

3rd Place Winner 2022 New Zealand PIF Essay Competition

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Essay topic – What is the role of psychiatry in recovery from severe trauma?

The Place Where the Light Enters

By Nico Calderón-Hunt

Introduction

'Trauma is the invisible force that shapes our lives. It shapes the way we live, the way we love, and the way we make sense of the world. It is the root of our deepest wounds.'

- Dr. Gabor Maté, CM

This simple yet impactful statement, taken from the critically-acclaimed documentary *The Wisdom of Trauma* (2021), highlights the unseen damage that trauma can inflict – even drawing etymological ties to the Greek origin of the word itself, meaning 'wound'. In discussing the role of psychiatry in recovery from severe trauma, it can be valuable to think of it in this context – severe wounds, left untreated, can lead to an impaired ability to function and, more often than not, pain. Pain and loss of function – be it physical or otherwise – causes psychological distress, which can have significant and detrimental impact on general wellbeing over time, whether or not such impact is consciously recognised by those affected.

For those unfortunate enough to experience severe trauma, it is often this unconscious impact which is carried deep within their mind, body, and soul, and throughout the shadows of their life, leading to ongoing, unnecessary suffering that can be difficult to define, let alone manage. In this regard, psychiatry – the clinical specialty concerned with shining light on such shadows – can play an important role in better understanding and examining the individual origin and impact of people's trauma, thereby providing a framework through which one can find subsequent rehabilitation and recovery.

Defining Trauma

Throughout the past century, there has been substantial development in understanding the origins and impact of trauma – from the psychological and physiological changes that can occur following an acute traumatic event or sustained adverse experience (McFarlane, 2010), to the interpersonal, intergenerational, and perhaps even spiritual levels of suffering that can be more difficult to distinguish and / or manage in a conventional clinical environment. In defining trauma as a clinical concept, there is some variability throughout the literature as to what constitutes a traumatic event (Kleber, 2019). In general, however, trauma itself has been defined by The Royal Australian and New Zealand College of Psychiatrists (RANZCP) (2020) as *'the broad psychological and neurobiological effects of an event, or series of events, which produces experiences of overwhelming fear, stress, helplessness or horror'*.

Given that these broad effects arise from a variety of contexts and can differ significantly in the manner by which they manifest, it is known that what may be considered traumatic for some will not necessarily be traumatic for all, and what defines a traumatic experience as being 'severe' – be it acute, repeated, or prolonged – is determined by the perceived level of harm experienced by those traumatised (Substance Abuse and Mental Health Services Administration, 2014). By formally assessing this level of harm and interpreting individual response in the context of each experience, psychiatrists play an essential role in establishing a starting point from which trauma can be safely and appropriately explored, as it pertains to each person and their particular story.

Trauma-Informed Practice

As such, this enhanced understanding of trauma as a multidimensional, individually defined experience, has led to a recent surge in support for 'trauma-informed practice', once again defined by the RANZCP (2020) as *'an evolving concept which emphasises that trauma is a possibility in the lives of all individuals and communities'*. Furthermore, Kosman & Levy-Carrick (2019) highlight what they refer to as 'trauma-

informed care (TIC)' as being 'a framework for considering trauma at all levels, including patients, providers, and the overall organizational culture' (p.1).

Clinicians engaging in trauma-informed practice are therefore better equipped to alleviate symptoms of post-traumatic stress, impart evidence-based skillsets for those seeking to manage such symptoms on their own, and to improve the overall sense of self-worth that is felt by those being treated, in addition to their sense of self-efficacy – an individual's belief in their capacity to act in the ways necessary to reach specific goals (Isobel, 2016; Kosman & Levy-Carrick, 2019). This can prove particularly impactful when engaging with members from communities that are more likely to experience certain forms of trauma, such as those that have been historically marginalised, colonised, and / or mistreated, including indigenous populations or people of colour, refugees and migrants, or people identifying with a sexual or gender orientation beyond their societal or culturally accepted 'norm'. Furthermore, this can also apply to those more likely to be exposed to trauma as part of their occupation, such as first responders and mental health workers (RANZCP, 2020).

The Role of Psychiatry

Fittingly, Kosman & Levy-Carrick (2019) go on to suggest that '*Psychiatry as a field is uniquely positioned to advance trauma-informed care (TIC) and its implications for patient and clinician engagement. The field combines an understanding of neurobiological underpinnings of the effect of trauma, its consequences, and its sequela, with the psychodynamic and psychotherapeutic engagement with patients in their trauma narrative.*' (p.1).

In essence, psychiatrists adhere to a uniquely clinical yet comprehensive approach to understanding the psyche and its associated pathologies, which allows them to recognise risk factors for the development of psychopathology following trauma (Sayed et al., 2015), and to manage those risk factors and any associated symptoms in an ethical and efficacious manner. Moreover, another important aspect of their role is being able to engage with outside services and specialties, relaying pertinent information and working as a team in order to develop an effective individualised plan for recovery. Whether such services are considered part of the traditional mental health workforce, or acknowledge the equally important social, spiritual, and / or cultural aspects of care, it is also essential to ensure that any plan developed is done so in accordance with the experience of those affected by the trauma themselves, as well as those providing personal support from within their whānau (Māori term for 'family group').

Conclusion

In summary, whilst certain groups are at greater risk of trauma-related harm, it is essential that trauma is recognised as a universal possibility, and that the absence of trauma in certain members of a community having experienced something 'traumatic', does not suggest the same outcome for all. Knowing this, a trauma-informed approach to care is encouraged for all clinicians, where relevant – particularly psychiatrists, who are amongst those most likely to encounter people suffering from not only the more apparent, but also the more insidious effects that trauma can exert throughout one's life.

Of all the clinical specialties, psychiatry has arguably undergone some more significant changes throughout recent decades, in regard to their approach to diagnosis and treatment. It has been acknowledged that, historically, mental health services may not have always approached care in an appropriately trauma-informed manner. But an ever-changing field and growing understanding of trauma has vastly improved such services, and psychiatry now has a significant and highly supportive role to play in the recovery from severe trauma, utilising their clinical skills and enhanced understanding of trauma-informed practice to light the way for those lost within the shadows of traumatic experience.

References

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