

## HOW UNDERSTANDING TRAUMA CAN HELP OUR COUNTRY HEAL

By Catherine McCall

Terrorism, war, kidnapping and murder of children, earthquakes, devastating fires, storms, floods, catastrophic illness, corporate layoffs, and economic disaster – the media bombards us with up-to-the-minute reports, bringing trauma into our family rooms, cars, elevators, offices, restaurants, fitness centers and nail salons. How do these horrific events affect their victims? What about those of us who witness devastation on our television or computer screens? Are we harmed too? How do children take in these events, and what can we do to help them? Our need to understand and heal the effects of trauma on its victims and witnesses has never been more urgent. The mind's reaction to an extremely stressful or life-threatening situation is complex, which can make it difficult for friends and family to realize that their loved one needs caring attention and that they, too, may be in need of care.

A person experiencing trauma is plagued with terrifying thoughts and strong, painful feelings such as fear or helplessness, but often feels shame about these feelings

and suffers in silence. He or she may withdraw, detach, become irritable, unable to concentrate, suffer from sleep disturbance, become aggressive, and may experience flashbacks. In *Trauma and Recovery: from Domestic Violence to Political Terror* (1992), Judith Herman, M.D., a psychiatrist at Harvard Medical School, explains that during a traumatic event the linguistic encoding of memory is deactivated, causing the central nervous system to revert to sensory forms of memory. Later, these sensations become a traumatized person's enemy, because they set up the memory. The body reacts to these stimuli as if there is a continuing threat, and the trauma survivor may overreact or seem to shut down. He or she may avoid situations that evoke thoughts and feelings reminiscent of the trauma, or experience emotional numbing in both trauma-related situations and in everyday life. Because of these reactions, trauma survivors are vulnerable to developing one or more addictions: to work, alcohol, drugs, sex and more recently, cyber-sex. This phenomenon may also contribute to the increased suicide rate among the military.

Research reported in *Psychiatric Times* (March, 1997), by Bessel van der Kolk, M.D., an internationally recognized leader in the field of trauma, indicates that complete or partial amnesia occurs after virtually every form of traumatic experience, with childhood sexual abuse, witnessing a murder of a family member, and combat exposure yielding the highest rates. Memories typically emerge during exposure to sensory or feeling stimuli that match elements associated with the trauma. It's also common for a trauma survivor to suffer from a combination of vivid recall for some elements of the trauma, and amnesia for others. Reactions to trauma fade over time for many, and they

seem to experience fairly good adjustment throughout their lives except that they typically don't respond to stress the way others do, but instead, often feel or act as if they're being traumatized all over again.

Experts believe that the more direct a person's exposure to a traumatic event is, the more likely it is that the after effects will be intense. But second-hand exposure can also be traumatizing, as it was for many of us on September 11, 2001, as we watched instant replays of terrorist-driven planes fly into the World Trade Center on our televisions, and became paralyzed with shock, grief, anxiety, and fear. In *Common Shock: Witnessing Violence Every Day; How We Are Harmed; How We Can Heal* (2003), Kaethe Weingarten, Ph.D., a family therapist at Harvard Medical School, explains that none of us can avoid witnessing violence, whether in nature or in relationships, and we need to be aware of both the toxic power of witnessing and its tremendous healing potential. Compassionate witnessing, which contributes to the transformation of violence on every level from the individual to the societal, requires that we take time for reflection and self care. We need a community of support in our personal lives so that we can process the meaningfulness of our own experiences as victims and witnesses. This enables us to develop a capacity for empathic listening, and insures that our compassion extends from an open heart, rather than an overwhelmed one. When we do the important work of bearing witness, we dissolve the anguishing wall of isolation between the victim and society, and create a bridge of emotional connection, thereby lessening the impact of trauma.

Take war for example. News reports urge us to pay attention to a litany of psychological wounds that plague soldiers returning from Iraq and Afghanistan. The toll of military vets suffering with Post-traumatic Stress Disorder (PTSD) is unprecedented, challenging them to endure a cluster of symptoms that characterize this disorder:

- Intrusive re-experiencing (as flashbacks, nightmares, etc)
- Automatic hyper-arousal responsiveness (depression, lack of motivation, avoidant, etc.)
- Intense emotional reactions (experiencing feelings of fear, anger, and panic in response to even minor stimuli)
- sleep problems ( such as difficulty calming oneself enough to go to sleep and compromised ability to experience REM sleep, which is important for the processing of information about the day.)
- Learning difficulties (trouble remembering ordinary events, difficulty concentrating, etc.)
- Anxiety, memory disturbances and dissociation
- Aggression against self and others
- Psychosomatic reactions (some trauma survivors experience emotions simply as physical problems; they experience distress in terms of physical organs rather than as psychological states)

*In War and the Soul: Healing Our Nation's Veterans From Post-traumatic Stress Disorder*, (2005) Edward Tick, Ph.D., describes how cultures throughout history have needed their warriors to preserve and protect what is important to them, and that being a

warrior is a life-long identity and a sacred trust. Rather than perceiving the PTSD of vets as their individual mental disorders, he suggests that we all bear elements of their wounds, and the community response to the returning soldier needs to encompass supportive rituals that include purification, story-telling, and community acceptance of responsibility for what the soldier has done. Religious services that are designed to provide spiritual cleansing and comfort for our vets will facilitate their spiritual homecoming.

Most people are familiar with the link between PTSD and combat veterans, but may not be aware that many other forms of severe or repeated trauma, including those listed at the beginning of this article, may also lead to the development of this syndrome. An example was pointed out by Dr. Judith Herman in her previously cited book, when referring to domestic violence, she noted that “not until the women’s liberation movement of the 1970’s was it recognized that the most common post-traumatic disorders are not those of men in war, but of women in civilian life.” Today, the suffering of women and men in the military and the plight of women survivors of domestic violence overlap because of the frequent occurrence of the tragedy of sexual abuse. It is believed that at least 16-23% of veterans returning from war have experienced military sexual trauma since their deployment (McCarroll, Ursano & Newby, *Domestic Violence and Deployments in US Army Soldiers*, 2003) .

While the likelihood of developing PTSD depends on the extent of exposure, whether there has been prior trauma, and the level of social support a person has,

regardless of its causes, symptoms of PTSD should never be ignored. They require treatment by an experienced mental health professional.

A continual task in the process of healing from trauma is that of assigning language to experience. Each time we tell our story it diminishes the power it has over us. Transformed, the trauma story shifts. Shame and fear are erased by dignity, wisdom, and peace. As one sexual abuse survivor told me, “keeping the secret only keeps in the shame.” But whether the trauma experience is one of war, rape, domestic violence, catastrophic illness, job loss, or other, the act of telling one’s story has its own set of problems which are rarely easy to resolve, but always important to address. We’re often rewarded for keeping silent, or for denying or displacing our feelings, and punished for speaking the truth. In domestic violence situations this can feel like, and in some cases actually be, a choice between life and death. In other family relationships and in friendships, it presents the trauma survivor with a painful dilemma, eloquently described by Kaethe Weingarten in *Witnessing, Wonder, and Hope (Family Process, Winter, 2000)*:

“If I don’t tell you what I really think and feel, I will feel disconnected from you. In silence. But, if I do tell you what I really think and feel, you will withdraw from me. What I have to say is so heinous, horrible, toxic, unacceptable, that you will be unable to stand me.”

This dilemma contributes to creating a “conspiracy of silence” that far too often follows trauma, and is profoundly destructive, for it attests to the person’s, family’s, society’s, community’s and nation’s inability to integrate the trauma. When there is no meaningful dialogue exchanged, fear, confusion, isolation, sadness, anger, shame, and blame can prevail and are transmitted to next generations. This is in sharp contrast to the

widespread research findings that social support is the most important factor in coping with traumatic stress. (Danieli, Yael, *International Handbook of Multigenerational Legacies of Trauma*, 1998).

Children are helpless bystanders to all kinds of trauma, and powerless witnesses of their parents' emotional turmoil. Take the trauma of war for example. Even if a child is not directly related to war through the experience of an immediate relative having been deployed, she or he still hears about war and struggles to understand what it means and what is implied in the atmosphere of anxiety and fear surrounding it. What children need most is for us to be attuned to them, so that we can teach them lessons about living and loving, about courage, about the strength of connection and the meaning of compassion, and also about how to manage stress.

Fern Reiss, in her book, *Terrorism and Kids (2001)*, discusses guidelines which I think are appropriate for supporting children through many kinds of events that carry the potential to trigger traumatic stress reactions. She recommends limiting TV and internet viewing, explaining that pictures are more disturbing to children than words are. Don't let kids listen to news reports alone, and cuddle them when they're hearing the news; it does a lot to comfort them. Discuss their reactions, help them to label their feelings, and tell them some of your own. Be careful about what reading material you leave around the house. Make sure your child doesn't feel responsible for your feelings. While children need to see you react, need you to explain things to them in age-appropriate language, and they receive implicit permission to grieve if they see you grieve, process some of

your feelings away from them. Think about their developmental level. And don't overlook infants, thinking they're not affected. Infants have an intuitive awareness of the feelings around them. They may get fussy. Soothe them by keeping them close. Preschoolers need reassurance that you will keep them safe, and they value hugging, drawing, and playing. Be empathic and remind them that their immediate world is safe. Do something active together, like go for a nature walk or bike ride.

In *Children and Trauma: A Guide for Parents and Professionals (1997)*, Cynthia Monahan recommends that you keep to your routine, and make time for fun. Make lists with your children of things to do, things you're grateful for, and what they want to be when they grow up. It will remind both of you that life goes on and that things can get better. School age kids are less capable than older kids of communicating, so spend time with them and initiate discussion. Teenagers need adults because they often understand the situation well enough to be terrified. As confirmation of this, after the Virginia Tech massacre in 2008, my colleagues and I had a flurry of new referrals of high school seniors who were afraid to go away to college.

Trauma by humans affects kids and adults more negatively than trauma caused by natural disasters. Brainstorm with your children about how your family can participate in something that will either help the victims or help to give the event new meaning.

Never underestimate the value of love and compassion. In *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others (2009)*, Laura van Dernoot Lipsky explains that maintaining compassion for ourselves and for others is of paramount importance. She recommends that we slow down and take stock of where we

are each day; that a mindful, connected journey, both internally and externally, allows us to be stewards of both those who have allowed us into their lives and also of our own capacity to be helpful. She reminds us that we don't control many things in our lives, but we do control how we interact with our situation from moment to moment. And Kaethe Weingarten (2003) notes that "few of us are in a position to change the world dramatically, with one action, but all of us can change the world by transforming how we witness the violence and violation we observe daily.

Do you remember the days before cell phones, email, facebook, and twitter? If so, you may remember a jingle from the old telephone company TV ads: "Reach out and touch someone." I say, do it! Reach out and touch someone with your caring, with your story, with your understanding, with your compassion, with your smile, with your tears. Reach out and ask for help. Reach out and give it. Open your heart and your mind. Connect. That's how our country will heal.

The End

## ABOUT THE AUTHOR

Catherine McCall, M.S., L.M.F.T., is a marriage and family therapist in Roswell, Georgia. Her memoir, *When the Piano Stops* was recently released by Seal Press. Catherine is a Clinical Member of the American Association for Marriage and Family Therapy and on the speakers' bureau for RAINN, the Rape and Incest National Network.

In addition to books cited in this article she recommends that readers visit the following websites for inspiration about where and how to connect and promote healing:

[www.giftfromwithin.org](http://www.giftfromwithin.org)

[www.childhelpusa.org](http://www.childhelpusa.org)

[www.thehopeofsurvivors.com](http://www.thehopeofsurvivors.com)

[www.rainn.org](http://www.rainn.org)

[www.joyfulheartfoundation.org](http://www.joyfulheartfoundation.org)

[www.thesah.org](http://www.thesah.org)

[www.soldiersheart.net](http://www.soldiersheart.net)

[www.darkelegy103.com](http://www.darkelegy103.com)

[www.careforthetroops.org](http://www.careforthetroops.org)

[www.poetrytherapy.org](http://www.poetrytherapy.org)

If you are in an immediate crisis situation dial 911 or go to your nearest emergency room.

Other resources for telephone help include:

National Suicide Prevention Hotline	800-273-8255
National Child Abuse Hotline	800-422-4453
National Domestic Violence Hotline	800-799-SAFE
National Sexual Assault Hotline	800-656-HOPE
Hotline for People Facing Foreclosure	888-995-HOPE
National Cancer Institute	800-422-6237