to the environment we operate in, the approach to families using the service and exploring the effectiveness of our trauma interventions by using outcome measures.

The following paper will give a brief outline of what trauma is, its symptoms and effects, as well as looking at how we can self-care and what professional approaches are being used to treat trauma. There is some information on post traumatic stress disorder and some useful reading materials if additional information is sought. The area of trauma is all encompassing and wide reaching and growing all the time, so this paper is just an introduction into the subject of trauma and provides some basic information on the subject.

Trauma s

Emotional and psychological trauma is the result of extraordinary stressful events that shatter your sense of security and can result in a person feeling helpless and unsafe and views the world as a dangerous place. Trauma is a very prevalent problem in today's society and can severely impact on a person's mental and physical health.

When a person experiences psychological trauma they can be left feeling unable to cope with daily life and may have a number of symptoms, these may include: -

- Feeling sad, hopeless and depressed
- Feeling numb and disconnected
- Guilt, shame and self-blame
- Shock, denial or disbelief
- Confusion and difficulty concentrating
- Anger, irritability and mood swings

- Withdrawing from others
- Anxiety and fear

Physical Symptoms may include: -

- Sleeping difficulties/insomnia
- Flashbacks and nightmares
- Hypervigilance (constantly on guard) and being easily startled
- Aches, muscle tension and pains
- Agitation
- Fatigue and low mood
- Racing heartbeat
- Difficulty in concentrating and motivation

Trauma can be a result of a one-off event such as a car accident, injury or attack especially if it was unexpected or if it happened in childhood. This can be viewed as a single trauma.

Both the physical and psychological symptoms of trauma are a normal reaction to feeling that your life is under threat and it is the way the body and mind try to protect and survive what is seen as a potential threat.

Trauma can also be a result of ongoing unrelenting stress such as living in home where there is domestic violence, child abuse or neglect, living in a dangerous neighbourhood, battling life threatening illness or experiencing traumatic events such as bullying, or emotional abuse. This is often describing as complex trauma and could involve a prolonged period of exposure to abuse and living in a stressful situation.

Relational trauma is seen as occurring when the people who are tasked with the role of caring, loving and keeping us safe are also the people who hurt, frighten and or abuse. If a person has been exposed to a number of traumatic events such as abandonment, abuse, foster care or violence these experiences can be described as leading to developmental trauma.

Other causes of trauma can include the sudden death of a loved one, the break up of a significant relationship, surgery (especially as a child, as this may require long periods of separation from caregivers) living in war torn countries, experiencing humiliating, cruel or disappointing experiences.

In order to survive the body may cut off from feelings and emotions associated with the traumatic experience and as Perry states the brains first priority is survival. In the fight for survival a person may disconnect from their thoughts, feelings and body and experience a sense of numbing in order to survive the traumatic experience.

If the symptoms of trauma are prolonged and last for over a month the syndrome that is usually diagnosed is post-traumatic stress disorder (PTSD). A person may be stuck in a state of shock and be unable to move on from this feeling. A person suffering from PTSD may experience a constant sense of being under threat, re-experiencing the past as if in the present, hypervigilance, nightmares, flashbacks or a feeling of being on constant guard for threats to the self. There may also be sleep disturbance, severe anxiety or a feeling being cut off from the world.

PTSD may impact on relationships, and the ability to function on a daily basis. PTSD was first highlighted from military staff struggling to deal with their experiences during the Vietnam war when many military personnel had been traumatised by what they had seen and experienced and struggled to assimilate back into normal society after they returned from active service.

For some people they may experience difficulty in getting on with others, having intimate relationships, and in regulating their emotions. There may be a sense of a loss of purpose in their life and a lack of energy on a daily basis.

How we react to a traumatic experience or a number of traumatic events will be different for each person and everyone will have different coping styles, different personalities and ways they express their emotions in different ways. For the majority of people, they will recover and carry on with life but that does not mean that they have not been impacted by the traumatic event.

Bessel Van der Kolk argues that how we process traumatic experiences depends on the quality of attachment relationships and quotes a study of children that were evacuated in World War Two to safety from the bombings in London. It was found that these children were more traumatised than children that stayed in London with their families. The attachment and social support had a positive impact on the children when compared to the children that were evacuated as they experienced isolation and separation from their attachment figure.

When traumatised a person's fight/flight response is activated and many traumatised people feel trapped. In the brain the frontal lobe goes off line and the limbic system is activated into survival mode in the fight/flight response.

Trauma experiences can be re triggered through our senses, so a smell, noise, place, sensation can all trigger a trauma response. As well as seeing the importance of attachment relationships in how we cope with trauma Gabor Mate sees authenticity – paying attention to our gut feelings and environment as essential in dealing with traumatic experiences. He states that we need to be conscious of our own feelings, needs and the support system we have around us, and how we manage our stress. He highlights the burden of caring and the additional stress on caregivers and how they need to be able to self-care and support themselves before they can care for others.

Judith Herman suggests five stages of trauma recovery in her book *Trauma and Recovery*, these are: -
1. Establishing a healing relationship with the therapist
2. Establishing safety
3. Remembrance and Mourning
4. Reconnection
5. Commonality. These stages provide a road map to the trauma sufferer on their road to recovery.

In recovering from trauma, the body and mind need to be attuned and there are a number of ways of achieving this, they include: -

Getting Active – movement can help repair the nervous system so running, yoga, Tai Chi, hill walking, boxing and martial arts can all help to focus attention on the body.

Connect to Others – connection to other people can help us to heal so it is important to maintain your relationships and social supports and not isolate yourself.

Ask for help – it is important that you have someone that you can talk to face to face and that this person can listen attentively and in a non-judgemental positive way. This could be a counsellor, GP, friend, family member or work colleague.

Looking after yourself- it is important when feeling traumatised that we eat a balanced diet, avoid drugs and alcohol, exercise and reduce stress by using techniques such as meditation, yoga, deep breathing exercises and other calming practices such as Tai Chi.

Many people can recover from a traumatic event or from long term exposure to traumatic experiences without intervention from professionals. In some cases, trauma is a source of growth and renewed resilience. However, for others additional support may be needed to overcome the trauma and start the road to recover.

There are a number of ways the impact of trauma can be worked on from individual counselling to CBT, the following is a brief summary of some of the approaches to trauma.

One to one therapy- individual therapy and counselling can help a person make sense of their experiences and to look in depth at the difficulties they are having and to try and understand and resolve the psychological issues that the trauma has caused.

EMDR – (This was developed by F. Shapiro in the 1990's) Eye movement desensitisation and reprocessing this an intervention involves eye movements and tapping to release /unfreeze the traumatic memories. There may also be elements of CBT used in this approach.

Medication - medication can be used to reduce stress, low mood and anxiety caused by trauma. This should be discussed with a GP/ Psychiatrist to assess what is most appropriate. Anti-depressants or anti-anxiety medication may be used to recover from a traumatic experience. This can be effective when teamed with psychological support.

Somatic Experiencing Therapy – focusing on the bodily sensations so as to release pent up energy through shaking, crying and other forms of physical release to let go of the trauma in the body.

CBT – Cognitive Behavioural Therapy – operates on the understanding that how we feel and behave is linked to what we think (cognition). When we change how we think and learn new ways of thinking and challenge our negative automatic thoughts we can change our behaviour and feelings.

In CBT we try to help individuals think differently about their experiences and how they perceive the world to modify their behaviours. Techniques used include challenging negative thoughts, and negative beliefs systems. Behaviour experiments can be used breaking tasks into small, achievable pieces to encourage the person to succeed in small tasks and build on these successes. The use of work sheets and diaries is also common in CBT work. The use of exposure therapy may also be a technique used in CBT which involved a gradual exposure of the person to the feared/ avoided place, situation or object. This can be done by using pictures, the imagination or going to the place and helping the person overcome their fears.

Other interventions that have been successful when dealing with trauma include Family therapy, Breathing techniques, Mindfulness /Meditation, Yoga/Exercise.

If you are interested in learning more about trauma and how to treat it then the following books may be useful.

1. The body remembers by Babette Rothschild
2. The body keeps the Score by Bessel van der Kolk.
3. Trauma and recovery by Judy Herman
4. Waking the Tiger by Peter Levine
5. Psychological trauma – the facts – Regel & Joseph
6. Grief in Children: A handbook for Adults by A. Dyregrov
7. 8 Keys to Safe trauma recovery by Babette Rothschild
8. A therapeutic Treasure Box by Karen Treisman