Overcoming Career Issues Associated with Post Traumatic Stress Disorder (PTSD)

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In headaches and worry life leaks away – W.H. Auden

The Origins of Trauma

The word "trauma" comes from the ancient Greek word τρᾶυμα meaning 'a wound.' A trauma is commonly taken to mean a serious bodily injury or psychological impairment from violence or an accident. Trauma comes with violence, either literal physical violence or psychic/psychological violence. 'Traumatised' is what you feel after: feeling utter horror, feeling absolute terror, experiencing extreme pain, experiencing extreme loss, feeling utterly helpless in the face of danger, thinking you are going to die, thinking the world is ending or being over-powered. The traumatic event can be sudden and brief in duration or it can be a sequence of events punctuated by periods of relative calm in-between. It can even be an ongoing event of prolonged duress.

Many different kinds of people experience trauma. Some are survivors of accidents such as: machinery and tool mishaps, vehicle crashes or near misses, falls, explosions, strandings or getting lost in the wild, wild animal attacks or house fires. Some are survivors of health issues & bereavement such as: loss of a pregnancy, operations gone wrong, illnesses leading to disability, debilitating mental and physical illnesses, and the death of - or abandonment by - a significant other (for example, partner, child, parent, a beloved pet). Other people who experience trauma, and these people were the first to be identified as such, are combat veterans. They have been diagnoses with various traumatic disorders over the years from Soldier's Heart in the American Civil War to Shell Shock in World War One through to Battle Fatigue, Traumatic War Neurosis, Combat Stress Reaction and today Posttraumatic Stress Disorder, also known as PTSD.

Other well publicised examples of trauma experience and symptomology comes from survivors of criminal violence such as being victim to sexual or physical violence or threats of such, witnessing violence, working in the field of forensics (for example being a police photographer or working in forensics), experiencing unlawful captivity (for example, Josef Fritzl's children), living in abusive relationships, experiencing sexual, physical,

psychological abuse as a child, falling prey to criminal assault in the home (also known as domestic violence or home invasion), being victim to rioting or hooliganism, and experiencing terrorism. Finally, survivors of natural disasters also experience trauma. Natural disasters include: earthquakes, volcanoes, tsunamis, floods, bush fires, tornadoes, avalanches, and hurricanes.

The differences between trauma due to natural disaster and trauma due to human activity is that trauma due to natural disaster is more impersonal and the victim of it tends to rail against God or fate, whereas the person who is victim to another human being's violence tends to take it personally and feel shame and blame. The person affected by a natural disaster will avoid similar places and situations and will have a new distrust of Nature. The person affected by human behaviour will tend to avoid certain people and have a dent in their trust of humanity.

The Extended Self

A sociological approach to trauma would take into account that our 'self' is more than our name, personality and body. Our 'self' – a social construct - extends into our social and physical world. Our 'extended self' can be badly damaged at times of trauma just like our body and mind.We have what can be termed an 'extended self'? It is the self beyond our cognitions. It is the part of us that is connected to the physical and social context around us. It is our sense of identification with: our looks, talents, body parts, children, partner, parents, ancestry, pets, house, best-friend, friends, work mates, possessions, current job, work title, work role, spiritual beliefs, political beliefs, social roles, health status, criminal status, home city, climate, neighbourhood, local pub or club, 'old school tie', nation, car/motorbike, sports team, intellectual property, qualifications, native fauna and flora, architecture, local shop brands, species, nation, family, planet, gender, age group.

At times of crisis there will be a strong emotional response to the sudden, unwanted loss of aspects of one's extended self. This is different from the gradual and chosen shedding of aspects of one's extended self through our own decision making over time Material losses can be seen to be a violation of the person. As sociologist Simmel notes (1950: 322): "material property is, so to speak, an extension of the ego, and any interference with our property is, for this reason, felt to be a violation of the person." Furthermore, Freedy, Shaw, Jarrell and Masters (1992) investigated 1,200 Charleston hurricane victims and found that distress was significantly greater for those people who had suffered a greater loss of possessions. We should remember, however, that some people will have a greater level of

attachment to material possessions than others. Others will be more pragmatic and more resilient about their material losses.

Michel de Certeau in his influential book *The Practice of Everyday Life* writes about the spaces we use and it is clear that our use of public spaces also is part of our extended self. In one of the chapters of the book, de Certeau walks through the city of New York. Cities he says are created by governments, corporations, and institutional bodies who see the city as a unified whole. But the person at street level moves in ways that are their own (becoming 'a practitioner of space'). This personal use of public space gives us fulfilment and forms part of our extended self: our favourite walk home or lunch spot by the river. The more we lose this part of ourselves, the more of our extended self we lose.

Canterbury, New Zealand - Living through Earthquakes

It is perhaps a good time here to introduce the case study for this talk: Canterbury, New Zealand - Living through Earthquakes, since the Christchurch Central Business District was cordoned off and a Red Zone (or no go zone) produced after the damage of the disastrous February 2011 quake. For this reason, the citizens of Christchurch and the wider region of Canterbury lost some of their sense of extended self as 'practitioners of space' who used to use the city as part of their social and cultural practice. I will use these Cantabrians in the places where I need examples of trauma survivors in this talk.

The types of response typical during a traumatic crisis were all displayed during these three major earthquakes in a ten month period in Canterbury during 2010-2011. Cantabrians displayed heroism, level headedness, a survivalism/holing up mentality, an escape at all costs impulse, tuning out/numbing out tendencies, community-mindedness and avoidance/detachment. Self-concept challenged when one does not behave how one would expect oneself to behave. And stress occurs in families and whanau groups when significant others do not behave how each expects or wants the others to behave. When family members do not all behave congruently families can fracture. This was experienced in Canterbury. Also, people behaved differently for different earthquakes finding themselves heroes in one quake and wanting to escape at all costs in another. While there is no hierarchy of appropriate psychological behaviour in such events, morally we do judge others who do not behave as we think they should. We laud the heroes when in fact some heroes are displacing their fear by joining groups of physically active people to avoid the more nuanced and less easy to deal with feelings of their terrified family members at home. Shovelling silt may be an escape from supporting a panicking wife.

The problem of three major earthquakes is that when the crisis is not over yet and no end is in sight, people enter a state of prolonged duress. The problem of thousands of felt aftershocks is jumpiness around: car doors slamming, trucks rumbling, wind gusts, other people being jumpy or yelling suddenly, sudden noise. People also worry about: brick buildings, walls, chimneys, tall buildings, the ocean because of fear of tsunamis, parapets, verandas outside shops, the chance of another 'Big One' and the prospect of The Alpine Fault subduction faultline causing a major earthquake (which is overdue for the South Island). People are more primed to experience distress at traumatic events happening elsewhere in the world. The evening news becomes are more heightened emotional event than usual to watch. For example, the people of Canterbury would have been more distressed due to their own propensity to be re-traumatised during the ten months of their three major earthquakes by the Pike River Coal Mine disaster in November 2010, the floods in Queensland December 2010 - January 2011, the Japanese earthquake and tsunami in March 2011, the Japanese nuclear crisis March - May 2011 and the NZ and US tornadoes in May/June 2011.

Symptoms of Trauma

At the time of the major earthquakes Cantabrians would have felt feelings of panic such as: shaking, trembling, feeling numb or tingling, palpitations, fast heart-rate or chest pain, sweating, chills or hot flushes, a sense of choking or suffocation, nausea, abdominal upset, feeling detached or feeling going crazy, dizziness and faintness, and fear of dying. Afterwards the following trauma symptoms would be common: being easily startled, feeling on edge or irritable, having problems sleeping, physical symptoms such as headaches, stomach aches or upset, sore muscles and poor appetite, feeling constantly tired, worrying about things that could have or might happen, feelings such as feeling numb, detached or a bit unreal, losing interest in activities, feeling worried and guilty, re-experiencing (flashbacks) & bad dreams, reacting in ways that feel 'out of character', wanting to avoid any reminders e.g. the room where the earthquake was experienced, age regression/loss of social skills. These symptoms are normal – they are our bodies preparing us to respond to danger. Many of the physical symptoms are our bodies' reactions to the extra adrenalin circulating. Adrenalin results in increased breathing, increased heart rate, more oxygen and blood into big muscles for quick movement but no oxygen to the to stomach (causing nausea) or to the brain (causing light-headedness). Trauma symptoms do go away for most people as the trauma event diminishes in time and life returns to normal and losses are gradually accommodated

and changes adjusted to. Like a physical wound, psychological traumas (remember the word means 'wound') heal too.

Most of us have an Acute Stress Response to a trauma which is normal. Like an uninfected physical wound it heals over quickly in a few days or weeks. Some people, though, experience Posttraumatic Stress Disorder (PTSD). Like an infected wound, the whole system of the person is affected eventually not just the wound site. The disorder itself re-traumatises people. To get Posttraumatic Stress Disorder the stressor must be of an extreme nature. It is when the brain gets fired up by a trauma and just keeps on getting fired up even when the danger is gone. The person with PTSD supports their brain to keep getting fired up because their brain makes its over-active warning system seem sensible, logical and necessary to keep the person safe. There is some evidence that social supports, family history, childhood experiences, personality variables, and pre-existing mental problems may influence the development of Posttraumatic Stress Disorder. Posttraumatic Stress Disorder can occur at any age, including childhood. People traumatised in childhood can grow up to have a post traumatised personality disorder (or complex PTSD) and have problems such as: alcohol and drug issues, eating disorders, rage, depression, rapid emotional shifts, panic, sexual acting out, dissociation and fragmented thinking. My PhD findings were that mental illness such as PTSD is an unwanted interruption and life transition, a symbolic death, a violence upon one's selfhood, a closing down of some aspects of selfhood and social role adoption, and an opening up of new aspects of selfhood and social role adoption. Traumatised people have been are more likely to be financially dependent on others, to think about suicide and be at greater risk, to spend less time on hobbies and sports, to use more alcohol and drugs, to lead restricted lives and be agoraphobic/panic ridden, to feel disabled by their trauma, to have problems at work and in relationships, to spend time at their GP and the Emergency Department.

PTSD symptoms usually begin within the first three months after the trauma, although there may be a delay of months, or even years, before symptoms appear. *The Diagnostic & Statistical Manual of Mental Disorders IV-TR* criteria for PTSD is that acute PTSD has symptoms that last less than three months, chronic symptoms last three months or more, and delayed onset PTSD has an onset of symptoms at least six months after the stressor. Frequently, the disturbance initially meets criteria for Acute Stress Response in the immediate aftermath of the trauma. *The Diagnostic & Statistical Manual of Mental Disorders IV-TR* classifies PTSD symptoms into three groups: (1) re-experiencing (distressing recollections, reaction to cues symbolising the event and dissociative flashback episodes), (2)

avoidance of stimuli associated with the trauma, and (3) hyperarousal (irritability, hypervigilence, exaggerated startle response). Ehlers & Clark's Cognitive Model of PTSD is of a perception of current threat through excessively negative appraisals of the trauma.

Working with Someone who has Experienced Trauma

It can be useful to begin therapeutic work with how the individual's self-concept has changed with the trauma and loss they have experienced. Self-concept always operates in relationship to society, culture and others. Self-concept will be damaged or changed in a person experiencing ongoing problems after trauma due to challenges to their sense of self. Consider researching how their wider extended self has been changed by the losses they have experienced and the changes that have been made to their lives. Give open ended questions about the traumatic event asking about what the individual feels they have lost**.** Ask how it has impacted on their sense of self worth**.** Ask what they wish they could have back**.** Ask what they feel they can live without**.** Make a plan around celebrating what has *been retained* and was not lost. Make a plan around honouring and accepting what *has been lost.* Make a plan around building new aspects of self in that area of loss. Make a plan around reshaping aspects of what was *damaged but* has been *salvageable.*

Narrative approaches can unpack the details of the traumatic loss in a person-focussed way that allows the person to divulge only as much as they feel they wish to. They can show us how their self concept has been affected. It is not always safe or useful to go back too deeply to the trauma memory if not trained to do so. Therefore, asking for a linear account of the event can re-traumatise the person you are trying to help. Instead you might ask them about what they have lost. This gives them an opportunity to ventilate their feelings. It gives you an opportunity to scope out their sense of extended self and what it has lost. Through their losses you will get a sense of their trauma. Here are some narrative-based ways of eliciting their account in a less linear and more manageable way:

> *Book Chapters* - "If you're your experience of the earthquakes was written up as a book of chapters, what would the chapter headings be? Add two final chapters about the future and what your hopes are for it."
>
> *Two Islands* - "Draw a map of two islands – put the things you lost in the earthquakes on one island. Draw the other island with one end representing what you have not lost with the earthquakes and one end representing your hopes for the future. Discuss it with me."

Heraldic Shield - "Draw a heraldic shield with four panels. In the first panel write or draw what you have lost. In the next panel draw or write what you have not lost. In the next panel draw or write what you have managed to salvage or regain. In the final panel write or draw what you hope to attain in the future."

While doing these exercises, keep in mind how much have they lost of their sense of selfhood and how do they feel about that loss? What needs to be rebuilt for them to have a full sense of self?

Three Core Elements for Coping

My PhD research showed that three core elements are effective in giving people the ability to cope: mental resilience/flexibility, shared experience/community/mentors and the ability to find meaning/hope/purpose. The University of Auckland developed a website to help members of the university and then the wider community with mental health issues. They recommended developing three core areas: mental resilience, healthy relationships and finding meaning in life. These are very similar to what I learned doing my PhD. For *Mental Resilience*, we can work on mental skills to cultivate skillful perspectives on difficult situations. Counsellors and allied health workers can help with this difficult task and help clients to develop: develop self belief, develop self care practices**,** establish and re-establish routines**,** develop a sense of control of your environment**,** take stock and evaluate, develop reasonable expectations**,** develop gratitude, engage in timely grieving**,** accept limitations, maximise strengths and retain interest and pleasure in life.

Healthy Relationships are part of Maslow's hierarchy of needs of what human need to thrive. Shared experience has been shown to reduce stress. It also helps to share the burden of tasks. Support and mentoring are sometimes central relationships for people with few social contacts. There is more likelihood of happenstance of positive opportunities occurring if people have a wider range of healthy relationships (e.g. being offered work or offered a lift to a class at polytechnic or lent books for study). Relaxed, easy going relationships are good for self-esteem and positive self-concept and should be encouraged so that they gradually replace any central negative relationships.

The CALM website says that *Finding Meaning in Life* is based on accepting a set of explanations that makes sense of your experiences and feelings and gives your life a degree of coherence or sense of purpose. This can take many forms and usually involves the recognition of your life as part of some larger network of relationships - part of something bigger such as a cause, a movement, a family - something beyond your individual self. In

1975 psychologist Mihaly Csikszentmihalyi interviewed people who described their optimum experiences using the metaphor of being carried along on a current – being totally immersed in what they were doing and being successful in the endeavour. From this the term 'flow' was developed. Many different disciplines now use the term. Csikszentmihalyi described eight parts to the flow experience which do not all have to be present for flow to be occurring, but a substantial number did need to be present:

1. clarity in terms of goals
2. a high degree of concentration on a limited field of attention
3. loss of self-consciousness
4. obvious success and failure within the timeframe of the experience
5. intrinsic value in the activities so that rewards are evident in the act itself
6. a good balance between how challenging the endeavour is and the abilities of the person
7. an altered sense of time (often a substantial amount of time passing unnoticed, the opportunity to work at a deep level and totally focus to the point of full absorption
8. control over the activity resting with the person undertaking it

Vocationally, seeking out employment or activities that take up one's time and that help one engage in a state of flow may worth considering as an approach when supporting someone who has been traumatised because the flow state is a positive engaged version of the negative dissociative states sought for relief by trauma sufferers sometimes through tuning out and sometimes through substance or process addictions. Flow is a healthy optimal state full of accomplishment, authenticity and contentment. People who have been traumatised deserve to be guided by those who assist them to find those activities that can help them reach a flow state. Often these activities are those which naturally meet their values, needs and interests, rather than fitting any prescriptive ideal of normalcy handed down by society. And often their values, needs, and interests have been forever changed by the trauma they have lived through. Anthony and Farkas (2009: 9-10) see the foundation of the psychiatric rehabilitation process as being one of helping individuals choose their goals, develop skills, access resources and increase their capacity to be successful and satisfied. Their four elements would seem to fit with the three core elements for success when suffering mental illness in PhD research and on the CALM website. They also fit seamlessly with the core work of career professionals.

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