



# Treatment of common 'life event' traumas

**BACKGROUND** General practitioners are confronted daily with patients who have experienced distressing 'life events'. Assisting patients through this process can present a significant challenge.

**OBJECTIVE** This article points to the reactive symptomatology that may be overtly present or concealed in a stressful event and its aftermath reactions, sets the goal of restoring a person's functioning and their self resources, and gives guidelines of what counselling can do for a patient.

**DISCUSSION** People who are attempting to cope with a distressing 'life event' or the aftermath of a trauma can be effectively helped by early short term counselling. Although this task may not be one that appeals to the busy GP, many accessible interventions can restore a person's coping capacity and avoid the prospect of a continuing and deepening pathology. Many symptoms will not fit the diagnostic categories usually associated with stress disorders. Some may show impaired social engagement and social phobia; others may describe low self worth, states of unwellness, relationship dissatisfaction and maladjustments in key areas of behaviour. The task is to help the person gain a different perspective on the distressing event, their own capacities and the supportive influences around them.

General practitioners are confronted every day with patients who have been through a distressing 'life event' including:

- a debilitating stroke, life threatening illness, the death of a relative, or suicide of a family member
- injuries and disfigurement from road or work accidents
- relationship turning points, separation, divorce, disappearance, and the anxieties of retirement and aging, and
- domestic violence, child abuse (sexual, emotional, physical, verbal), elder abuse, or unarticulated early trauma.

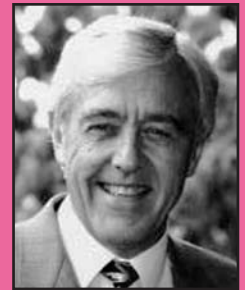
Inevitably patients describe specific and diffuse symptoms that affect the way they feel and function, their capacity to keep mind and behaviour in focus, and find enjoyment in shaping their future. Their symptoms may reflect that:

- they feel miserable, highly anxious, depressed, helpless, or confused
- they are losing their normal functioning capacities

- their self confidence and self coherence have deteriorated
- others have become involved in their symptomatology as their impairment affects family, workplace, community groups and culture
- they are often helpless victims of 'trigger' events in their social environment and in their own cognitions, emotions and behaviour that can exacerbate their symptoms or provoke recurring relapses, and
- they are affected by a heightened anxiety and panic about their condition and the diffuse course it takes.

Recent traumatic events around the world have meant increasing numbers of people are seeking some counselling help. This has prompted a wider and more critical searching for appropriate sources of relief. The patient may present to their GP with specific or diffuse physical disorders without any recognition of the possible connection with a traumatic past event; they may resist suggestions of any

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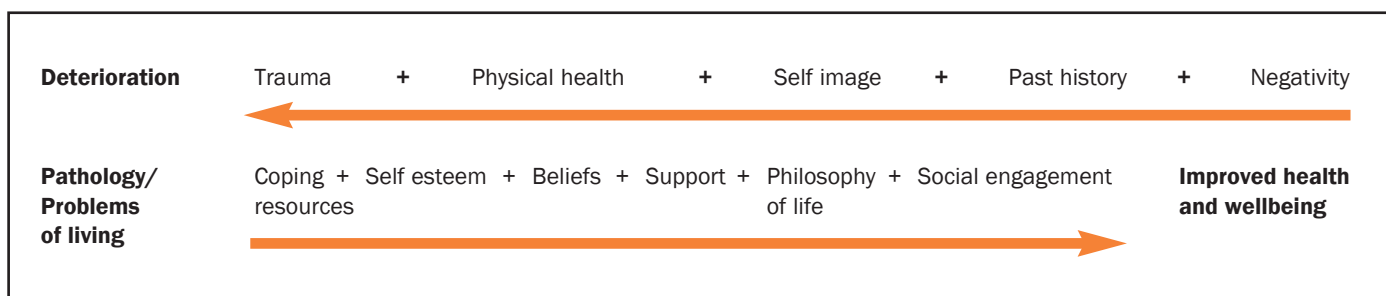


Figure 1. Effective coping resources<sup>14</sup>

such connection. Similarly there may be little recognition of how recovery may be impeded by their continuing anxiety and resentment or their rumination and residual hostility regarding a past event. The mind plays a huge part in every person's wellbeing.

With trauma and distress, there can be complex factors affecting the person's symptomatology and their recovery. In the necessary work of relieving the physical symptom, we are faced with the inseparable role of emotions and attitudes, interpretations and misconceptions, of optimistic and pessimistic beliefs about the self and the future.

### What to do?

People in acute and chronic distress look for someone to talk to; someone who will help them gain some control over their life situation and their reactions to it. There are now many services that provide help. The GP is the primary and vital source of help since the distress is frequently a mixed condition of physical symptoms, emotional turmoil and psychological impairment. However, there are several limitations. Doctors are driven by demands of time, the number of patients needing help and the anxiety that once an emotional problem is broached, there is no saying where it will lead. There is also the awareness that some studies have suggested that short term counselling and trauma debriefing have little sustained benefits and in some instances may exacerbate the person's distress.<sup>1,2</sup>

People who have been through one trauma are likely to be involved in a multiplicity of traumas. The road accident survivor is likely to lose a career path, disfigurement may provoke social phobias, loss of friends, and meaning and purpose in living. Bushfire victims may lose property, financial resources and the vital support necessary to sustain motivation to rebuild. Intervention can assist in addressing this multiplicity of issues.

Recent enthusiasm for cognitive behaviour

brief interventions may be appealing, but if the condition conceals unconscious somatic and symbolic complexities, a more in-depth intervention may be warranted.

### What can the GP do?

- Listen to the story and evaluate the nature of the distress, the patient's strengths to cope with it, and the GP's own resources to provide the necessary help.
- Bring some containment to the negative emotions, destructive behaviour and the underlying anxiety.
- Bring a different perspective to the distress, the patient's resources and their methods of coping.
- Provide appropriate encouragement and reassurance and clearly designated safety procedures of return visits at close intervals.
- Assist in recognising the 'tripwires' in thinking, dreaming, relationship interactions and behaviour that provoke relapses into anxiety, guilt, helplessness and despair.

It will be helpful for the GP to have a conceptualisation of a positive and preventive intervention. The traumatic impact and stress may combine with the patient's health status, self perception, past history and negative forebodings to produce deterioration in health and diffuse pathology or problems of living (Figure 1). But if we can introduce effective coping resources and strategies (control anxiety, change attitudes etc) plus self resources, positive beliefs and supportive influences, then there is likely to be a lower probability of deterioration and pathology (Figure 1).

In helping with commonly occurring traumas, GPs will have a vital role in sustaining a patient's coping resources, bringing a sense of control to their emotional state and sustaining their positive self esteem.

An increasing number of studies support the general experience that positive emotions and attitudes and positive environments contribute to

improved coping and increased health and wellbeing.<sup>3,4</sup> The corollary also applies – that heightened negative emotions can impede coping resources and recovery.<sup>5-7</sup>

The interpretation or meaning given to the trauma and the belief systems that gather around it are major factors in the response and coping behaviours.<sup>8-10</sup> The loss of self confidence and damage to the self image is one of the most recurring aspects of the traumatised and distressed individual.<sup>11</sup> Conversely where self worth and self determination are enhanced and sustained the person can show that after a severe trauma, they can cope, thrive and flourish as individuals and as active members of their community.

### GP self care

General practitioners frequently evade their own wellbeing in this work. The constant flow of distress and demand can have a subtle, even pernicious effect on the GP's attitude, emotional state, wellbeing and view of the world. Their own interiority is often impacted behind the consciousness of being needed and their own complex inner strivings. The gradual accumulation of other people's distress may not be recognised nor its possible damage to perspective and judgment, levels of energy and alertness. General practitioners too need to talk, they need to externalise the sadness and pain of those they treat and their own frustration and fatigue.

### Conclusion

There is an increasing awareness that people's strengths have considerable variation and resilience. In the face of horror and catastrophe people can spontaneously respond with unexpected strengths, or with empathic counselling can be encouraged to do so.<sup>12</sup>

Mary Watkins wrote:

We are all 'unwilling and unwitting hosts of multiple invisible guests in our private psychological lives', and we might take time to listen to what they may be saying to us.<sup>13</sup>

Conflict of interest: none declared.

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### SUMMARY OF IMPORTANT POINTS

- Common distressing life events can result in a mix of physical symptoms, emotional turmoil and psychological distress.
- Short term focussed brief interventions can assist people overcome these problems.
- GPs need to exercise pro-active self care when assisting others with distress associated with trauma as the constant flow of distress and demand can impact on the doctors' own wellbeing.

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