

Trauma. “That was a long time ago.” “You need to move on.” “The same thing happened to me and I got over it.” Have you ever wondered why some old injuries or hurts seem to stick with some people for such a long time? Have you observed some people react to new hurts with the same intensity as if they were older and more dangerous experiences? A better understanding of trauma may help clarify these questions.

What is a trauma? Experiences that overwhelm our coping ability can be described as potentially traumatic. Being overwhelmed occurs not so much from our weakness, but instead from the limits of our being human. In Posttraumatic Stress Disorder (PTSD), a trauma is defined as an experience where one fears death or serious injury or experiences a profound violation of physical integrity. Some experiences can be inherently overwhelming, such as natural disasters, potentially lethal accidents, assaults, and abuse against which we cannot defend ourselves. However, research is also clear that even events that overwhelm our coping ability but are not life threatening can still have traumatizing effects. Trauma can be one life-threatening experience or recurrent emotionally overwhelming experiences.

Many people experience the intensity of a trauma, but without later developing any apparent posttraumatic problems. Some who develop posttraumatic symptoms will recover “on their own” after a period of time. This can lead to a false conclusion that continuing to struggle with past trauma is simply weakness, a failure of will, a lack of knowledge, a refusal to “get over it,” or simply an excuse. Individuals might then wonder if psychological disorders in reaction to traumatic experiences are even legitimate conditions. After all, even mental health experts have areas of disagreement around such disorders. Therefore, it may be helpful to note areas of expert agreement around potential effects of trauma.

Psychological Effects of Trauma

The psychological effects of traumatic experiences are often diverse, long-lasting and very disruptive. They may develop even months or years after the trauma. There is not a single type of trauma reaction, but common “clusters” of symptoms. These clusters include *re-experiencing*, *avoidance or numbing*, and *hyper-arousal or irritability*. *Re-experiencing* involves intrusive thoughts, nightmares, flashbacks, and intense emotional or physical reactions to things that remind one of the trauma. *Avoidance or numbing* includes avoiding thoughts about or reminders of the trauma, specific amnesia (loss of memory) around the trauma, separation from awareness of current experiences (dissociation), loss of interest in pleasurable things, feeling distant from others or from one’s emotions, or lacking future plans. *Arousal and*

irritability can be seen in difficulty sleeping, angry outbursts, concentration difficulties, being chronically alert for potential danger (hypervigilance), and very strong startle reactions. These clusters may vary somewhat, depending upon the nature of the traumatic experience and the manner in which the symptoms are assessed. In addition to these clusters, additional psychological symptoms may emerge, such as depressed mood, anxiety difficulties, alcohol or substance abuse, or problematic sexual behaviors. Traumatic experiences can disrupt memory, beliefs about the world, coping skills, and social support. Early traumas may affect long-standing personality styles. People can become avoidant, dependent, or interpersonally chaotic and intense. Some develop the potential for intentionally hurting themselves or attempting suicide. These symptoms obviously cause distress and pain both for the trauma survivors and for those around them.

Why then do some trauma survivors stay stuck in their problematic reactions? Memories of trauma are often *acontextual*, which means the ability to sense that the trauma occurred the past is impaired and survivors may react as though the trauma is recurring in the present. Common posttraumatic symptoms reflect a person’s best attempt to survive the trauma. The survivor experiences these symptoms as *protective* and therefore will resist efforts to change them, despite the evidence that these “solutions” are self-defeating.

What Can Be Done About Trauma?

Understanding and professional assessment and treatment are the most helpful responses. Realizing that trauma reactions, even frightening or trying ones, make sense from the survivor’s perspective can help one to take a survivor’s problematic behavior less personally and to feel less responsible for creating a solution. Increased education on trauma is highly encouraged. Recognizing signs of trauma should prompt one to help a survivor seek a *professional mental health assessment*. Some who struggle with posttraumatic symptoms will recover “on their own,” but the consequences of misjudging that possibility are serious. If one does not have formal training in trauma assessment and treatment, there is a real risk for creating unintended harm; good intentions are no substitute for good training. Fortunately, a wide range of psychological and psychopharmacological treatments do exist to heal the psychological wounds of trauma. While trauma recovery is sometimes lifelong work, the tools needed to engage that work are available, effective, and reasonably quick to acquire with professional help.

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Case Study: Chaplain Joe

Father Joe was a chaplain in the Army, back from a tour in Iraq where he ministered to many dying soldiers in military hospitals. In spite of the horrific things he witnessed and heard about, he recalled an initial sense of purpose in being able to offer comfort. As the months passed, he noted an increasing sense of being overwhelmed by the numbers of dying and wounded soldiers. He began to feel numb, disconnected and as though he was just going through the motions. Where was his compassion, he wondered, as he began to feel guilty, helpless and hollow. He counted the days until the end of his tour of duty.

When he returned home, Fr. Joe was assigned to a parish but found that he still felt numb and not interested in the parish activities. After what he had seen, why were these people making such a big deal out of the kind of flowers they wanted at their wedding? He was short-tempered with his pastor and spent more and more time in his room. His friends said to give him time, but the gloom did not lift.

His pastor thought Fr. Joe might be depressed and asked him to consider counseling. As Fr. Joe began therapy, his therapist saw that he was not only depressed but also suffering from the after-effects of trauma. His symptoms are frequently seen as part of the constellation called Posttraumatic Stress Disorder (PTSD).

In addition to taking a thorough history, Fr. Joe's therapist referred him to a psychiatrist to evaluate his depression and assess whether antidepressants could be helpful. The psychiatrist clarified that the medication would not substitute for the work he needed to do in therapy but could help him have the energy

and internal resources to face the emotionally painful work of therapy. Though initially skeptical, Fr. Joe responded positively to the medication, and he and his therapist were soon able to address his traumatic experiences.

Fr. Joe's therapist introduced him to Eye Movement Desensitization and Reprocessing (EMDR), a well-researched and approved treatment for PTSD. The procedure involves clarifying the emotional learning and invariably distorted beliefs about self that are attached to a particular past experience. The therapist guides the client in revisiting the experience in small segments, alternating with refocusing on the present and describing the segment to the counselor. This "going there" and "coming back here" process continues, and gradually feelings about the experience change and distress lessens as the distorted beliefs are recognized and reconfigured.

Fr. Joe and his therapist identified memories of Iraq that were especially distressing to him. Using the EMDR process, they worked with a specific memory of ministering to several badly wounded and dying men who needed spiritual comfort and the Sacrament of the Sick. He was not able to get to them all in time, and one died without the Sacrament. His feelings of helplessness and failure seemed connected to this pivotal moment. As the EMDR continued, Fr. Joe recalled an experience at age 7 with his father and older brother. It is not unusual in EMDR for past painful memories to surface when addressing current trauma.

Fr. Joe recalled that he had repeatedly witnessed his drunken father beating his older brother. Afterwards he wanted to comfort his

brother, but he felt frozen in fear and helplessness. He recognized that since then he had been carrying a belief that when it really matters he will fail. Bit by bit he noticed things about the experience that helped him see it in a new light, and gradually his belief that he would always fail evolved to an acceptance that the responsibility for protecting his brother had belonged to his father, not to him. He felt a weight lift. He had known intellectually that a 7-year-old wasn't responsible; the crucial difference with EMDR is that he no longer *felt* responsible.

While working on the childhood memory, Fr. Joe became aware of an early promise to himself that he would not be helpless when he grew up and that he would protect and care for others. He had forgotten about his childhood decision and was not aware that it played a role in his choice of vocation. He had not realized how his wartime experiences had reawakened his early experience of helplessness.

Fr. Joe was then able to go back to the war memory and experience himself more fully as an adult. Over a number of EMDR sessions, he was able to become emotionally aware of his realistic limits, and he was able to forgive himself. As he and his therapist worked through his traumatic memories, Fr. Joe reported an increasing experience of peace and well-being. His numbness gradually lifted, and he reported finding satisfaction in his parish work. His memories of childhood and the war were still there, but his paralyzing self-judgment was gone. He was able to grieve for the very real pain and losses in his life and to move on.

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