



stress

anxiety

fear

TRAUMA & the NATIONAL PSYCHE

Healing Wounds of
Terror, Disaster, and War

The increasing tension in America,
which has been built up by
repeated tragic events over the past
few years, may have long-term
effects. What can social workers
do to help individuals cope?

BY KATE JACKSON



In the last months and years of the 20th century, Americans' anxieties were stirred by doomsayers who predicted unimaginable chaos and a complex cascade of repercussions stemming from the "Y2K problem." As the new millennium dawned without a hitch, we breathed a collective sigh of relief. Little did anyone realize that it might be the last such sigh for some time, or how those tensions would pale in comparison to those yet to arise.

Less than two years later, Americans witnessed the horrific and unimaginable attacks on the World Trade Center and the Pentagon, braced for further terrorist attacks, and agonized over the potential for biological and chemical warfare—as well as the actual use of anthrax. Additionally, says Charles R. Figley, PhD, a professor at Florida State University's School of Social Work, Americans have been plagued with "the fear of not knowing where Osama bin Laden is, or if he is alive or dead; typical traumatic events, such as fires; and unpredictable tragedies, such as the sniper shootings in the Washington, DC, area and the Space Shuttle Columbia disaster."

Traumatized by these events, Americans listened to and participated in heated debates over the nation's seemingly inexorable march toward war, then watched the war unfold while—regardless of their political viewpoints—they feared the outcome. And now, with anxiety over Severe Acute Respiratory Syndrome, the American populous "wakes up every day wondering what's next," says James L. Olds, director and professor at the Krasnow Institute for Advanced Study at George Mason University in Fairfax, VA.

Political pundits and social commentators discuss the wounds caused by terror, disaster, as well as war and their psychological consequences in metaphoric terms. This fear and distress, however, is associated with the potential for real, measurable, long-term damage, both to the individual and the national psyche.

"Specialists in dispute resolution borrow from neurobiology and brain science to process some of what they see in conflict," says Rev Frederick W. Schmidt, PhD, director of spiritual life and formation and associate professor of Christian spirituality at Southern Methodist University, Perkins School of Theology, Dallas, TX. "Those experts argue that in times of fear, people respond out of the limbic brain—the part of the brain that is governed by fight or flight instincts—which is fatal to managing conflict and dispute." One could argue, he suggests, "that socially, we've been operating out of our limbic brain for the last two years."

THE IMPRINT OF TRAUMA ON THE BRAIN

"Neuroscience has come of age in its ability to look into both healthy and pathological human brains while they are functioning," Olds says. Neurobiologists have long known that memories can have profound effects on the long-term structure of the human brain. Within the last 30 years, he explains, scientists have gained the ability to record electrical activity from individual cells within the brain and, through the use of noninvasive brain imaging technology, have determined that certain parts of the brain are specialized to store long-term memories—the kind often associated with trauma. "From the clinical literature, it's become clear that traumatic events, in general—and war, specifically—essentially create a neurochemical constellation of events within the brain that facilitate the formation of these traumatic memories," he says. It's also evident that such events can be followed by long-term aftereffects on human behavior and human affect, according to Olds.

Although many Americans are geographically removed from trauma sites, the immediacy of the mass media can potentially cause them to be affected just as strongly as if they were near ground zero or in the thick of combat. "Since 9/11, Americans have felt their personal safety has been threatened as never before in U.S. history, so the immediacy of the war in Iraq is catalyzed by what was already happening in the country," Olds observes. "The short-term effect of perceived violence and perceived threats to personal safety or the safety of loved ones is the release of neurotransmitters that are able to influence the activity of the entire brain for hours at a time," says Olds, who likens it to the effect that a near accident can produce. "But, 9/11—as a national event—produced a neurochemical set of changes in Americans' brains that was of a much larger magnitude than that which would follow a near traffic accident. When brain chemistry is altered at that level, the changes in the brain do not only last a few hours or one day. Rather, those changes make possible the long-term changes in brain chemistry that essentially result in a traumatized brain." Thus, he explains, "there's an early effect that sets up a long-term effect, and most individuals in a population are not trained to handle those neurochemical changes very well."

A phenomenon that potentially argues Olds' case—related to him anecdotally by clinical colleagues in New York—is that patients who were in Manhattan on 9/11 and were taking psychotropic medications for reasons such as bipolar illness appeared to cope much better in the wake of the attack. "We might hypothesize that a serotonin reuptake inhibitor such as Prozac might dampen that short-term neurochemical effect—as would a drug such as valium, which potentiates inhibition in the brain," Olds says. "If the short-term trauma is down-

played, one might speculate that these people would avoid the long-term effects, which are set up by the short-term trauma."

Once the brain enters this long-term, hypersensitized state created by repeated national tragedy or crisis, "events such as the war in Iraq are able to tap into that hypersensitivity, and it builds and builds," Olds explains. "It's almost like we're in a chronic state of waiting for the other shoe to drop," adds Figley. What happens in response to

"In all civilizations," says James L. Olds, director and professor at the Krasnow Institute for Advanced Study at George Mason University in Fairfax, VA, "there is a veneer of civil behavior on society. And, just below that veneer are anticivilizational forces that lead to violence and trauma on an individual and a mass level. When human beings in any civilization feel personally threatened or their families are threatened, they behave like cornered cats."

this ongoing stress, says Olds, is that on the outside, behavior sensitizes. In World War II, for example, "in both the European and the Pacific theaters, as the war continued, people tended to overtly react to terror and violence in less of a behavioral panic mode," he explains. "But, the long-term effects were that their brain chemistries were still changing massively, and these populations are clearly still affected."

The situation, Olds believes, is much the same in the United States today. In the wake of one man-made traumatic event after another, "we are beginning to see effects that are in the ballpark of the effects suffered by people who experienced World War II," says Olds. In New York and Washington, DC, he notes, "populations are becoming inured to the 'terror du jour,' so the overt behavioral changes diminish." However, in the Washington, DC, area, Olds says he has noticed an increased hypervigilance—a response he understands is

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workers can address this problem, he explains, by helping clients identify their obsessive behaviors and concentrate their anxieties on something tangible they can do that is useful, plausible, and constructive, such as sending care packages or giving blood.

Social workers, continues Figley, must also recognize that the parasympathetic nervous system counteracts the sympathetic nervous system, and must help clients activate that system through relaxation strategies, bolstering personal relationships, and community building. Bombarded by all of the demands upon us, he says, “we don’t laugh enough, take enough breaks, or give ourselves enough of those things that are beneficial to us—joy, smiling, relaxation.”

A simple strategy, he suggests, is to take a piece of paper and draw a line down the middle. On the left side, list everything that gives you joy and pleasure, and on the right side, list all of the fears, strains, and stresses that you deal with, including the stress of the unknown. “Try to eliminate as many items from the right side as possible—perhaps by talking to yourself, using logic, and noting that certain fears are irrational. Try to build the left side and practice these activities as often as possible.” At the very least, he says, the right side shouldn’t be longer than the left side. “In the best of all worlds, the left side would be double the size of the right side.”

MEANINGFUL RESPONSES

To stem fear, refocus worries, and contribute something positive, Schmidt suggests searching for concrete ways to respond to some small part of adversity. For some people, he says, this might be involvement in crisis intervention work. For others, it might mean engaging people of diverse views in conversations about their differences. In relation to the war in Iraq, it may be “contributing in some definable project meant to meet a need overseas, whether that’s preparing care packages, traveling overseas for relief efforts, or being supportive of people who are capable of or have the opportunity to travel overseas.”

One of the most important ways to dispel fear and minimize trauma, he observes, is to be part of the solution. “Don’t allow the dimensions of the solution to so overwhelm you that all you can do is be paralyzed by the enormity of the need. It’s better to offer one small piece of the solution than to be immobilized by the larger problem.” It’s a challenge that helping professionals are well suited to meet. Says Figley, “It’s an incredibly important role that social workers collectively have to play in this day and age.”

— Kate Jackson is a staff writer at **Social Work Today**.