

Presentation: The aftermath of trauma

Correlates with p. 12 of the Participant workbook.

Distribute the handout 'The aftermath of trauma'. Describe the four components of PTSD first:

- 1) **Hyper-arousal:** A physiologically based state of 'permanent alert' that manifests itself in both our waking and sleep states.
- 2) **Intrusion:** Re-experiencing the event in thoughts, feelings, behaviour, and within interpersonal relationships.
- 3) **Constriction:** Avoiding reminders of the event in thoughts, feelings, behaviour, and within interpersonal relationships.
- 4) **The wobble:** the painful swaying between the two states of 'Intrusion' and 'Constriction', often depicted by polarised thinking, mood swings, unpredictable behaviour, and problems in intimate relationships.

After this description of the four components, detailed discussion can be explored on components of 'The aftermath of trauma'. Some considerations:

- Such post-trauma reactions are seen in both men and women, and in people from different cultures from around the world. However, there are also cultural and gendered differences in how people experience these reactions, how they make sense of them, the way others respond, and the support that is available.
- Hyperarousal, much like trauma symptomology, can be indefinite in duration.
- People generally experience intrusion first before constriction.
- Some men may identify as being more intrusive, some as more constrictive, and some as very balanced in the presentation of symptoms.
- Alcohol and drug use is seen as constrictive behaviour. However, a person may be provoked to use, given the pain associated with both intrusive as well as constrictive symptoms.
- Progress and recovery can be depicted by a gentler swaying of 'The wobble'—i.e., survivors may still experience fluctuations to mood, thought and behaviour, but nowhere near the extremes that they once experienced. This is one depiction of recovery.
- Participants tend to make progress first with intrusive symptoms. These are understood as the more 'obvious' symptoms that warrant attention by self and others (e.g., rage), versus the hidden nature of many constrictive symptoms.

Mention to the participants that it is useful to know their own pattern of 'The wobble'—both to understand their reactions, but also to be able to enact strategies in their lives now that will be most useful or helpful. In time, trauma survivors can identify if they are experiencing constriction or intrusion, and to what degree.

Invite clients to talk about their own symptoms and coping styles in relation to 'The wobble'. Discuss the importance of recognising the human need for coping strategies. The aim here is not to for men to feel that their current coping strategies aren't 'good enough'—the aim is to introduce the possibility of learning and practicing alternative ways of coping if the cost of current ways is too high. It is about adding more choice, not taking away what the men already have. It is important to acknowledge the purpose of coping strategies—even those that have outlived their usefulness were serving a purpose at some point. Discuss the distinction between 'symptoms' and things that have become 'habits'. Seeing things as habits opens up greater possibility for change if this is desired.