

CHAPTER THREE

What Is Trauma Exposure Response?

It was not until last week, after being gone months and after going and picking herbs day after day and making tinctures, that I could think again like myself. It really scared me because I wasn't sure I was going to ever come back.

Mo O'Brien, a street medic who helped create one of the first medical clinics in New Orleans after Hurricane Katrina

If we are to do our work with suffering people and environments in a sustainable way, we must understand how our work affects us. We need to undertake an honest assessment of how our feelings or behaviors have changed in response to whatever trauma we have been exposed to. Generally speaking, a trauma exposure response may be defined as the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet. This transformation can result from deliberate or inadvertent exposure, formal or informal contact, paid or volunteer work. When we refer to trauma exposure response, we are talking about the ways in which the world looks and feels like a different place to you as a result of your doing your work.

Because trauma exposure hits so close to home for so many people working in helping professions, it can be hard not to feel defensive or overwhelmed when learning about it. Acknowledging the presence of a trauma exposure response means recognizing that things are definitely *not* how we'd like them to be in our lives. In most cases, if we hope to alleviate the situation, change must occur on a fundamental level. For someone already stressed to her or his limit, this can be frightening or feel like an impossible task.

Evaluating our response to trauma exposure is critical, because how we are impacted by our work in the present directly affects our work in the future. Our relationship with our work influences our inner life as well as our experiences with others. It can set in motion a cycle of damage that, if not for our awareness, can overtake our whole lives.

A trauma exposure response has occurred when external trauma becomes internal reality. When this happens as a result of our work, it can catch us off guard. Indeed, the thought that the pain around us can actually change our own psychological and physiological responses, altering our worldview, may never have occurred to us. We often assume that our very status as helpers grants us immunity from the suffering we witness. We are often wrong.

Laurie Leitch, a researcher, educator, and cofounder of the Trauma Resource Institute, which specializes in the impact of trauma on the nervous system, went to work in Thailand after the 2004 tsunami. She was struck by how many workers arrived in a “heroic mode,” in which they were exceptionally open to those they had come to help. “As you care for people with your heart wide open, you often don’t realize how much of what you are exposed to is being taken in and held in your body. It isn’t until later that your body starts to let you know. I thought I was fine over there, until I got home and had nightmares, headaches, and was so irritable. We need to appreciate the impact of humanitarian work not just on the psyche but on the entire nervous system.”

In a recent study, the first in an emerging research area, Brian Bride of the University of Georgia found that exposure to others’ trauma doubles the risk that social workers will experience post-traumatic stress disorder. He found numerous indicators of secondary trauma and illuminated the fact that while the rate of secondary trauma among social workers is high, their awareness of trauma’s effects on them is low. “Social workers may hear about burnout, and they may hear about self-care,” Bride says, “but they’re not hearing about secondary post-traumatic stress disorder.”

When we focus on our trauma exposure response, what exactly does it look like? What are the specifics? In the next chapter, we’ll survey 16 common consequences of trauma exposure. These results

often occur on a continuum: Some changes are very slight and may not even be noticed by you or your friends, while others may be dramatic and life changing. Different people will experience the consequences of trauma exposure in very different ways. Still, patterns do emerge, and they can help us to recognize and address our response.

While our feelings or behavior may be quite evident, it may nonetheless be difficult to identify trauma exposure as their cause. During an interview with American correspondent Ray Suarez on National Public Radio, Desmond Tutu, the South African archbishop and anti-apartheid activist, provided a striking example of how difficult it can be to stay present to our own responses even when our experience of trauma is indirect. He described a chilling scene that took place during South Africa's post-apartheid Truth and Reconciliation Commission hearings. He was working closely with a woman whose job was to record the oral testimony. At one point, she looked down to see her hands drenched with her tears. She had no knowledge of her own weeping, even as she continued typing the detailed testimonies.

Just like that stenographer, many of us develop coping mechanisms that serve us extremely well—in the moment. Outside the moment of crisis, they may no longer provide any benefit. And yet, even with the passage of time, the changing of circumstances, and our own individual growth, we continue to employ our now-outdated coping skills. They are familiar to us, and we are experts at using them. We may even have inherited some of them from generations before us. But eventually they may reach a point where they are not just ineffective—they imprison us.

For many of us, the elaborate architecture we build around our hearts begins to resemble a fortress. We build up our defenses, but the trauma keeps on coming. We add a moat, we throw in some crocodiles, we forge more weapons, we build higher and higher walls. Sooner or later, we find ourselves locked in by the very defenses we have constructed for our own protection. We will find the key to our liberation only when we accept that what we once did to survive is now destroying us. And thus we begin the work of dismantling our fortress, releasing the crocodiles back to their habitat, and melting

down the weapons to recycle into plowshares. Rather than fend off life, we slowly train ourselves to open our hearts to everything that comes to the door.

In his book *Waking the Tiger*, Peter Levine, a pioneering researcher and psychologist in the trauma field and founder of the concept of somatic experiencing, writes, “Today, our survival depends increasingly on developing our ability to think rather than being able to physically respond. Consequently, most of us have become separated from our natural, instinctual selves—in particular, the part of us that can proudly, not disparagingly, be called animal. . . . The fundamental challenges we face today have come about relatively quickly, but our nervous systems have been much slower to change. It is no coincidence that people who are more in touch with their natural selves tend to fare better when it comes to trauma.”

As Levine suggests, we are often rewarded when we deny or displace our feelings. It is critical to remember that while aspects of our trauma exposure response may have served us in some capacity or may continue to serve us in some capacity, and may be socially and institutionally supported, we are exploring them from the standpoint of “How is this working for my deepest, most honest self? How is this working for those I serve? How is this sustainable? What is a more functional way to respond?”

Acknowledging a trauma exposure response can be difficult for any number of reasons. Many caregivers feel guilty for struggling with their work because, they tell themselves, who are they to complain about their lives? A conservation biologist working in Sierra Leone told me, “I never wanted to give my afflictions any credibility by acknowledging their impact on my life, as that would distract and detract from those who truly suffered.” Others may be convinced that they should be able to rise above all this and that feelings of distress are a sign of weakness.

Secretly, many of us may feel that if we admit to having a hard time, we will open a door that we won’t know how to shut. In organizations where toughness is promoted as a virtue, there may be a great deal of incentive to keep up our façade. As one community organizer told me, “I think we’re all fronting with how we’re doing.”

Being open to the existence of our trauma exposure response is

a critical step in trauma stewardship. I have no attachment to convincing you, the reader, that you are suffering from such exposure. I'm just encouraging you to explore the possibility of unexpected consequences from your work. Openness is critical. "There's liberation in reality," as the American jazz saxophonist Branford Marsalis has said.

By coming into the present moment again and again, we can gain crucial awareness of our trauma exposure response and, further, what would be helpful to us. The healing process may require a continuous effort to realize and re-realize that our trauma exposure response is not going away unless we give it proper attention. The sooner the better for this realization, since we are hoping to consider this from a preventive standpoint when possible, because, as those who are savvy in the ways of the human body will tell you, "by the time you're thirsty, you're already dehydrated." Cultivating awareness will allow us to gauge our thirst level and assess what we need to do about it. If we can recognize any of these shifts early, we can often limit their negative impact on our lives. Ignoring the red flags of a trauma exposure response is akin to ignoring the early rumblings of an avalanche or dismissing the signs for a dangerous cliff up ahead on the trail.

When I was a social worker in the trauma center at Harborview Medical Center in Seattle, the Level 1 trauma center for the Pacific Northwest, I marveled at how some of the doctors could distance themselves from their feelings. When someone died, a doctor and a social worker went into a small room called "the quiet room" and the doctor conveyed the news to the patient's loved ones. He or she would answer any questions and then leave, and the social worker would remain with the family.

I remember feeling like I was in an altered reality as I saw the distant look in the doctors' eyes and heard the hollowness in their voices as they talked with families. While these things were deeply unsettling, I fully understood that if I had to choose between that doctor saving the life of someone I loved and that doctor being a compassionate, active listener, I'd choose the former. I knew that doctors and nurses trying desperately to help critically injured patients had to develop an immediate way of coping. And yet it was evident that this compartmentalizing and numbing was not wholly

sustainable. There was a personal and professional cost, both to the providers and to those around them.

Of course, people respond to trauma exposure in many ways that are not included in this book, but I have included the most common experiences in chapter 4. Again, a reminder: remain curious, take deep breaths, and maintain a sense of humor as you consider how this information applies to you. Only by understanding the topography of the land that you are lost in can you begin to plot the wisest way out.