



Triumph over trauma

Emma Heaney-Yeatts

Lead Counsellor and Extension Manager, Post-and Ante-Natal Distress Wellington (PND Wellington).

What is trauma?

We may experience 'trauma' as the result of an event in which we feel little or no control over. Trauma can come in all shapes and sizes – different triggers affect people in different ways. The 'charge' of the feelings can be to differing degrees depending on the extent of the loss of control. So one person's perception of a traumatic event can be quite different to another's, and some traumas can be relatively quick to process, whereas other traumas take time to recover from.

I was fortunate to have attended a recent workshop on trauma, run by the experienced therapist and author, Dr Michael Maley. This article is based on my learnings from that workshop and also from practice-based evidence – the wealth of learning I gather from working with my clients.

What does trauma look like?

At the time, experiencing something that you feel you have no control over can be horrifying (viewing another's pain) and/or terrifying (experiencing own pain). Afterwards you may feel shaken or you may feel numb. You might experience memory loss about the event or you may become tearful at any reminder of the event. You might feel overly anxious. You might find these intense feelings aren't present during the day but that they surface at night in your dreams.

Why does trauma come about?

In an event in which we feel threatened our brain and body respond in a way in order to survive – known as the fight, flight or freeze response. Different hormones are produced to help us 'speed up' (hyper-arousal) or slow down (hypo-arousal).

We are pushed out of our 'window of tolerance' (as Dr Michael Maley refers) or optimal operating zone, which may work for the short-term but isn't sustainable for long. When we are operating outside of our optimal zone it can become difficult to make decisions or rationalise our feelings.

Examples of trauma

There are certain times in our lives where we might find ourselves more sensitive or vulnerable to feeling the effects of trauma. This is usually around a 'change' time in our lives, for example during early childhood and adolescence, or in mid-life. Becoming a parent is a significant 'change' time. A child coming into our lives can have impacts on every level – our body, mind, spirit, and socially. Therefore we are more vulnerable to the effects of traumatic events at this time.

Traumatic birth

While straightforward births can be draining on many levels, a complicated birth opens up more possibilities of feeling a loss of control. You may experience a loss of control in relation to pain, or in an emergency birth situation you may have to put your life in somebody else's hands. Studies show that 2% - 21% of women who have had a traumatic birth go on to experience symptoms of traumatic stress (e.g. anxiety, flashbacks)¹. Contemplating another pregnancy can be a common trigger for those symptoms.

Neonates

Your baby may spend some time in the neonatal ward and although you know rationally it's the best place for your baby, it can be stressful for you on many levels. You may find it difficult to bond with your baby and, understandably, you may be worried about your baby's health. The responsibility of having a premature baby can be like feeling their life is in your hands.

Coming home from the neonatal ward can also be frightening and overwhelming. You may find that in the neonatal ward that you are completely occupied with the busy-ness and routine of keeping your baby well, and there is also medical help on hand. In contrast, coming home can be quieter and finally those feelings that have been put aside may rise to the surface.

The effects of trauma

After some time you may start to feel angry, bad, guilty, embarrassed, or ashamed as a result of the experience. These feelings can be intertwined with negative thoughts about yourself and/or others and/or the world. Then we

¹ Ayers 2004 cited Beck, C and Watson, S (2010). *Subsequent childbirth after a previous traumatic birth*. In Nursing Research, July 2010, 59 (4).

might adopt behaviours to avoid feeling that terror and/or shame ever again. For example avoiding people or places that remind you of the event, avoiding 'feeling' anything associated with the event by keeping yourself 'overly-busy', or being 'hyper-vigilant' about your child's health and safety. Understandably, Mums who have 'high-risk' infants² (e.g. very low birth weight³) are more likely to report higher levels of symptoms of trauma.

It makes sense to adopt behaviours to help us cope - we cope the best we can with the resources we have at the time. It's just that the behaviours may eventually impede our life in some way. Or you may start to feel exhausted with the avoidance of the feelings. This is when people often want some help to process the trauma.

So what to do?

Firstly it's important that your internal and external supports are strong before you start working on facing your fears and processing trauma. This is where counselling can come in – to help learn some skills to increase your resilience before you process the trauma.

When you feel resourced it may help to start facing your fears with a counsellor, by coming up with some goals. Step by step you might begin to face the trauma by talking about the event, then writing or drawing about it, and eventually talking to others about it. This stage might also involve confronting any negative thoughts about yourself and feelings of shame or blame associated with the event – cognitive behavioural therapy and interactive drawing therapy can be helpful here.

Where can I get more information?

For more resources relating to birth trauma you might like to visit the Trauma and Birth Stress (TABS) website www.tabs.org.nz. The Neonatal Trust also has regionally based support www.neonataltrust.org.nz.

What next?

If you would like some extra help with developing new skills to process trauma, or other feelings, then PND Wellington's Counselling service can help. Just see our contact details below. However if you feel unsafe then it's important to get immediate help from your doctor or emergency.

² Callahan and Hynan, 2002 cited Beck, C. *Post-traumatic Stress Disorder due to Childbirth: The aftermath*. In Nursing Research, July 2004, 53 (4).

³ Kersting, A. et al. (2004). *Maternal posttraumatic stress response after the birth of a very low-birth weight infant*. J Psychosom Res. 2004, Nov 57 (5).

A word from the author...

I am Emma Heaney-Yeatts, PND Wellington's Lead Counsellor and Extension Manager. I am a fully qualified Counsellor and I also have an honours degree in Education. I use Interactive Drawing Therapy, Cognitive Behavioural Therapy and Client Centred Practice in my work with clients.

Wellington is so fortunate to have a new and in-demand free/low cost counselling service for parents who are finding it difficult to adapt to pregnancy, or life with a baby. You may or may not identify with the term PND, it does not matter - our service will have something that suits you.

+ PO Box 9362 Marion Square, Wellington 6141

☎ 04 472 3135

✉ email pnd.wellington@gmail.com

💻 www.pnd.org.nz