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## Healing the Wounds of Trauma

God heals the brokenhearted  
and binds up their wounds.

— *Psalm 147:3*

What do you do when you are lost in the forest?  
Wherever you are is called “here”....  
Stand still: the forest knows where you are.  
Let it find you.

— *Salish poem*

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The priest was called an hour before midnight by a frantic mother in his congregation. He could hear the desperation in her voice. “Please come over. My son has hit his father and threatened his little brother. I am afraid to call the police.” The priest knew that this family, new to the congregation, had recently arrived in Canada, having spent three years in a refugee camp after fleeing their war-torn country. In spite of the late hour, the priest decided to pay a pastoral visit. He found a distraught family — the teenaged son ashamed of his anger toward his father and little brother, the parents and younger child bewildered and frightened.

This family was traumatized by war and their experience as refugees, their status still undecided in the long process of refugee claims. But now their anger against external events was being acted out in the inner life of the family, and that was adding to the trauma. The teenage son had been humiliated and called racist names at school. His sense of powerlessness was

overwhelming, and he did what many victims do — took out his rage on someone less powerful than himself.

In the wake of larger societal traumas, linked to economic and political injustice and strife, this family was living out their fear and powerlessness. They felt trapped. Their new country was not the idyllic and peaceful refuge they had imagined. They were living in poverty, and for the first time in their lives they were experiencing racism. They turned for spiritual sustenance to someone they could trust, and were helped to heal by the intervention of a wise and caring priest.

## Trauma is more common than we think

The horrors of the 2001 terrorist attacks in the United States shattered our Canadian sense of invulnerability as a society. We found ourselves questioning things we took for granted, even though many of them had little or nothing to do with September 11 — a safe border with the United States, freedom from terrorism in North America, secure workplaces, an economy that provides many of us with more than enough. Now these are no longer “givens.” The questions we are asking as Christians are, How can we live faithfully in the new emerging reality? Where do we find the inner peace that transforms our lives from living in fear to living in hope?

Many Canadian professionals were caught in or near the World Trade Center at the time of the terrorist attacks. Their journey of healing has required perseverance and assistance. For these otherwise previously sheltered Canadians, the process of recovery was akin to that of the refugee family. Similar challenges face all people who endure trauma and have to rebuild their lives — those who have experienced sexual abuse, rape, family violence, severe accidents, homicide, and suicide.

One of the biggest challenges to healing from a personal or communal disaster is to relearn (or perhaps to learn for the first time) how to feel safe in the world, safe in relationships, safe in one's own bodily self. People who suffer from trauma need to find a secure place not only to explore the memories of the traumatic event, but also to begin to imagine, learn, and practise the skills needed to rebuild their lives. Knowing that one is profoundly accepted and loved by God can give the courage to enter a therapeutic journey of healing.

Professional therapists may play an important role in assisting the journey. Therapists trained in trauma-focused therapy employ a variety of techniques that assist healing; medical doctors may need to assess and diagnose depression and anxiety, which are part of post-traumatic stress disorder, and to treat with appropriate medication. But the sufferers themselves, and their friends and supporters, are central to the healing process.

The challenge of healing from trauma is greater than simply restoring the neurotransmitters in the brain or reprocessing painful memories or learning new skills. Essentially, it is a spiritual process of finding hope and discovering once again the God-given capacity to be human — to love, trust, and laugh; to enjoy the beauties of divine and human creation; to experience community. Some of these approaches are detailed later in this chapter.

## Spanking and physical punishment

Recently, CTV news aired the report of a panel of pediatricians and child care advocates entitled *The Joint Statement on Physical Punishment of Children and Youth*. The statement was endorsed by 138 Canadian organizations, including the Canadian Paediatric

Society, the Canadian Public Health Association, and Family Services Canada. The report comes out unequivocally against spankings, and calls for a ban on corporal punishment [CTV.ca News, 9 September 2004].

The study concludes that physical discipline is ethically wrong, doesn't work, and harms children. The authors report:

The evidence is clear and compelling: Physical punishment of children and youth plays no useful role in their upbringing and poses only risks to their development. The research says spanking can harm children through:

- physical injury;
- depression, unhappiness, anxiety and feelings of hopelessness;
- impaired empathy and moral judgement;
- damaged relationships with parents;
- antisocial behaviour; and
- tolerance of violence in adulthood.

Physical punishment — defined as spanking, slapping, shaking, and biting — also includes such acts as washing a child's mouth out with soap, putting them in a confined space (a cupboard, for example), and denying them basic necessities (refusing to allow them food or drink or not allowing them to go to the bathroom).

Experts agree that children need limits, and that parents need to make decisions about their children's welfare. But instead of physical punishment they suggest proposing clear consequences, and setting clear limits (examples might be removing a child from the scene if she or he is hitting a sibling; establishing a rule that there will be no recreation until homework is done). They encourage parents to respect their children, talk with them, explain problems, and teach them alternative behaviours.

The joint statement goes on to say that “children in Canada must be given the same protection from physical assault as that given to Canadian adults.” The researchers found that few parents believe that physical punishment is effective, but that those who did choose to use it were more likely to feel anger in response to their children’s behaviour, to have experienced physical punishment themselves as children, to be subject to depression, or to be suffering undue stress.

## What is post-traumatic stress disorder (PTSD)?

Historically, symptoms associated with what we now call PTSD were described back in ancient Greece. In the last century, soldiers from World War I and II were frequently diagnosed with “combat stress” or “shell shock.” Many of us have heard family stories describing someone who returned from the war “a different person.”

Similar reactions afflict people in situations that, at least from the outside, seem to be far less stressful than war. Since 1980, the revisions of the Diagnostic and Statistical Manual of Mental Disorders (DSM III and DSM IV) have recognized the interconnection of various trauma-related conditions. The field of traumatology is concerned with the systemic (interpersonal and intrarelatational) causes and consequences of traumatic events.

Today, the diagnosis of PTSD is applied broadly to many emotional, behavioural, and identity reactions that follow such traumatic life experiences as accidents, natural disasters, acute illnesses, acts of terrorism, wartime stressors, physical, sexual, or psychological abuse. PTSD can also occur in persons who provide care to trauma victims, such as police officers, fire fighters, and

health care personnel, including therapists and other mental health practitioners.

Many nurses and doctors suffered PTSD in the wake of the 2003 SARS (Severe Acute Respiratory Syndrome) emergency in Toronto hospitals, and Canadian peacekeeping troops have reported severe instances of PTSD when returning from Bosnia, Rwanda, and Afghanistan. General Romeo Dallaire made public his courageous struggle with PTSD after returning from the horror of the Rwandan genocide.

One of the defining characteristics of PTSD is that a person continually re-experiences the traumatic event. Such memories cause the person to develop a wide range of symptoms — including trouble concentrating, distrust of others, angry outbursts, withdrawal, flashbacks, insomnia, nightmares, crying, sadness, dissociation, feelings of inadequacy or unworthiness, alienation from self, others, or work.

People who have experienced acute psychological trauma in the past often tend to respond to current stressors with emotions that have an intensity belonging to the past. Because intense fear is part of the felt experience of trauma, any current reminder of that fear creates acute anxiety. Thus, traumatized individuals may frequently rely on action (for example, sudden withdrawal or angry outbursts) rather than thought, when they feel threatened. This is of course bewildering, and can be deeply distressing to persons with whom they are in intimate relationships, whether as a couple or in a family context.

Christians often blame themselves, and others, for feelings of overwhelming fear. Some people tend to preach at, rather than empathize with, those in distress. Quoting scripture verses, such as “perfect love casts out fear,” does not help; in fact, it may cause a trauma survivor to feel shame and guilt, further cutting them off from community. Simple acceptance, recognizing the

dignity of the other, and patient understanding — all manifestations of the fruit of the Spirit — are what is required for healing and hope to be renewed.

## Treatment of trauma

The professional treatment of trauma is usually divided into three stages — stabilization, trauma-focused therapy, and re-connecting with family, community, and friends. The role of a family therapist is to take seriously the place of the individual in their network of relationships and particularly the intimate connections of family. Family members and friends can be of great support to the healing process if they are helped to understand the symptoms and experience of their traumatized loved ones. Clergy and congregations can also help by providing a non-judgemental and caring community to help families heal.

When trust has been broken, children who have been sexually or physically abused need help in learning to respond to the genuine affection and warmth of a trustworthy family member. On the other hand, adults who have lived a long time with untreated childhood abuse may take years to learn how to build trusting intimate connections. They need to learn how to feel safe in interpersonal relationships, how to recognize and express feelings appropriately, how to relax, and how to think about deeply painful memories without becoming obsessed or shutting down emotionally. These abilities require the opportunity to process, grieve, and reclaim a sense of control over one's life, and to set realistic goals for one's future.

Often people who have experienced trauma — like the refugee family cited at the beginning of this chapter — can develop phobias, addictions, depression, psychosomatic illnesses, and increased interpersonal conflicts. For many, these conditions go

away once the PTSD symptoms are treated appropriately with cognitive-behavioural therapy and anxiety management.

Therapy stabilized the refugee family's intense anxiety and facilitated the treatment for depression in the teenage son. It also, and most importantly, enabled them to work through the grief of all they had lost and the disappointment of all they had expected. Not only did they set more realistic goals as a family for their life in a new country; they found new ways to support and encourage each other, and to become part of their new church's community.

During the therapeutic process, they realized the need for more frequent communication and supportive interaction among themselves, and took steps to put in place such encouragement. Their priest became more sensitized to the nature of racism and the feelings that refugees can experience in being "strangers in a strange land," and he was able to more effectively preach and pray about the theme of hospitality. This then enabled the congregation to be more aware of the needs of newcomers in their midst.

## The gift of hope

Hope is a gift of the Creator. Hope is necessary. Without it, who would dare to get out of bed in the morning? Yet when horrors such as the tsunami in Asia, or the events of September 11 happen, despair (the absence of hope) is an understandable first reaction. Have we human beings still not learned how to live in peace with ourselves and each other? After the events of September 11, playwright David Copelin wrote in the newsletter of the Institute of Family Living:



When we have hope, nothing can stop us. With hope, there's no guarantee of success. But hope helps us entertain the possibility that things just might turn out all right. Not because we lie around, passively waiting for that to happen, but because with hope we are liberated to do the necessary work, never accepting momentary setbacks as permanent. Terrorism terrifies, but only to the degree that we let it. Despair destroys, but hope brings life to life. As playwright Samuel Beckett put it, "I must go on. I can't go on. I'll go on."

The apostle Paul encourages us, in the Letter to the Philippians [4:8–10], to live one day at a time, sustained in the knowledge of God's love, and in the peace of Christ. He writes:

Finally, beloved, whatever is true, whatever is honourable, whatever is just, whatever is pure, whatever is pleasing, whatever is commendable, if there is any excellence and if there is anything worthy of praise, think about these things. Keep on doing the things that you have learned and received and heard and seen in me, and the God of peace will be with you.

## **Some strategies for coping with trauma and stressful circumstances**

The following self-care strategies can help deal with the impact of traumatic stress.

### **What you can do for yourself**

- Exercise regularly. Exercise alternated with relaxation will help alleviate physical reactions.

- Talk to people. Talk is healing; isolation is not. Accept support.
- Remember that loved ones, friends, colleagues, and neighbours care.
- Eat well-balanced, regular meals; drink in moderation. Be careful not to binge, eat junk food, or drink in excess to self-medicate.
- Don't make any big life changes immediately. During periods of extreme stress, we tend to have poor judgement.
- See your physician if you are having trouble sleeping or concentrating. Medication may help you manage depression and anxiety.

## **What family and friends can do for adults**

- Listen and empathize. A sympathetic listener is very important.
- Spend time with the traumatized person. There is no substitute for personal presence.
- Offer assistance and sympathy. Voicing your support is crucial, as is giving permission for the traumatized person to ask for help.
- Don't lecture or tell the traumatized person to be stoical. Instead, tell the person who is suffering that you're sorry such an event has occurred and that you want to understand and support them.
- Respect a family member's need for privacy. People may need to grieve in private, as well as stay connected. Checking when someone needs space and time for privacy can be very supportive.

## **What family and friends can do to help children**

The intense anxiety and fear that often follow a disaster or other traumatic event can be especially troubling for children, who of-

ten relive trauma through repetitive play, distressing daydreams, and nightmares. They may exhibit a variety of changes in their behaviours to which parents should pay attention.

Some may regress and demonstrate “younger” behaviours such as thumb-sucking or bed-wetting. Children may be more prone to nightmares and fear of sleeping alone. Performance in school may suffer. Other changes in behaviour patterns may include throwing tantrums more frequently or withdrawing and becoming more solitary. There are several things parents, teachers, and others who care for children, can do to help alleviate the emotional consequences of trauma, including the following:

- Be reassuring. Children need to feel emotionally protected and connected, so give them affection and a safe place to be comforted, always respecting children’s boundaries.
- Model stability. Children take their cues from the ways their parents and other adults respond. Parents should admit their concerns to their children, but also show good coping strategies.
- Understand what a child can cope with. A child’s reactions depend on how much destruction he or she sees during or after a disaster, and their age affects how they will respond. It is important to be careful about the television, movies, or computer information the child is exposed to, to make sure that what they see is age-appropriate, and to explain events in words the child can comprehend.



## Resources

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