



*Understanding and Coping with*

# **TRAUMA**



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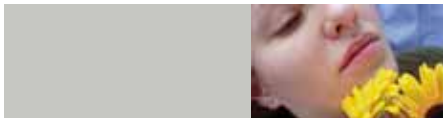
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# Understanding and Coping *With Trauma*

2 For anyone who pays attention to current events, it is clear that large numbers of people around the world are affected by events which result in trauma. Every day there are accidents on our roadways, in our homes, in the workplace, in the air and on water. There are weather related events which can seriously and suddenly affect any number of lives. We hear and see images of tornadoes,





cyclones, hurricanes, tsunamis, earthquakes, floods and fires. Besides the possibility of trauma from the natural elements and the hazards of living in a mobile society, there are daily assaults, robberies, shootings, suicides, homicides and rapes. There is even the risk of trauma resulting from family violence. Any of these events can result in sudden and unexpected trauma.

Perhaps even more disturbing are the all too familiar threats and actual events of man's inhumanity to man. Wars, acts of genocide and terrorist attacks, regardless of the scale, are even more shocking and overwhelming in their intended effects. In the Bible, Luke chapter 10, Jesus tells the story of the good Samaritan, which describes a sudden and traumatic attack. The account goes on to set the example for how we are to respond to victims of such events.

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It is impossible to grasp the range and numbers of individuals affected by and suffering from such events on any given day. Each person affected by trauma experiences his or her own unique reactions and symptoms.

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### **How Traumas Can Be Experienced**

Trauma often results in physical injury such as broken bones or other injuries, causing sudden incapacitation and loss of the ability to respond or function effectively. For our purpose here we will focus on the emotional consequences of trauma that can affect any one of us as an individual. Such trauma results in emotional pain,

distress, a sense of shock and threat that overwhelms one's usual abilities to cope. These responses to trauma can have long-lasting emotional effects. Emotional trauma is essentially a normal or predictable response to an abnormal or extremely unusual event. Though it is important to know it is a normal response, it is certainly not a comfortable circumstance. Feelings of overwhelming stress and the inability to function effectively are at least temporarily locked in and fixed by the trauma (Crisis Care Network).

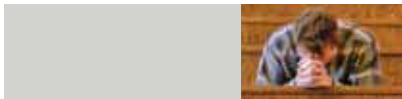
We have already noted that trauma can happen at any time and any place. Because most of us spend a great deal of our lives in the workplace, this is one of the places we may be most at risk to experience trauma. Such workplace trauma not only affects the individual(s) involved but also has great implication for the ability of others in the workplace to effectively respond, continue to function and recover. In such a setting there may be the added involvement of responding to and assisting others who have been affected in the same traumatic event.

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### **What Is Stress?**

Stress is a very normal part of all our lives. To be involved in life's activities and relationships is to have times of added stress. Usually this happens in manageable doses, and we are able to





accommodate and respond to the occasional unexpected change of priority, sudden change in required work deadline, or the unanticipated weather or traffic delay. Such events often actually energize us into figuring out different and creative ways to accomplish our original goals. Good stress is called “eustress.”

6 Distress, on the other hand, is a negative and dysfunctional force that can lead to disease and the erosion of health (Mitchell and Everly, 2001). Distress is stress to the degree that normal coping mechanisms are no longer effective. The ability to think and problem solve is seriously impaired, leading to unpredictable and often chaotic feelings. Our ability to sort out the situation (with our higher, cortical, brain functioning) is so overwhelmed by the traumatic event that what is left is fight, flight, freeze or even faint (our lower, or subcortical, brain functioning). In normal circumstances, these two areas of our brain function in parallel and complementary fashion, each doing its respective work, but in an acute trauma, the balance is tipped into survival mode only.



## Symptoms of Trauma

This trauma state is not pleasant and can manifest itself in many different ways. One way is to have physical symptoms, which can include rapid heart rate, chills, tremors, hyperventilation, dizziness, stomach upset with nausea and vomiting, increased blood pressure, a sense of overwhelming fatigue or exhaustion, headaches, disturbance of normal sleep patterns and chest pains.

Acute trauma affects our ability to think. We may be easily distracted; there can be a sense of confusion, inability to problem solve, inability to focus and maintain one's attention, difficulty with simple arithmetic, hypervigilance (anything and everything can seem dangerous or a threat); we may even be disoriented about who and where we are, we may have marked increase or decrease in alertness and recurring and intrusive thoughts of the traumatic event.

- 7 Our behavior can be altered by trauma. We can experience nightmares or disturbance of appetite or



have an exaggerated startle response. We may avoid crowds and social gatherings, preferring to isolate and withdraw. There may be poor attention to personal hygiene. There can be substance abuse, impulsiveness and out of character risk taking behavior. Trauma can affect our emotions. We can feel guilt, anger, fear, grief, anxiety, shock, disbelief, sadness, hopelessness, helplessness or irritability. We may experience what is called emotional “numbing” and even develop phobic reactions.

Being a victim of trauma can bring on questions of how we view life. The world may no longer make sense. We may feel it can no longer be trusted. Life may be seen as unjust and unfair. We may question whether we can ever again predict and plan. Our sense of order and predictability may be shattered.

8 Trauma can result in serious spiritual distress. We may feel angry with God. We may withdraw from contact with others. Our faith may be so shattered that we cannot find comfort in the activities and practices of our faith community. We may question why God would permit



such tragedy and trauma to happen. It is helpful to acknowledge such feelings and thoughts. It is a difficult but necessary step. Rather than keeping such feelings hidden and feeling added shame and guilt for having them, look for a trusted friend, a pastor, priest, rabbi or a counselor with whom you can begin to share and put into words what you have been feeling and thinking. Though this is a difficult thing to initiate, it is one of the most helpful steps to take.

## **Post-Traumatic Stress Disorder**

As noted earlier, if we are paying attention to the issues and events of our time, we know all too well that traumatic events of all sorts are occurring all over our world. We also hear more and more about what is called PTSD (post-traumatic stress disorder). PTSD is the current way of describing a cluster of reactions which can



9 develop after exposure to a traumatic event. Assuming the presence of mass communication, it has been estimated that all of us have a 60 to 90 percent chance of being exposed to a traumatic event during our lifetimes. Although this is a high probability of exposure, the number of individuals who actually will develop PTSD is only about 8 to 9 percent. Our exposure may also vary in terms of how directly or indirectly we may be involved. Some of us may be directly involved in a traumatic event, we may know someone



who was, or we may have only watched and heard the news accounts of what happened. The events of the 2004 tsunami in Indonesia, the devastating earthquakes in China in 2008 and the Twin Towers attacks of Sept. 11, 2001, are examples of events that may affect a wide range of people.

We must especially acknowledge the immediate and intense exposure to trauma by those in our society who are what we call “first responders.” Our police, firefighters, paramedics and members of the military along with medical and behavioral health professionals and other government and volunteer organizations involved in the immediate aftermath of disasters are at high risk for trauma as they perform their responsibilities. It would seem logical that the more direct and prolonged the exposure and involvement in the disaster scene, the



greater the potential for PTSD to develop. This is happily not always the case. This is an area of continued study and research along with how PTSD can best be treated.

PTSD is a medical diagnosis and only medical and behavioral health professionals can determine if it indeed is present in any given trauma sufferer. In summary, PTSD involves a range of reactions: a pattern of avoidance of anything associated with the trauma, intrusive and unwelcome memories of the trauma, an increase in signs of stress, social withdrawal and numbing of emotions, which all combine to interfere with one's normal life activities and responsibilities. (Current DSM-IV- TR)

## **Resiliency**

Most people who are exposed to and survive a traumatic event can experience a range of reactions during the following few weeks. Most adapt quite effectively over a period of about three months. This ability to recover and move on in life is called resiliency. This God-created ability to encounter disaster and trauma, and recover, is evident in any number of biblical accounts. Job certainly comes to mind. Joseph, David, Peter and Jonah are just a





few others who encountered traumatic situations. The entire biblical record is about encountering adversity and then responding to and experiencing God's redemption. Resiliency is the ability to uniquely respond to a situation, to pull together resources, to adapt and make do, to organize for oneself and the good of others, to reach out and also respond to help from others. In all disasters, there are accounts and images of courage, compassion and support by those able to respond to sudden and catastrophic situations.

### **Trauma Can Be Revived**

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Following a trauma, certain things can retrigger the painful memories, even years later. One example would be the anniversary date of the trauma. If another trauma occurs, feelings from the former event can resurface. News accounts or legal proceedings can cause painful feelings and memories to resurface.

## Protective Factors

The factors that protect us during and following a traumatic exposure include how well we have coped all along in our lives. Having and nurturing good social relationships protects us. Having good family relationships and friends in general, and at work, can serve this protective function. Having meaningful and regular participation in a faith community/church or synagogue, both in regular worship services and especially involvement in smaller support and study groups, is very powerful.

Our basic personality style may help or hinder our recovery from trauma. Are we basically outgoing, optimistic and looking forward to participating in life, or do we tend to withdraw, avoid social interaction and see threat where others see challenge and opportunity?





Reflecting on these things may help one begin to make the kinds of changes that promote resiliency. For some, there may even be family or cultural accounts (often passed on orally) of trials and trauma that ancestors faced and survived and which help to blunt the shock of sudden trauma in our lives. The important point here is that the severity of a traumatic experience is not as critical as are these pre-existing factors which contribute to a positive, rather than a negative, response to trauma.

### **What Helps?**

- 14 If you are suffering from the effects of trauma, you may want to consider a range of steps to better care for yourself. For some, the simple process of journaling helps to give expression to the pain and feelings that are troublesome. It helps to look back later and see where progress is indeed being achieved. Becoming involved in meaningful and trusted social relationships is a supportive and important step for many. Finding connections with friends in and/or outside of your faith community, where





we can develop trust, begin to share our hearts and experiences and to support each other is especially important. This often also involves being supportive and helpful to others. Often our burden can become the beginning of effective support and interaction with others. For some, finding professional help is the best step to take. A professional counselor can provide better understanding and insight into difficult circumstances and make the proper recommendations for care and treatment. There are professional counselors specially trained to understand and address the issues that trauma victims experience.

## 15

Focus on the Family has useful written materials available and can help you make an informed decision about what may be the best course of action for your situation.

Please call us at 1-800-A-FAMILY (232-6459) and find other resources at [focusonthefamily.com](http://focusonthefamily.com).



## References

Crisis Care Network, Bob VandePol, Pres., 2855 44th St. S.W., Suite 360, Grandville, MI 49418, 888-736-0911, [info@crisiscare.com](mailto:info@crisiscare.com)

J. T. Mitchell and G. S. Everly Jr., *Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Intervention Services*, 3rd ed. (Ellicott City, Md.: Chevron Publishing Corporation, 2001).

DSM-IV-TR, 2005, American Psychiatric Association, 1400 K St., N.W., Washington, D.C.

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