

## To Whom it May Concern:

I am writing as a trauma psychotherapist to advocate and explain why the person who is giving this letter needs some extra care in order to attend a smear appointment.

## Words are hard to use:

As a trauma specialist, I am aware that too many women avoid regular smear check- ups due to the experience being far too triggering. I am sure you are aware that trauma is defined as any experience where the person was rendered powerless and terrified and then overwhelmed, This also means that rarely can the survivor speak about the past ordeals, because words are too hard to access as the broca's area of the brain is usually 'offline' due to the need to focus on surviving the threat or perceived threat. This means that rarely can the survivor explain what is so terrifying for them about a routine check-up. This letter aims to help them explain.

## What is triggering?

In the aftermath of sexual trauma, the experience of a smear test, in all the details of it can be deeply triggering. This routine request sadly can cause anxiety before the appointment, tension and terror during it and shock during it when the patient feels that they have to comply with the requests of the practitioner in order for the test to be done, and shock afterwards when they try and process the experience.

This range of negative experiences can cause the survivor to avoid the medical appointment. It can take a huge amount of emotional energy to arrive for the appointment and to not run away before being called in. At the start of the appointment, if the nurse practitioner is not aware of these additional trauma challenges, the survivor may feel rushed or that they have to laugh or smile. This of course can lead to further internal panic.

If the examination goes ahead without enough time to feel emotionally safe, the survivor can end up reacting in instinctive survival behaviours due to the feelings of powerless and terror, particularly when they are in the vulnerable position on the examination table. The fast reaction of terror and powerless felt by this required medical 'invasion' would normally result in a fight, flight

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response, but due to the overwhelm of not being able to easily do either, a survival reaction could then result in panic attacks, passing out, extreme dissociation and then once the appointment is over, a phobia of the other medical examinations due to the inability to defend or escape.

## What can help?

If the patient knows that you understand that they are anxious about the procedure, and you are able to be kind and gentle- this will already help them stay in the cognitive and not automatically react in a defensive, terrified way.

- Sometimes they may need to have music in their ears.
- Sometimes they may need someone to be there to accompany them.
- Sometimes they may need to hold something that has a strong smell to keep them grounded and feeling safe.
- Sometimes they may need to practice visualisation and so may not be able to hold a conversation or reply to any questions.
- Sometimes they may need to tell you about a method that they use that helps them stay feeling safe.
- Sometimes they need to insert the speculum themselves to feel in control and less powerless.
- Sometimes they need you to listen to them first before asking them to do anything- so that you can reassure them and show that you have empathy.
- Sometimes they may need gas and air or another relaxant.

It's important to ask them if they want you to narrate what you are doing so that they feel less powerless or if they would prefer to block out the experience with music or visualisation and they would rather indicate pain with hand signals instead.

I hope that helps you understand a little more.

We are grateful for your time spent reading this.

Please do email me if you would like more information. We appreciate your work in helping people stay healthy!

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Kind regards,

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