



## Trauma & Resilience: The Lived Experience of Trauma

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<b>Presenters:</b>	Professor Mark Creamer, Clinical & consulting psychologist  Ginger Gorman, journalist & author  Geoff Evans, CEO (Disaster Relief Australia), former Australian Army Special Operations Command  Sarah, Model agent, 2004 Boxing Day tsunami survivor

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### Host (00:01):

Hi there. Welcome to Mental Health Professionals' Network podcast series. MHPN's aim is to promote and celebrate interdisciplinary, collaborative mental health care.

### Professor Mark Creamer (00:16):

Hi, my name's Mark Creamer, and welcome to this sixth and final episode in our podcast series on trauma and mental health. Over the last five episodes, we've looked at several aspects around the nature and treatment of psychological or mental health responses to the experience of trauma, and we've talked to many experts who've helped us to explore these issues. In this episode, we're going to talk to some more experts, but this time we're talking to experts by experience and I'm very pleased to be able to welcome three people who've undergone some quite different, potentially traumatic events and who have responded to those experiences in different ways. So, let me introduce our three very special guests for this podcast. Ginger Gorman is a multi-award-winning investigative journalist with a passion for covering social justice issues. She's worked in print, radio, and television with several media organisations, but particularly with the ABC. And for those of you listening from overseas, the ABC is our national broadcaster. Welcome, Ginger. Thanks very much for joining us.

**Ginger Gorman (01:24):**

Thank you for having me.

**Professor Mark Creamer (01:26):**

I'm just wondering, Ginger, as a journalist yourself, do you think that journalists generally have much awareness about the potential psychological impact of their work?

**Ginger Gorman (01:35):**

Absolutely not. And I think what we need to think about is how journalists and journalism started out. So, it was kind of a tough trade that was meant for blokes. So, really what we were taught was to put up and shut up, really, and that if you couldn't handle things like violent crime cases, or horrendous car crashes that you were going to where people had died, then you really weren't cut out for the job. So really, we are taught to not complain about it and get on with it.

**Professor Mark Creamer (02:07):**

Like, I fear, so many other professions actually, certainly our emergency service, and we'll talk to Geoff in a minute, but perhaps the military, but hopefully it is beginning to change. But anyway, thanks for that Ginger. And actually, while I think of it, one of the resources that we'll pop up on the MHPN website is a link to the Dart Foundation for Journalism and Trauma. So, you'd be aware of that, of course, Ginger?

**Ginger Gorman (02:30):**

Yeah. So, the Dart Centre, which I can talk about a bit later, they actually helped me get fantastic psychiatric help when I was really experiencing trauma. So, they are based in the US, but we have an Asia Pacific branch, and thank God. So, the Dart centre's really starting to change this culture that I was talking about, and go into newsrooms, and start helping us think of journalists as first responders that really need psychological help in the same way as emergency services personnel, or military personnel. A lot of journalists are doing things like going into war zones, or covering bushfires where people are dying. So, yeah, we really do need that kind of access to support.

**Professor Mark Creamer (03:10):**

Absolutely. And always good to give Dart a bit of a plug. Anyway, thanks Ginger. Our next guest today is Geoff Evans. Geoff served for 20 years with the Australian Army's Special Operations Command, and also 12 years as a firefighter with the Fire and Rescue Service in New South Wales. He has worked with some of our most disabled veterans for many years, including, actually, as a founder of a charity called Homes for Heroes. He's been on the Prime Ministerial Advisory Council on Veterans' Mental Health since 2014. Welcome, Geoff. Thanks very much for joining us.

**Geoff Evans (03:43):**

Thanks, Mark.

**Professor Mark Creamer (03:44):**

I think that we'll probably come back to this later, but I know that you are also in a leadership role with something called Disaster Relief Australia. Can you just tell us very briefly what that is?

**Geoff Evans (03:55):**

Yeah. Disaster Relief Australia combines the skills and experience of emergency first responders and veterans, and we send them out into disaster zones. And the reason we do that is, because we've learned over a long period of time, that while symptom reduction for people who are experiencing challenges, and even people who are in transition and just lost, is a very necessary first step, but they also need a sense of purpose in their life, and we aim to do that by giving them a sense of responsibility by surrounding them with like-minded people, and giving them a new sense of identity.

**Professor Mark Creamer (04:24):**

That's so important, isn't it? It's so important, and yeah, we will definitely come back to that. Cause I think when we start talking about recovery, that stage is crucial. Thanks, Geoff. Our final guest today is Sarah. Sarah is a model agent and has worked not only in Melbourne, but also in Sydney, and for four years in London also, which I must say sounds all very glamorous to me. She now lives here in Melbourne with her husband, three children and her German Shepherd. Welcome, Sarah. Thanks ever so much for talking to us today.

**Sarah (04:52):**

Thanks for having me, Mark.

**Professor Mark Creamer (04:53):**

I know that you're a keen traveller, Sarah, and I know that you've got several family connections in Europe. Do you think that we'll ever get back to the kinds of international travel that we enjoyed before the pandemic?

**Sarah (05:05):**

I certainly hope so. Maybe that's the optimist in me, but I think that, I'm not sure travelling will ever be the same, much like how 9/11 changed the way we travel. I'm imagining Covid will do the same, and it's certainly, like many aspects of our lives, we are sort of now looking at it from another perspective and thinking, okay, how can we do this same but different? But I think it's too sad to think that we'll never go travelling again, as we used to.

**Professor Mark Creamer (05:33):**

I think so. We're all desperately looking forward to it, aren't we? I know I am. Okay, thank you Sarah. So, Ginger, Geoff and Sarah have kindly agreed to share their experiences with us today, about what happened to them, and about their reactions, and about their pathway to recovery. So, to begin with, I'm going to ask each of them in turn to tell us very briefly about their traumatic experiences, and also about how it affected them, and then we'll have a broader discussion about what helped them in terms

of their recovery. So, if I could turn to you first, Ginger, during your time with the ABC, you wrote a story about gay men choosing surrogacy. Can you tell us what happened after that?

**Ginger Gorman (06:15):**

Yeah, so, my journey is a long and complicated one, but basically my journey into cyber hate started when I did this story that you've mentioned, and it was essentially a lighthearted feature article about these men. It was this, part of a series of nine, on the human rights of LGBTIQ+ people. And these two men, a few years later, were arrested and convicted as members of a horrendous paedophile gang. So, this child that they told me they had had via surrogacy in Russia, they had actually purchased from his Russian mother, and they had been horrendously abusing this child. So essentially, this feature article that I did about them as lovely gay parents was completely wrong. Then, as a result of that, I became a target of this orchestrated online hate campaign. So, my kids were threatened, we got death threats. If you haven't been a target of that kind of cyber hate event, it's hard to imagine the scale of it.

(07:19):

But yeah, it was absolutely terrifying. So, that led me, a bit later, once I'd recovered from that horrendous experience, to write my book, Troll Hunting. And, Troll Hunting was the thing that really caused me to get horrendous PTSD. So, I didn't understand how violent and how dark it was going to be. If you can imagine the Christchurch killer, that's the kind of guy that ended up in my book. So, people think that it's just people being mean online, but actually what was happening was, these predator trolls were doing a lot of real life crime. So, for example, my book opens up with a high school shooter who is also a predator troll, and those things were happening in real time as I was writing the book. So, yeah, the result was, by the end of writing the manuscript, I was just a complete mess. I was having horrendous nightmares where I would see all these dead bodies on this road that I was walking on, and they were all the dead people in my book.

(08:27):

And then I couldn't sleep, I couldn't stay asleep. I was taking a lot of sleeping tablets, and I was just drinking all the time, and I was angry. And then I was also crying all the time. So, I was screaming at my children, crying all the time, and I just suddenly thought, I'm a mess. And I think actually the only thing that made me get help really, was that I was not very far off having to go into the public eye and promote my book, and talk about my book, and I wanted to do that because I wanted to see this social change. But yeah, that's really when I had this moment of thinking, I can't actually face the public like this, and I can't parent my children, either.

**Professor Mark Creamer (09:12):**

It's an extraordinary story, isn't it? And I was thinking as you were talking there, that the history of trauma probably goes back as long as humans have been around, but this particular type of experience is obviously relatively new. And I guess, I am frightened that perhaps it's becoming increasingly common actually.

**Ginger Gorman (09:29):**

Yeah, I mean cyber hate targets do experience extreme PTSD, and that isn't really documented yet. Since I've become an expert in this area, it's really interesting, people write to me all the time and say, I'm an extreme cyber hate target. I've tried to suicide, I've lost my job, I'm not safe in my home, et cetera, et cetera, all these real world harms. And they say to me, where are the psychologists and psychiatrists that are trained in this, that can help me? And I don't actually know if there are any in Australia. It's a very new kind of, sort of trauma, I suppose. PTSD isn't, obviously as you say, and I'm sure Geoff will talk about that in a minute. I'm really interested to hear what he's got to say. But yeah, it is very real, like, the trauma that you experience from that because you're basically being hunted a lot of the time.

**Professor Mark Creamer (10:17):**

Absolutely, absolutely. It must be terrifying. And as you explained there, just a whole lot of effects on you, emotionally and behaviorally, in terms of relationships and so on. So, clearly an extremely difficult thing to cope with.

**Ginger Gorman (10:32):**

And I remember thinking, looking at my phone ringing, and thinking I can't answer it. I had a real agoraphobia as well, all of a sudden, which is really uncharacteristic. So, I'm not sure if that's a normal symptom of PTSD or not. But yeah, the effects were extreme, but I probably wouldn't have gotten help, because of that tough journalism thing I talked about earlier, unless I had to face the public. That was really the thing that made me think.

**Professor Mark Creamer (11:02):**

It's an interesting point, and we'll certainly talk in a minute about how difficult it can be to get help, but unfortunately, we've got to move on and I'm sorry, I'm going to have to keep moving people on, but thank you so much for that, Ginger. Geoff, let me turn to you. Can you just tell us very briefly about the kinds of experiences that you had, perhaps in the military, and perhaps in your fire service, that resulted in some of your later mental health problems?

**Geoff Evans (11:27):**

So, the Australian military had been operating in Afghanistan since 2002, and I had left the army in 2001 and became a reservist, and I was working as a firefighter. And although I saw my fair share of grisly accidents, I'd never really been affected by it. In 2008, for the first time since World War II, my unit was mobilised and sent to Afghanistan, and I found war to just be a completely different event to anything else I've ever experienced. My introduction to combat was about two weeks in, when a friend of mine stepped on a mine about 50 metres in front of me and was blown apart, and we recovered his body, and it was my job to navigate us through a minefield out of there in the dark. So, that was kind of my introduction. A couple of months later, we were in a patrol base, we're targeting a known Taliban commander who had moved into an area to try and target Australian troops, and our job was to take him out to keep our soldiers alive.

(12:22):

And just before we stepped off on a mission, the Taliban fired a rocket at us, which hit a friend of mine in the chest about a metre away from me. And, without going into too grisly detail, you can imagine the effects of modern munitions on the human body at a metre. And then we went up and raided that Taliban commander's house, and stayed there for two days, completely surrounded, and we killed 22 enemy combatants, of which I accounted for quite a few myself. Just before we came home, we chased a Taliban bomb maker into a room at about four o'clock in the morning, and he fired on us from metre away, and we grenaded the room, and he fired on us again, and we grenaded the room. And when we made entry on the room, we discovered the room was full of women and children, we'd killed five children.

(13:02):

The next morning, when we walked out into the desert, I just remember laying on the ground in the desert, just trying desperately not to feel anything, while this terrible dust storm buffeted us. And I remember just laying there thinking, the gods are angry with us. We've upset the balance of the earth and the gods are angry with us, even though I'm not religious. My second tour was actually easier, because about two months in, I stood on, sorry, the vehicle I was riding in drove over, a bomb and it crushed my spine, and gave me a brain injury. It was powerful enough to blow out the fillings in my mouth.

**Professor Mark Creamer (13:37):**

Wow. I mean, these are extraordinary stories, Geoff, that I think any of us who haven't been there, impossible really to imagine what it was like. And I think the complexities that you just alluded to there, about not only the threat to your life, but also the moral issues and so on, that must be so difficult. I've heard you talk about your journey to recovery before, and I'm looking forward to hearing about it again. But at this point, can you just tell us very briefly something about how it affected you, perhaps what sort of problems you developed as a result? And I wonder just to start with, did you recognise that things were not going well? Were you aware of it yourself?

**Geoff Evans (14:17):**

No, I certainly didn't. My wife took me to couples counselling a few months after I got home from my first tour in Afghanistan, and when I sat down with the counsellor, and that was at VVCS, which is interesting because they're now called Open Arms, but they have been dealing with Vietnam veterans for 40 or 50 years, and they know trauma when they see it. And as soon as I sit down, he said, you've got PTSD. And I knew it immediately. I stayed there for seven years receiving therapy, which we can talk about later. But what I found was, I talk about the high and the low side.

(14:45):

So, the high side was, I would physically and emotionally relive traumatic events. When I first talked to a counsellor about being at Afghanistan, he threw down his pen and he said, Geoff, before I did this job, I used to counsel heroin addicts, and you sound just like a junkie that's had his first hit. Because I was riding this high of combat, there's no high like combat for adrenaline, and I'm talking about airstrikes and mortar bombs and gunfights, but at the same time, I found I was completely numb. I would patrol around the streets like a tightly coiled spring, waiting to react to combat at any time. Everything seemed

really trivial to me. I couldn't focus on anything. I didn't want to listen to the radio. All I wanted to do, really, was go back to Afghanistan, because in Afghanistan, your nervous system being locked on is actually a good thing. Hence, why people do multiple tours. I would drink every night, so, on the low side, I would drink every night to try and keep a lid on the cauldron of all those traumatic events that I'd not really had time to process, afraid that if I let even one memory or feeling escape, that I'd be completely overwhelmed by them all.

(15:52):

I slept poorly. I didn't have nightmares often, but I had lots of daymares. So, things would just come back to me, triggered by a noise or something. But if I was trying to sleep and a door slammed, I was in combat and on my knees on the floor ready to fight immediately. I couldn't sit still. Every time I got somewhere, I wanted to be somewhere else immediately, to be distracted all the time, anything not to have to think and be in the present. I struggled to concentrate, my memory was bad, I experienced depression. After a long time, I started to think that maybe my family would be better off without me, which put a really big strain on our marriage, because my wife and children obviously didn't see it that way. I tended to treat my children like I was a drill sergeant, and I really struggled to connect emotionally with them, or to connect to anything really. I could see that the best years of my life with my children were passing me by, and I couldn't feel anything. And even though I could rationalise it, it led to quite a severe depression, because I was watching this amazing time with my kids go past.

**Professor Mark Creamer (16:47):**

Yeah, I mean, it was such a pervasive kind of thing, affecting every aspect of your life, isn't it? And that idea about those strategies that were very adaptive in combat in Afghanistan are so unadaptive, so maladaptive when you get back, but so difficult to switch off. Thank you very much Geoff, and I really look forward to hearing a bit about what you thought was helpful in that journey of seven years of recovery. Our final guest today is Sarah. Sarah, you were on your way back to Australia from London in December 2004, and you stopped off in Thailand, on Phi Phi Island, for a holiday on the way. Tell us what happened on Boxing Day morning.

**Sarah (17:23):**

Okay, firstly, I just want to say, Ginger and Geoff, your stories are incredible, amazing, just sitting here, practically shaking, hearing what you've both gone through. Wow, amazing. But yes, I found myself on the beach in Phi Phi Island on Boxing Day, and it was a really weird thing happening with the tide. I dunno if you're familiar with Phi Phi Island, but it's sort of like the, dare I say, the Chanel, it's sort of like two bays that meet and there's just a little belt in the middle. So, we were on one side of the bay and the tide was just doing really weird things. It was coming right up to the shore, and then being sucked right out, and right up to the shore, and being sucked right out. And it was a full moon that night. And I actually just thought, oh wow, really lucky to see this sort of lunar tide connection thing happening in Thailand.

(18:09):

Didn't think anything of it. And people were looking at the water, and pointing out, and then looking really, really far out to the horizon, you could see the long tail boats, which are traditional in Thailand, they're almost somersaulting in. And you could see it's like, oh, hang on. The force of which the waves were tumbling these boats in, and locals started yelling out, run, run and just followed orders, ran and

we ran into, I was travelling with a friend, and we ran into our hotel, through the lobby, over the reception desk, through the lobby into basically the staff quarters of this hotel. And we had nowhere else to go. It was totally enclosed. I remember standing there, sort of huddled like this, just waiting thinking, I don't even know what's going to happen. The wave came, the tsunami came and hit us, and I remember thinking, oh my God, this is how I'm going to die.

(19:02):

I am going to die. This is it. There was no question. I mean, it was like being in a washing machine with all your contents of your home with you. So, we're just getting tumbled along. And I remember thinking, if I just relax and surrender myself, this will be over a whole lot quicker. If I struggle, it's going to be a lot more painful. So, I came up for air once, and then got pushed under again. I think the water must have sucked out, then surged back in, and we eventually, for want of a better term, landed further into the village. And it was basically, again, we were at about the second floor level. You could see the water was all around us, destruction everywhere, there was petrol, you can see petrol on the water. There was an apartment on fire. These guys were sort of hanging over their balconies, trying to pull people out of the water.

(19:53):

So, I eventually got pulled over this balcony into somebody's apartment or flat, and then realised that that was what was on fire. So, we had to climb out a window, get back onto the ground and sort of everyone was just saying, run to higher ground. There's another one coming, there's another one coming. You just didn't have time to think. So, we climbed back up a hill into this sort of hinterland, but on higher ground, and spent the night there, still didn't really know what had happened. Things were getting filtered around. There was a lot of whispers going on as to a tsunami. What's a tsunami? I'd never even heard of a tsunami. And then in the morning, so we would've spent probably 24 hours up there, and in the morning came down and just got the scope of what had happened, and the devastation. I mean, Phi Phi was flattened.

(20:41):

There was just bodies, injuries like I've never seen before. And there was an Australian guy, actually, who was sort of assessing people and saying, look, if you need urgent medical attention, go to the helipad. If you don't need urgent medical attention, just go to the pier and wait to be taken to the mainland. So, I mean, I was injured, but it was quite obvious that I was, considering the injuries I'd witnessed, I knew I did not require a helipad, So, I went to the pier, waiting to be taken to the mainland, and on the pier they were, it was a tiny little jetty, and one half of the jetty was bodies lined up of people who hadn't survived. And the other side of the jetty was survivors waiting to get off the island and onto the mainland.

**Professor Mark Creamer (21:24):**

It's an extraordinary experience, I must say. I mean, obviously one that most people never go through. You did though, get home. You got home safely.

**Sarah (21:35):**

Yeah, it took me about two nights to get home as I had nothing. I had no passport, no money. So, it sort of took two nights. I got home on the 30th of December. So, maybe three nights by the time I got home.

**Professor Mark Creamer (21:46):**

Just very briefly, before we go on and talk about what helped in recovery, were there any kind of immediate effects for you? I'm interested, to begin with, about whether you felt a need to tell everybody about what had happened.

**Sarah (21:59):**

Well, I remember when I called my mother and I said to her, look, this has just been so, I just need to get home. I don't ever want to talk about this. This is just so horrendous. And I was really, really shaken up, understandably. So, my mother had sort of PR-ed everybody before I came home and said, she's coming home. She doesn't want to talk about it. Just be wary. Don't ask her a thousand questions. But, something happened. By the time I got home, I felt, I talked about it. I mean, it was hard to ignore. It was everywhere. It was the front page of every paper. It was 24-hour coverage on every news channel. And I think that really helped process. I mean, I really was, and I found myself watching it and people saying, you sure you want to watch this? And I found it really, for me, it really helped sort of understand what had happened, and how it had happened, and especially because it had affected so many different countries, and the different countries. Yeah, for me, I went from thinking I would never ever want to talk about it, to talking about it quite freely. And there was a real fascination. People really wanted to know what had happened and how was it. And that firsthand.

**Professor Mark Creamer (23:06):**

I'm sure they did, and we'll talk more about that in a minute. I think that is so important in recovery, of course. I know when we spoke before, you talked about having trouble with some nightmares, but I'm interested particularly in your fear of a recurrence. You were telling me that it wasn't really a fear of going back to a beach, but you did talk about fear of well, fear of the feelings, wasn't it?

**Sarah (23:30):**

Yeah. I guess what triggers me now is just, well, it's knowing how things can go from the totally ordinary, standing on a beach, looking at a beautiful beach in Thailand to completely terrifying. And I guess for me, a trigger is like, the Beirut bombings, or the London terrorist attacks, or anything where, and I just think to myself, oh God, I think to how normal those days are, people travelling on a bus going to work in London, and then suddenly it's just catastrophic terror. That, I never want to experience ever again. And I guess I can rationalise, and think it's probably highly unlikely I'll ever be in a tsunami again of that magnitude, I hope. But I worry that I'm going, things will, that terror will come again without warning and just show up. And that's I guess a trigger for me.

**Professor Mark Creamer (24:19):**

Absolutely. That fear of the fear. Anyway, thank you very much indeed, Sarah. And look, thanks to everybody for sharing those stories with us. They are clearly, all three, extremely powerful experiences,

but very different. And I think when we work in the trauma field, one of the things that we do not get into is trying to objectively say, well, that was worse than that. And it's such an easy trap, I think, for people to fall into. But having said that, I think in the early episodes of this series, we did talk about some of the factors that may influence the reactions, and one of them was the degree of threat to life. And one of the things that's come through in all three of your stories is the very powerful threat to your own lives, and to those of other people as well. But, we also talked about the importance of the duration of the experiences, and the recurrence of experiences and so on.

(25:10):

And I guess that we are picking up differences there between, well, just for example, Geoff, whose experiences went on repeatedly over many years really, Ginger's, who also went on for some time, and Sarah's more contained. And there's a whole lot of factors that influence how someone responds and how someone recovers, but maybe that's one of them that may make it slightly easier, or more difficult to recover. So, I'd like to move on now if we could, and talk about this process of recovery. And I've got a few questions, but I'd really like you, all three of you, to just jump in and add things or disagree or whatever at any point if you like. So, I'd really like you to think about what was the most important thing, or what was some of the most important things in helping you to recover from the experiences? And maybe, Ginger, we'll come back to you and just kick off with you. Clearly, acknowledging that it was a problem was a first important step.

**Ginger Gorman (26:06):**

Look, it's really hard to ask for help, and I honestly don't think I would have unless I had to face the public. So, I was at this point where I'd written this really traumatic book, and I knew people were in grave danger and were dying because of what was happening on the internet. And actually, my book came out six weeks before the Christchurch massacre, which is the kind of thing that I was trying to stop. So, I had this problem where I was an absolute psychological basket case, and like Geoff was describing, I had suicidal ideation as well. I could really clearly see how I was going to do that. And I just thought, I can't face a camera crew. I can't get on the radio. How am I going to talk about this? So, that was actually the thing that motivated me to get help.

(26:57):

And I wrote this email to Cait McMahon from the Dart Centre for Trauma in Journalism, and I basically just said, I'm a mess. And she was the exact right person to contact, because she then referred me to Professor Meaghan O'Donnell from the Phoenix Centre for Post-Traumatic Mental Health. So, when I was saying, I'm drinking, I'm dancing, I was doing all these risk taking behaviours, some of which I won't go into in case my mother listens to this podcast, but some of them were pretty full on. And she said, oh, that's absolutely typical. She was really reassuring, and she did really specific Cognitive Behaviour Therapy with me for journalists suffering trauma. And I just found that incredibly useful.

**Professor Mark Creamer (27:43):**

That thing about finding the right person is crucial, isn't it? I wonder if you could just comment briefly on that, Geoff. It sounds as though you also were able to find someone who understood your experiences. Is that right?

**Geoff Evans (27:56):**

Yeah, I did. So, I did exposure therapy a few times for different incidents, and what I found was, the first person I saw was really effective. Then I went through five psychologists before I found one that really clicked with me. And I often talk to people and they say to me, I went to see a psychologist or a counsellor and I didn't like them, so I didn't go back. And I guess you've got to keep trying until you find one that gels with you, and that is the right fit for you.

**Professor Mark Creamer (28:24):**

And can I pick up there, you sort of threw away the comment about Prolonged Exposure. We talked about that, we've talked about a lot through the series, but particularly a couple of episodes ago. So, if you haven't listened to episode four, do give it a listen because we talk a lot about Prolonged Exposure. But that process, of course, which I know Ginger and you both went through, is difficult, isn't it, and painful. But you thought it was important to confront these experiences and memories?

**Geoff Evans (28:52):**

I think it's essential, professional help. One of the things that helped me most was to recognise that this is an injury or an illness, and to start thinking about it like one. You wouldn't try and treat cancer by yourself, or a broken leg by yourself. You'd seek the appropriate professional help, and take their advice. And that's the way I've looked at my illness all along. I found that exposure therapy was essential for me, because it took the power out of the memories I was having. And so, after a while, instead of reliving every single thing that was on my mind, they just became bad memories, which is the entire point. And then after a while, I was able to experience feelings again, and emotion again, all these things that I'd repressed for a very long time. And I found that, once the power started to go out of the memories, things like the excessive drinking started to drop off as well, because that was a symptom of the PTSD.

**Professor Mark Creamer (29:41):**

Such an important message, isn't it? It's not about forgetting what happened, it's about reducing the crippling emotions, really, that are associated with the memory. Would you go along with that, Ginger? Was that your experience too?

**Ginger Gorman (29:51):**

I just wanted to say, something that Geoff just said is really powerful, about seeing it like an injury. I remember Professor Meaghan O'Donnell saying to me, this is like you've really injured your ankle and you need to run a marathon. And she kind of got really stern with me and said, if you don't get fit, you are not going to be able to run this race. And so, then I took the exercises she was giving me really, really seriously, and a lot of it was Cognitive Behaviour Therapy stuff. So, reframing things in a way that made sense to me and practising, what are you going to do in this situation? How are you going to cope with it when it comes up next time? How are you going to answer these questions that you're going to be asked?

**Professor Mark Creamer (30:37):**

I'd love to come back to that reframing, I will come back to that in a minute. I just want to come to you, Sarah, because Geoff and Ginger both went through this process of what we call Prolonged Exposure, of confronting the memories. But really, what you were saying at the end of your chat before was exactly that, wasn't it, except that instead of doing it formally with a therapist, you were able to confront what had happened over and over again with loved ones, with people who care about you, with friends and family. Was that an important part of the process for you?

**Sarah (31:06):**

I think so. I think, personally speaking, I think if I just buried it and not talked about it and just shut it down, it would've eventually simmered to the surface at some point. And so, I think the more I talked about it, the more I could process, and the more I was able to sort of remove myself. I mean, I was in the comfort of my own home back in Australia, far, far, far away from where it had happened to me. So, in that sense, I think it was really important that I talked about it, that it did sort of process and understand, hang on, because I wasn't back there, so, I needed to sort of emotionally work through it in my head, in order to be able to deal with what had actually happened.

**Professor Mark Creamer (31:46):**

Yeah, exactly. Exactly. And I think, if we think about how most of us, really, most of the time when we go through difficult things, how we get through it, that's exactly what we do. We process it in our heads, we talk to people and so on, we're able to do it. Sometimes those memories are so powerful, and so distressing, that basically the body or the brain shuts down, as Geoff says, you just feel numb, or we block it out, numb it with alcohol or whatever, and it's just not possible, in those cases then, we absolutely need some professional help. Let me come back to what you mentioned before, Ginger, and that was the idea of, well, I don't want to put words into your mouth, but I think what you're saying is, the idea of identifying thoughts and beliefs and appraisals that were perhaps not very helpful, and were getting in the way, and challenging them. Is that what happened?

**Ginger Gorman (32:32):**

Yeah. And also, when I would have really angry or negative thoughts, to actually have phrases ready to go. So, for example, all through that period, a bit like what Geoff was describing, I'd just be so angry with my children all the time, and I was having relationship difficulties as well. So, I would have this self-talk, which was about, I'm a shit parent, I'm not good at this. I shouldn't be doing this. I shouldn't have had children. And so, then reframing it, none of that was actually evidence-based at all, really. So, Meaghan was helping me with reframing it. So, actually you have spent hours on your book week costume this week, so you are a good parent. And I would start having these helpful phrases, and helpful framing ready to go, until I could do it automatically, because, that's only one example, but I was doing that in every aspect of my life. So, some of it was about the trolls, and the threats, and the shootings and other things, but some of it was about my relationships, and my kids. And so, it just seemed like everything was bad.

**Professor Mark Creamer (33:40):**

And these thoughts that are so unhelpful and so destructive, they just seem like facts, don't they. They just seem absolutely true.

**Ginger Gorman (33:46):**

They seem like facts, they pervade everything, and they go round and round and round. And I still use it now. I mean, I am still reporting on very traumatic stuff. So, I'm reporting on, for example, at the moment, child exploitation material, and it does bring back all this PTSD stuff, and I still use these thoughts now, like why is this important? Why do you want to do this? What are you trying to achieve? I would sometimes be like, why are you even reporting on this? No one's even going to read this book. And then I would have a phrase ready to go, which is like, I need to make the internet safer. So, yeah, trying to get it in some kind of perspective.

**Professor Mark Creamer (34:29):**

Exactly, exactly. Geoff, did you do any of that, what we would loosely call cognitive therapy, or we called it Cognitive Processing Therapy a couple of weeks ago, but did you do any of that stuff, looking at your thoughts and so on?

**Geoff Evans (34:41):**

Yeah, we tried. I didn't actually find it overly helpful. The main driver for me was exposure therapy, it really did de-power those memories. So, part of my experience was, that I couldn't relate to anything I'd experienced to anyone other than the people I'd been in Afghanistan with. And the only time I would ever talk about the war was when I was drunk, and then, we had a very good social circle, if I even tried to, I would start talking about it when I was quite intoxicated, and people just were aghast at what the war had delivered. And so, I found it very hard to connect.

**Professor Mark Creamer (35:12):**

Yeah, one of the relatively common after effects of experiencing trauma sometimes can be guilt, guilt about the fact that you survive while others didn't, or guilt about the way people behaved, or whatever, it was my fault or that kind of stuff. And that's where we tend to use cognitive therapy, or this kind of challenging some of those thoughts, more than we'd use exposure. So, really I was just asking whether it came in helpful there or, which it didn't, and I accept that entirely.

**Geoff Evans (35:40):**

The only time that it was probably more helpful than not, Mark, and we discussed this briefly, is for the most of the trauma I experienced, exposure therapy was really, really powerful and helpful. With the incident involving the children, I didn't talk about that for about seven years after the war, and I thought I had no drama with it at all, I was just fine. And then one day, I was talking to a journalist in the city at a cafe, and I just broke, it came out of nowhere, and I was crushed, and I burst into tears and I couldn't get out of bed for four days or more. But, at least by that time I'd recognised what had happened to me, and I booked straight in with my GP. I made another appointment with the psychologist and the psychiatrist, and then I went to exposure therapy again. But the interesting thing is, the more I talked about that incident with a psychologist, the worse I got. And eventually, I just got to the point where I said, I just don't want to talk about this particular incident anymore. And we put that aside, and I think that was the right way to treat that specific incident. And I think that is the difference between moral injury and PTSD, in that they present very, very similar, but you need to be careful with what treatment you're using.

**Professor Mark Creamer (36:48):**

Absolutely, and it would be really nice to have a whole episode on moral injury as well, which is a term, a phrase that we're using more and more now to talk about these kinds of reactions that, as Geoff says, they look a bit like PTSD. There's undoubtedly an overlap, but they're really about fundamental values and so on that have been shattered by the experience. But, I think the point you make there, Geoff, is really important and that is how important it is for us as therapists to tailor our treatment to the individual, not assume this is what I use and that's what you're going to get whether you like it or not, but rather to be sensitive to what's working, and what's not.

**Sarah (37:28):**

I just want to say, can I just say one thing just about the, I guess I'm just thinking about how I, and my handling, I guess in a funny sort of sense, I mean, my experience obviously totally different to Ginger and Geoff's, but I guess I sort of reframed it, and rather than having survivors guilt, I was sort of quite empowered by what I went through. I guess, I felt fortunate that I was able to go through something like that and see what it was like, and how I reacted, and how I coped. So, I actually found that quite empowering. I mean, a lot of people said, oh, I don't know what I would've done if that'd been me. And I would say, you'd be surprised what your body's capable of. And I'm just lucky that I've lived through something that has tested my capability. So, I guess in that sort of sense, yeah, there was no survivor's guilt. There was almost, sort of, survivor's empowerment in that sense, which I guess is just reframing it, which probably goes back to me being the optimist.

**Professor Mark Creamer (38:18):**

Well, that's true, but I still think it is a reframing that's really important. And I would argue again, that your willingness, albeit initially a bit unsure, but your willingness to talk about these issues, and talk about what happened is part of the process of sorting it out in your head. It's making sense of it, it's kind of being able to appraise it in an adaptive kind of way. It certainly sounds for you, Sarah, as though social support, or spending time with people who cared about you was an important factor in recovery. Would you, the others, say that as well, Geoff or Ginger?

**Ginger Gorman (38:48):**

I mean, I would. I have an amazing social circle, and a lot of love around me, and I definitely had the support of good friends, but there was a degree of what Geoff's talking about as well. The guys that I got deeply embedded with are really violent, and dangerous, and dark. A lot of them are truly psychopathic. And so, it's really hard to talk to people about it. When I would say, I've had a hard time writing this book, people would go, sort of say, shit happens. I couldn't really get people to understand what it had actually been like, what the content of that book and what I experienced was like. So, I really found I couldn't have done it without the post-traumatic health specialists. I needed that very, very specialist support. That's what helped me. And also, the normalisation of that behaviour. Like when Meaghan said to me, oh, this is what all journalists in your situation do. I found it really helpful and normalising. And the other thing she said was, exercise. I found exercise amazing. I mean, I often feel guilty about, because I work for myself, taking time off to run, but she said, you have to run, you have to run. You have to go to the gym. And that was amazing.

**Professor Mark Creamer (40:05):**

You are reading my mind, because that was my next question, what you just said. It was very important for you, what about the other two, Geoff? Did you feel that, looking after yourself physically, whether it was exercise, or getting enough sleep, or eating right and so on, were those components important for you?

**Geoff Evans (40:19):**

I think they're important, but I really struggled to do that, because I was really unwell, and as I got professional help and the treatment was improving, my mental health, my physical health was getting better. I always lived a fairly healthy lifestyle anyway, So, it was just a matter of getting back to it. Mark, can I just pick up on something that Sarah mentioned a minute ago? And it's because, potentially, I disagree with the orthodoxy. Sarah said her experience was different to ours, and I think that's a really important point, because in my experience, you can't compare trauma. It doesn't actually matter how you broke your leg, whether I did it in Afghanistan or Sydney, the net result is the same. And I think, having listened to Sarah and Ginger, their experience is broadly the same as mine, regardless of how we got the injury. And I wouldn't swap either of you, at least I got to choose where I was.

**Professor Mark Creamer (41:08):**

Yes. I mean, it's an interesting point you raised, that one of the things we find consistently is that independent of the nature of the trauma, the psychological impacts are surprisingly similar, and you'd think they'd be completely different, but something, and it speaks, I think, to the kind of evolutionary nature of these kinds of issues, that this is a part of human psyche, really. Yeah. Anyway, we generally rate the physical side very important, particularly exercise. There's more and more evidence that exercise and mental health go hand in hand. But, as you say, Geoff, often that's extremely difficult to do. But if you can, it's good. Can I just pick up, Geoff, on what we touched on in our introduction, which was your work with Disaster Relief Australia, and the role that that might have for returning service men and women, to be able to do something meaningful and useful and so on. Would you see that, having something meaningful, as being an important part of recovery?

**Geoff Evans (42:08):**

I think it's essential. And it doesn't just apply to veteran, it applies to just about anybody, because we derive so much of who we are from what we do. And if you look at the impact of young kids joining, like, the NRL or elite sports and getting injured, or people leaving the emergency services, or if you're a career journalist and you lose your job and suddenly you've lost your identity, and we can reduce symptoms of mental illness. And remember, not everybody gets PTSD. There are people who had exactly the same experience I'd had in Afghanistan. They're fine except, when they leave, they tend to experience a struggle in finding, well, what am I going to do with my life now? And the trick for us is, to turn that into a positive. So, well, what are you going to do with your life, the world's your oyster? And give them a community around them that supports that mentality, and a sense of identity and belonging and responsibility and purpose.

**Professor Mark Creamer (43:01):**

Yeah, exactly. Having meaning, having something meaningful in our life is so important, isn't it? And work does often fulfil that, whether it's voluntary work or paid work. It does often. Were you able to get back to work fairly quickly, Sarah?

**Sarah (43:13):**

Well, I wasn't actually working, because I was coming back from overseas. So, I was coming home after living abroad for four years. So, I had that time to sort of rest and repair before, I think I eventually went, I came back on December 30th. I don't think I returned to work or started work until May. I took a great deal of time off, and went and stayed with family up in Queensland. And yeah, I definitely, I actually went to Byron Bay, which everyone thought was crazy. It's like, why would you want to come back from the tsunami and go to Byron Bay? But I wanted to see my family. So, yeah, no, I had quite a bit of time to rest and repair.

**Professor Mark Creamer (43:46):**

It's very interesting. And again, it does talk to how we really need to look at everybody's needs differently, because generally speaking, I'd say routine and structure and meaningful activities is really important, but it doesn't work for everybody. I have one more question that I want to ask, but before I do, are there any other comments on anything that we haven't talked about, that you thought was really important in recovery? Yeah, Ginger.

**Ginger Gorman (44:07):**

I was just going to say, on the back of making meaning out of what's happened, I think is really important. And so, for me, the thing that almost made it worth it for me was the social impact, I could see the conversation changing. I've seen new legislation that's being drafted, lots of positive things happening, so that I feel like the trauma is worth it. And I'm also just, listening to Sarah and Geoff speaking, I was thinking about empathy and how sometimes these experiences can really make you have empathy for other people, and actually make your life a lot richer. So, when other people are coming to you with these kinds of traumas, I think you respond to them differently, and that's quite powerful. Geoff, definitely in your work, but Sarah, just from listening to you speaking, and I've certainly felt like that myself. When people are writing to me about these issues, I've got a different level of empathy for them, I think.

**Sarah (45:07):**

No, I absolutely agree with that. Yeah.

**Professor Mark Creamer (45:09):**

I was going to actually make that point about Geoff, as well. So, Geoff, you have done a huge amount of good work for the veteran community and so on, assisting them in various kinds of ways. Do you see that as part of your own recovery?

**Geoff Evans (45:24):**

Oh, no question. Absolutely. It's the same formula that we apply in Disaster Relief Australia. It's about helping yourself through helping others. And we know that, if I go to a veteran or an emergency first responder, and ask them, and say to them, I'm here to help you, they'll say, oh, no thanks I'm not interested. But if I ask them to help somebody else, they're out the door in a heartbeat. And that was exactly the same for me.

**Professor Mark Creamer (45:44):**

Yes, yes. That's very, very interesting, isn't it? So, my final question, you've already answered really, I was just going to say, looking back now, did any good things, any positives, come out of the experience for you? But I think probably, you've all kind of answered that. Would anyone want to add anything further to that, about whether there were any good things that came out of it?

**Sarah (46:06):**

Well, I guess just like I said earlier, I guess, that survivor empowerment, when people say, when they hear my story and they're like, oh God, I just wouldn't have been able to cope. It's like, no, you'd be surprised. And feeling, in a sense grateful that, I guess, I went through something like that. And it does, it makes you value, you realise that things, in a split second, in a heartbeat, can be taken away, turned upside down. And realising, I'd like to say I don't sweat the small stuff, I do, but it's a nice little reminder sort of thing. And we are here for a good time, not a long time. So, I'd absolutely make the most of it.

**Professor Mark Creamer (46:47):**

Alright, look, I'm so sorry that time is running out. We could easily devote a whole podcast to each of the three of you today. It's been extremely valuable. I'm very, very grateful to you for sharing your experiences. I've got no doubt that they'll be extremely valuable, not only for other people who have been through some kind of traumatic experience, but also for, and very importantly for, health and mental health professionals who are working with survivors of trauma. So, I'd just like to quickly run through what I think emerged today, and also in the previous episodes in this podcast series, that are important in recovery. So, first, I think that everybody agreed today on the importance of being able to confront what happened, to work through the memories. And that might happen formally with a therapist, using something like Prolonged Exposure, which both Geoff and Ginger did, or it might be informally with our naturally occurring support networks, which is what Sarah did, and I think, probably Sarah actually said it, that blocking it out, pretending it didn't happen, is generally not a great route to recovery.

**(47:50):**

And I think related to that, is the importance of trying not to avoid places or activities that might be very difficult or anxiety provoking. And I know that's difficult, but more broadly, staying engaged with life, staying engaged in work and enjoyable activities, and this idea of being able to reclaim your life, I think, is an important concept. We talked about the importance of social support more broadly, having family and friends to provide support through what is often a very, very difficult process. We talked about that there is often a need to challenge some of our unhelpful negative thoughts, to maybe reappraise what happened and how it happened, and to make sure that we don't get bogged down in repetitive and unhelpful negative thoughts and rumination. We talked about how looking after ourselves physically is a

really important part of the picture, particularly exercise, but I think also sleep, getting enough rest, eating well, moderating alcohol use, and so on.

(48:51):

Very importantly, we talked about not being afraid to get professional help if you need it. And I think, as Geoff said, taking the time to find the right therapist, someone that you trust, someone you can relate to, someone who knows what they're doing in treating traumatic stress. Don't be afraid, if you don't get on with a person, you don't feel that you can trust them, don't be afraid to find somebody else. That's absolutely fine. You've got a right to choose your own health provider. And finally, I think sometimes it is important, I think it's helpful sometimes, to consider whether there are any positives that have come out of the experience for you. So, at this point, I'd like to thank our three guests very, very warmly. Thank you very much to Ginger, Geoff, and Sarah for sharing your experiences with us today so openly, thank you all of you.

**Geoff Evans (49:38):**

Thank you.

**Sarah (49:38):**

Thanks for having me.

**Ginger Gorman (49:39):**

Thanks for having me.

**Professor Mark Creamer (49:40):**

So, that was the last in this current podcast series on trauma and mental health, but hopefully we'll be able to do some more on different mental health topics next year. So, do keep an eye on the MHPN website for more details, and also for some links to some very useful resources. For now though, my name's Mark Creamer. Thank you all for listening, and I hope you enjoyed the series.

**Host (50:02):**

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