Article 23

The Impact of Trauma: How Best to Help

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Introduction

September 11, 2001, was America's wake-up call. The events of that day forced this nation to embrace the fact that America is no longer immune. Never again can Americans believe that this nation is safe from major destruction upon its own soil after being targeted by another country. For many Americans, it was the first time this reality became clear: terrorism, and the resulting trauma, is not something that always occurs "over there." This nation's symbols of national strength: the World Trade Center (financial strength), the Pentagon (armed services strength), and a possible attempt to destroy the White House (presidential strength) and/or perhaps the United States Capitol (national government strength). Immediately after the attacks, America had to instantly determine how to respond and cope with this nation's shattered sense of security and safety. Naturally, the children of America will look toward the adults for guidance and a sense of safety and security. How America's children cope with trauma such as September 11 or any other major trauma depends to a large degree upon how the adults around them respond. Adults within the professional counseling world as well as adults within the community must be the role models for the children.

Trauma invades the lives of individuals, communities, and nations today with much more frequency and by measures far more terrifying and destructive than in the past—not only for children, but

for adults, communities, and nations. Adults and children of all ages feel the deep fear and anxiety that follows in the wake of a major trauma. In today's society, no one is truly "safe." Trauma has mutated into a more powerful, invasive, and destructive strain than has existed in the past. One only has to remember the vivid media images of September 11th, Oklahoma City, or Columbine High School to be reminded of the tragic impact trauma has upon children, adults and the community. What do individuals need after experiencing a major trauma, and how might counselors assist clients and communities in meeting those needs after a traumatic event?

Trauma's initial impact brings four very powerful messages to a trauma survivor and the community. It tells the survivor that the world is no longer safe, kind, predictable, and trustworthy. Each of these has been taken away, or at the very least has been violated and/or damaged through the traumatic experience. Trauma, by its very definition, is unpredictable, dangerous, and destructive. For children, the loss of these four particular elements is even more devastating than for adults. Trauma literally robs children of a right to innocence that belongs to all children. This innocence is taken away prematurely against the child's will—never to be regained. That child's "world" is never again the same. The counselor can begin to meet these immediate needs of a trauma survivor by creating a counseling environment of safety, kindness, predictability, and trustworthiness. In some small way, a new therapeutic "world" is created that once again has—to some degree—characteristics of the client's world prior to the destructive trauma. Key in creating this counseling environment is the personification of these qualities by the therapist. Without these qualities, a counseling relationship with a trauma survivor will not be effective; each is critical for success.

In addition to these powerful messages, trauma also brings three unwelcome effects into the life of the survivor. The first unwelcome effect is that of silence. Initially the silence evolves from the trauma survivor being stunned and shocked. However, once the initial shock of the trauma has begun to wane, the trauma survivor believes there are truly no words that can adequately describe the trauma that has been experienced. The second unwelcome element that enters the

life of a trauma survivor is a sense of isolation—always emotional isolation and perhaps even physical isolation. A trauma survivor may also have to learn to live life alone when the trauma has killed a loved one who once shared the survivor's life. The survivor deeply believes that no one could understand the depth of the terror that has been experienced and survived. The last unwelcome effect after a trauma is a sense of helplessness. At the time, nothing could be done to prevent or stop the trauma.

How might the counselor within the school or the helping community facilitate the client in working through these three unwelcome effects? First, the counselor assists in breaking the silence by first patiently sitting with the silence and then gently guiding the clients and the community in finding words to describe the actual experience, and to express the terror, pain, and sadness that accompanied the trauma and subsequent losses. This may occur individually, in small groups, town meetings, or as in the case of the attacks of September 11th, through a national address to the nation from President Bush. Next, the counselor helps to lessen the sense of isolation by joining the clients in this emotional journey and walking beside the clients and community through the depths of the emotional trauma work. Last, the counselor addresses the sense of helplessness by continually encouraging and empowering clients and the community to make the difficult journey through the trauma work in order to begin living life again instead of becoming overly focused and perhaps fixated on the past trauma. In this final phase, the counselor must empower clients and the community to walk through the emotional pain of the past trauma in order to emerge on the other side, ready to reach toward and fully grasp the future—a new future for the individual as well as a new future for the community.

Combined with these unwelcome messages and effects, trauma also brings new threats into the world of the trauma survivor. In working with children, the counselor must keep in mind the many different kinds of threats that children experience in regard to a trauma. First and foremost is the threat of losing life, limb, or health—either the child's own life or someone the child loves. The second threat is a worldview threat. Children are forced to encounter human evil when

the trauma experienced was man-made such as September 11th, the Oklahoma City bombing, or any of the school shootings such as those at Columbine High School. This raises the question of why innocent people have to suffer. The third form of threat is a threat to the self-ideal. Traumatic events have the potential to cause children and adults to act, think, or feel in ways that contradict views of themselves as well as what others expect. A child might feel humiliated by the intense feelings of helplessness or fear as well as the fact that he or she did not function as well as he or she had wished. The fourth threat is that of emotional instability. Children may become frightened not only of the threat of the trauma, but also of the "bomb" of feelings building internally that might go off at any time—perhaps unexpectedly—as often occurs during a flashback. The fifth threat is the threat to thinking and logical abilities. Children may have trouble getting along with others, concentrating, remembering, and completing tasks. As the child becomes aware of this difficulty, he or she may become even more anxious and therefore less functional; anxiety produces more anxiety. The sixth threat is that of breaking the parent–child "membrane." Implicit in the parent–child relationship is the expectation that parents will always protect their children. Because parents could not protect their children from the traumatic event, children may feel betrayed or even abandoned by the parent, as well as angry at the parent. In the case of the September 11th attacks and the Oklahoma City bombing, there is also a breaking of the community–citizen "membrane." The personnel, offices, and agencies of local, state, and national governments are given the charge of keeping citizens of communities, states, or nations "safe." When that does not happen, this trust seems misplaced and/or violated. The final threat that the new trauma brings is the threat of intensification of current, nontraumatic stresses and difficulties in the life of the child. A traumatic event can make ongoing emotional problems more difficult to deal with and cause old, unresolved trauma to resurface.

Trauma shatters the world of the survivor; what used to be "normal" no longer exists. In actuality, the world that existed prior to the trauma can never truly exist again. What must be done in trauma work is to reconstruct a new world—a "new normal." A major portion

of the trauma work involves assisting the client and the community in first identifying the remaining pieces and then picking up those pieces. These pieces are often multifaceted—physical, emotional, financial, sexual, as well as spiritual.

The next portion of the counseling process is assisting the client and community to arrange (and rearrange) those remaining pieces in an attempt to make some kind of sense and meaning from the trauma. This does not imply that the counselor is going to make sense of a senseless trauma such as September 11th. However, it does mean that the counselor assists the client and the community in finding some kind of greater meaning in the event. Often finding this meaning results in proactive efforts similar to that of the creation of MADD (Mothers Against Drunk Driving), which was established in 1980 by a group of women in California outraged after the death of a teenage girl killed by a repeat-offender drunk driver.

Finally, the counselor must assist the client and community in defining a new normal. Life must be redefined not by what used to be, but by what now exists—a new reality. A tool that helps to illustrate this shattering and reconstruction is a puzzle (an Adam's cube) that has six different colored and different shaped plastic pieces that can be arranged into a different shape for each of the six sides of the cube. Even though the six pieces do fit into all six sides of the cube, each finished side creates a different shape—a triangle, a square, an octagon, and so on. When a client rearranges the remaining "pieces" after the shattering of a trauma, the client's life is never again identical to what it was prior to the trauma. The new normal does not have the "shape" of what was normal prior to the traumatic event.

Trauma consistently brings a series of questions that survivors must ask and then begin to search for answers. The counselor should be prepared for this by having an initial response to assist the client and the community in finding individual answers to questions. Trauma survivors frequently ask the following questions:

- *Who (or what) else will I lose?* Helpful response: " Trauma is an event that is unusual—out of the ordinary. This exact trauma will probably not repeat itself."

- *Will I die?* Helpful response: "Eventually everyone dies, but unless you are sick or have an accident, death is probably not an immediate issue."
- *Am I loveable?* Helpful response: "Yes, you are very loveable." Remember that individuals (especially children) believe that bad things only happen to bad people. The response to this question should explore the truth of that belief.
- *Was it my fault?* Helpful response: " What do you think?" If the client did have some role in the cause of the trauma, do not address this issue until the client has first asked the question. The goal should then be to assist the client in owning his or her part in order to grieve and heal. Also be aware of magical thinking with children. A child often believes something happened because he or she wished that it would happen. The truth of this belief should also be explored, especially if the client is a child.
- *Could I have stopped it?* Helpful response: "Tell me how you could have stopped it." Assist the client in exploring whether he or she had the power, ability, or opportunity to stop the trauma.
- *Will I ever feel normal again?* Helpful response: "Yes, but normal won't feel like what normal used to feel like." Remind the client that it will be a new normal.
- *Am I going crazy?* Helpful response: " No, you are having a perfectly normal reaction to an out-of-the-ordinary event."
- *How could God let this happen?* Helpful response: "I don't know. Tell me what you think about where God is in the midst of this trauma."
- *Will I ever laugh, (love), (trust) again?* Helpful response: "Yes, but probably not for quite a while. First, you will need to grieve your loss. Eventually you will be able to laugh, love, and trust again".

A majority of the trauma work is grief work. This part involves working through the new losses that the trauma has brought as well as old, unresolved losses that have resurfaced due to the new trauma. In regard to the stages of grief, it is helpful to remember the following. Although the stages are listed in a specific order, a client will work (and rework) the stages in the unique order of his or her own grief journey. No two journeys through grief are the same—not even for two individuals experiencing an identical loss. It is equally important to remember that each stage will be worked through in bits and pieces. Not all of the anger work will be done when a client is first in the anger stage. The client will revisit this stage, as well as the others, as often as necessary. Each time the stage is revisited, another portion of the anger work is done.

A major question that is often asked during the grieving process is how long the grieving process will take. Although this will vary for each individual client, there are four factors that will affect the length of the grieving process. The first is how close the person was to the individual who was lost. Of course, the closer the relationship, the longer the grieving process. The second factor having an impact on the length of the grieving process is how unexpected the loss was. (This is what made September 11th so difficult.) The third factor that will have an impact on the grieving process is the role models that the person has had in his or her life. Has the client had the opportunity to see and learn a healthy grieving process, or has the client been denied that experience? The last factor applies to children. How old the child is at the time of the loss will have a bearing on both the manner in which the child grieves and the length of time the child grieves. All of these individual factors together will determine the approximate length of time that a client will need to grieve the trauma along with its losses. Remember, grief takes as long as it takes!

Often, a counselor wonders how he or she will know when the trauma work has been completed. Basically, there are four tasks in successful trauma or grief work. When these tasks have been completed successfully, the majority of the work has been completed. The first task is completed when the survivor has finally accepted the reality of the loss or losses. This occurs when the losses have

been identified and acknowledged, and the griever is no longer in denial or attempting to "bargain" with God, man, and so on, in order to avoid the painful reality (and permanency) of the loss. The second task is for the survivor to experience the pain of grief. This involves all the feeling work—accessing and feeling the pain, anger, sadness, and guilt about the loss. It includes exploring memories of the lost object or person as well as reviewing the important shared experiences of the past. In this phase, the important future hopes, dreams, and events that were to be shared with this person must also be grieved, for those will never be shared. The third task is adjusting to an environment without the lost object or person. The two major parts of this phase are learning to make some kind of "sense" out of the trauma and loss, while attempting some understanding of it, as well as accepting the finality of the loss. The final task is when the survivor begins to resume normal activities and form new relationships to help fill the void created by the trauma and its subsequent losses. The energy that once went into grieving the past events and losses is now invested in the future. This indicates a critical turning point for the client. The client and the community have moved the focus from the past to the present and are now ready to focus on the future.

Summary

What becomes crucial in the life of individuals who have been traumatized is not the magnitude of the trauma itself, but more important, who they become in relationship to that pain. As Doris Stanford stated in the introduction of her book *Love Letters: Responding to Children in Pain,* "The same water that hardens an egg softens a carrot." It is the response to the trauma that determines the life-long impact that the trauma has upon the survivor. It is not the nature of the trauma that is critical to recovery; it is the individual's response to the trauma that is critical. What is vital is that the survivor does not become a hostage to the past, in essence, a hostage to the trauma itself. It is often the counselor and the support provided by the counselor and community that make this critical difference in the lives of trauma survivors. This difference often determines the client

having a "past" versus having a "future."

Conclusion

The helper must remember two key factors in relation to the work involved in healing from a trauma. First, the healing process will always take much longer than originally anticipated, and second, it will probably be far more difficult than expected. It is imperative for the helper to keep this in mind as the healing process evolves; otherwise it will be tempting to give up too easily or become impatient in the healing journey. Does the hole torn into an individual's or community's heart by trauma ever heal completely? No, not completely, but it does become smaller (and more bearable) through time and appropriate therapeutic intervention. What is critical to the individual's and community's recovery is that there are equipped professionals who are willing to walk together with the client and the community through the deep emotional pain of trauma in order to emerge victoriously on the other side of the trauma.

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