



## DEALING WITH PERSONAL TRAUMA

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'We have absolutely no control over what happens to us in life but what we have paramount control over is how we respond to those events' — **Viktor Frankl**

### Dealing with personal trauma – an intensivist's perspective

Every day, we face personal trauma through the eyes of our patients or patient's relatives in the intensive care unit. The patient who died of multi-organ failure from overwhelming sepsis, the young family grieving the brain death of their loved one after traumatic brain injury, or the relative who had to fly half way across the world to say goodbye to their dying father before withdrawal of intensive support.

*'How would that person ever cope with their loss?'*

We celebrate wins when patients leave the unit, only to see them replaced by another who has been struck by tragedy of cancer, trauma, major surgery, or attempted suicide. Another day, another patient. We soldier on, we manage our patients, we treat them with respect and dignity, we communicate with their loved ones, we empathise, show compassion and answer their questions patiently. We ask if they are OK, even though we know they are not.

What if, one day, the patient or relative in the bedspace was you or a close relative?

A traumatic event is an incident that causes physical, emotional, spiritual or psychological harm. Examples of traumatic events include bereavement, being assaulted (including domestic violence), motor vehicle accidents, serious illness, divorce, natural disasters and so on.

As intensive care doctors, we experience higher levels of stress in comparison to the normal working population and other medical specialties<sup>1,2</sup>. Trauma can also be experienced vicariously through our patients and lead to compassion fatigue.

### Dealing with personal trauma – a human's perspective

When faced with a traumatic experience, we often do not allow the same compassion and sympathy for ourselves as we do for our patients. The Dalai Lama (1995) defines compassion as '*an openness to suffering with the wish to relieve it*', and self-compassion is that same attitude directed toward oneself. Kristin Neff describes self-compassion in 3 domains<sup>3</sup>:

- (1) Self-kindness - being warm and caring toward ourselves when things go wrong in our lives.
- (2) Common humanity - recognising the shared nature of suffering when difficult situations arise, rather than feeling desperately alone.
- (3) Mindfulness - the ability to be open to painful experience, with non-reactive, balanced awareness.

'Self-compassion is a challenge and an opportunity for trauma survivors. It gets to the heart of how we instinctively treat ourselves after catastrophic events, yet it also has the potential to tip the fragile emotional balance between turning toward and turning away from traumatic memories'<sup>4</sup>.

Our response and ability to respond to personal trauma or stressful events can be complex and pre-determined by factors that are beyond the scope of this article (see further reading). However, a study found that task-oriented coping (TOC) was the predominant stress coping style among physicians<sup>5</sup>. Another study on Post Traumatic Stress Disorder (PTSD) found that the 'avoidance' cluster of symptoms was negatively correlated with self-compassion<sup>6</sup>. What this means is that avoidance behaviours may be a sign of inadequate self-care. Avoidance behaviours in our profession may manifest as taking on more clinical shifts, working more weekends and non-clinical oriented projects. Avoidance coping mechanisms are more likely to be associated with 'burnout'<sup>7</sup>.

There can be a multitude of responses to ABNORMAL events that are considered normal. It is important to acknowledge these responses, no matter how powerful they are. These include emotional and psychological symptoms: Shock, denial, or disbelief, anger, irritability, mood swings, feeling anxious or fearful, guilt, shame, self-blame and so on. Physical symptoms may manifest as: difficulty sleeping or concentrating, aches and pains, fatigue or weight loss. Regulation of these symptoms due to hyper-arousal of the nervous system can help to facilitate the recovery process from traumatic events.

*'It's perfectly OK to not feel OK!'*

Self-compassion in the broadest clinical sense refers to taking very good care of oneself in both the short and the long term. This, in turn, translates to our ability to provide good care to our patients and their families.

### **Intensivists are humans too!**

Rob Rogers' SMACC talk, 'Bouncing Back After Tragedy', gave us an insightful and personal experience on dealing with trauma from a clinician's perspective. No one is immune from the tragedies that life throws at us. As much as it is important to ask a patient's relative in the ICU, 'Are you OK?', we must ask ourselves 'Am I OK?'. There is a growing body of literature on self-compassion in health care professionals, highlighting its benefits to clinician's wellbeing and its potential to enhance compassionate care for patients<sup>8</sup>.

*'What do I need now?'*

Taking on more work hours is probably not what you need! Just like training in Advanced Life Support, we can train ourselves in self-compassion and its elements. A multi-faceted approach should be used. Reach out to the available resources and support, including loved ones, friends, colleagues, professional services such as counselling, your own GP and other published welfare resources (CICM Welfare Special Interest Group). Resources and applications such as **Treat** (Therapeutic Relaxation and Enhanced Awareness Training) and **Smiling Mind** can be utilised on mobile devices to facilitate daily self-compassion training. Practices such as the Mindful Self Compassion Program (MSC) and Mindfulness Based Interventions (MBI) have been shown to be effective in enhancing self-compassion and wellbeing<sup>9-11</sup>.

Trauma recovery is not the same for everybody. Although recovery can be difficult, positive coping strategies that involve connecting with others and self-care, aid in the recovery process. Remember that those emotional and psychological reactions are normal responses to abnormal situations.

## References:

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11. Shonin E, Gordon W Van, Griffiths MD. Does mindfulness work? *BMJ*. 2015. doi:10.1136/bmj.h6919.

## Further reading:

- SMACC Chicago 'Bouncing back after tragedy: perspective is key' – by Rob Rogers <https://www.smacc.net.au/2015/10/bouncing-back-after-tragedy-perspective-is-key-by-rogers/>
- Quiet the Mind: Matthew Johnstone: 05 Apr 2012. Publisher: Little, Brown Book Group
- The Big Little Book of Resilience – How to bounce back from adversity and lead a fulfilling life: Matthew Johnstone: 2015. Publisher: Little, Brown Book Group
- Self-compassion calculator <http://self-compassion.org/test-how-self-compassionate-you-are/>
- Treat Application <https://www.treathealthcare.com.au/>

- Smiling Mind Application <https://www.smilingmind.com.au/>
- CICM Welfare Resources (including Having Your Own GP) <https://www.cicm.org.au/Fellows/Special-Interest-Groups/Welfare>
- ANZCA Welfare Resources <http://www.anzca.edu.au/fellows/special-interest-groups/welfare-of-anaesthetists#resources>
- Self-compassion and Psychological Resilience Among Adolescents and Young Adults. Kristin D. Neff & Pittman McGehee, 2009. <https://doi.org/10.1080/15298860902979307>.
- Compassionate Mind Training for People with High Shame and Self-Criticism: Overview and Pilot Study of a Group Therapy Approach Paul Gilbert and Sue Procter Clinical Psychology and Psychotherapy Clin. Psychol. Psychother. 13, 353–379 (2006) DOI: 10.1002/cpp.507.