

The British Psychological Society

# **Trauma – Helpful information for those affected**



St. Andrews House, 48 Princess Road East, Leicester LE1 7DR, UK Telephone 0116 254 9568 Facsimile 0116 247 0787 E-mail mail@bps.org.uk Website www.bps.org.uk After a trauma people go through a wide range of responses. No two people are the same but there are some common reactions which many people experience.

These reactions may be experienced by those involved in the trauma but also those who witnessed the trauma, heard about it from others or watched it on the television. Your reaction depends on many factors and some reactions you might experience may appear unrelated to the trauma. All of these reactions are **normal** reactions to what is an **abnormal** event.

For most people these normal reactions to an abnormal event in their lives will slowly fade over a period of approximately 4 weeks. People need this time to cope with the trauma itself, to think about it, talk with others, cry, try to understand and then adapt to moving on with life.

#### **Physical reactions include:**

- Changes in sleep patterns (less or more sleep)
- Changes in appetite (no appetite or overeating)
- Change in interest in sex (more or less interested in sexual contact with partner)
- Upset stomach (constipation or diarrhoea)
- Aches, pains, headaches, general feelings of unwellness
- Increased vulnerability to colds and other illnesses
- Sudden racing of the heart, sweating, or breathlessness
- Startling easily (such as to loud noises or unexpected touch)
- Increased use of alcohol, tobacco, drugs (legal and illegal)

#### **Emotional reactions include:**

- Shock, numbness
- Denial of true impact of the event minimising the experience
- Dazed, apathetic, or feelings of unreality feelings of being detached and apart from everyone
- Fear and anxiety (may increase in areas of life not obviously connected to the trauma)
- Jumpiness and over-alertness often checking that things and people are safe
- Irritability or restlessness
- Temper outbursts
- Emotional rollercoaster from laughing to crying within moments
- Intrusive thoughts of the trauma coming into mind without wanting them to and cannot seem to block them out
- Nightmares

- Feeling like the trauma is happening again now (flashbacks)
- Feelings of helplessness, panic and being out of control
- Avoiding anything that reminds you of the trauma
- Feelings of self blame for surviving or not having been able to do enough
- Difficulties with concentration and memory
- Loss of a sense of fairness in the world predicting the worst in the future
- Past unpleasant memories, perhaps of other traumatic events, coming back to the surface.

Remember: feeling these physical and emotional reactions is NORMAL.

It takes time to pass through all the reactions and the healing needed before things again settle down. Just as recovering from pneumonia takes time, so does this.

However, if you are struggling to cope or your reactions continue to be a problem for more than one month or your friends tell you that you need help then take steps to find further support (see below for sources of help).

## What can I do to help myself?

- Talk about what happened to you, how you feel and what you remember.
- Talk about the experience with others who shared it with you if you have contact with them.
- Write about your experience whether this is for yourself only or to share with others.
- Cry.
- Eat sensibly and try to rest.
- Watch your alcohol, tobacco, drug use and don't allow it to increase from your usual use.
- Take up exercise and/or relaxation-meditation on a regular basis.

## What can I do to help my partner/friend?

- Listen.
- Talk about what happened with your partner/friend whenever they want to do so.
- If your partner/friend avoids talking about the trauma encourage them to talk about it.

- Encourage them to take care of themselves (eat, sleep, relax, socialise).
- Don't tell you partner to 'get over it'.
- Watch for the difficulties listed above. Be supportive. If the changes in your partner/friend are significant and are obviously causing them distress or clearly affecting your relationship/friendship after several months then encourage them to seek help.

## What can I do to help my child or pupil?

- Listen.
- Talk about what happened, what they think, and what they understand.
- Don't avoid talking about events, but do take the age of the child into account in your reply.
- For very young children do not leave the television on or newspapers and magazines around with disturbing pictures showing. If they do see reports then talk together to agree that this is horrible but also that it doesn't happen very often.

There are some additional and different signs to watch for in children

- Regression in behaviour
  - Children who have been exposed to a crisis often begin to show behaviours similar to those younger than themselves. This happens more in toddlers, preschool and early school age children. They may return to wetting the bed, sucking their thumb and so on.
- Increase in fears and anxiety Children may show fears that they have previously 'grown out of' such as fear of the dark and refuse to go to bed alone. They may show 'separation anxiety' and be reluctant to be separated from parents or others that they trust to keep them safe. Teenagers may simply become more anxious generally and question the meaning of everything.
- Decreased academic performance If the child is experiencing difficulties with anxiety then they have less ability to concentrate and learn, so often their school work suffers.
- Increased aggression and poor behaviour The increased anxiety and emotional feelings can lead to aggressive or defiant response when this would not have happened before the trauma. Teenagers often question why they should

follow the 'rules' when the traumatic event shows them that following the 'rules' does not guarantee safety or success.

- Increased irritability, emotional swings Children, especially younger children, do not always show obvious signs of 'depression' but can still be just as affected by events. They are more likely to show emotional swings that include quick changes of mood, withdrawal, change of eating habits and frequent fatigue along with general aches and pains.
- Denial

Some children will deny what has happened. For example a child who has lost their father may suddenly want to rush home to play football with him again. This is quite normal and usually passes over time as the reality of the new situation becomes part of daily life.

# **Psychological Debriefing**

You may hear about something called psychological debriefing. This is one of a number of early interventions available to support people who have experienced a traumatic event.

However, there is little evidence to show that this is effective in preventing the development of post traumatic stress disorder. What does seem helpful is the process of telling one's story. This is why the advice above encourages people to talk and others to listen. Sources of help

- GP. If you continue to feel unwell or are struggling with coping go and discuss your difficulties with your GP. Your GP has a range of assistance they might offer, from medication to help you in the short term, to arranging a referral to someone who specialises in helping with people coping with trauma.
- Occupational Health department where you work or their Employee Assistance Programme. Your occupational health department or human resources department at your place of work may be able to arrange for you to see someone who specialises in helping with people coping with trauma. Your employer may provide access to an employee assistance programme that may be able to help.

## Other organisations that can help

#### Adults

### Children

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