

The Role of the Media in the Healing of Trauma

September 11, 2001 was a day that distinguished the role of the media as unquestionably vital. When the United States experienced the terrorist attack on the New York World Trade Centers and the Pentagon, the media responded to the magnitude of the tragedy and its immediate relevancy to everyone in ways that may usher in a new and very different approach to the coverage of traumatic events. While stunned themselves, reporters not only placed themselves in harms way with on the spot coverage describing the shock, terror and devastation of the tragedy, but they also presented the New Yorkers' pain, strength, hope and resourcefulness.

Specialists in the trauma field have been identifying trauma as a root cause of violence in society and in the world, and had been posing certain questions that helped direct their focus of inquiry. Why was there so much random violence in our country, and why were children falling sway to its lure at ever-younger ages? How could we, as individuals and a society, better deal with ever-present traumatic events taking place almost daily? And how might we benefit by just better understanding the dynamics of trauma? Why do conflicts between nations arise suddenly? The need for answers to these questions becomes even more pressing as trauma has burst on the national scene and threatens to engulf the whole world.

My first position:

The media is uniquely equipped and positioned to assume a central leadership role in educating the public about the nature of trauma, its costs to individuals and society, its impact on our political policy, and what is now available to heal it.

Psychological trauma, occurring both on the individual and collective levels, is an organizing principle at the source of many of the ills that currently affect our society and the world: such as random violence and horrifying destructiveness. Trauma is a root cause of violence; traumatized individuals act out in violence and they in turn produce more traumatized individuals. This cycle-of-violence also applies to families, communities, and nations. Once we begin to recognize how the dynamics of trauma generate continual violence, we can greatly help slow that process down.

We can intervene with knowledge learned from recent research on healing trauma. Cutting-edge methods of treatment are now available from the fields of neuro-psychophysiology. The media is uniquely positioned to bring this information on the availability and the practicality of these interventions to the public. The hope is that a safer and healthier world will emerge when trauma can be fully understood in this context.

Due to its global impact, there is a pressing need for the media to explore the subject of trauma and properly integrate it in their coverage.

The understanding of trauma and its aftereffects has largely been ignored up until now. Now is when the world can tremendously benefit by incorporating recent knowledge on trauma recovery and applying it on the individual and collective levels. Trauma often takes the form of mental and physical illness. It shows up in our homes, schools, and cities. And even more recently, specialists in the trauma field have

been recognizing how trauma on a national scale underlies many international conflicts. As they continue to explore its impact at the political levels, it would be crucial for them to work hand in hand with the media so that they can put this information into their programming. I believe the media can play an influential role in minimizing the impact of trauma by raising public awareness. Am I asking the media to become pop psychologists or the saviors of humanity? No. I am asking for the media to recognize the value of this subject and to integrate the information I am providing regarding trauma's pervasive impact, its costs to society as well as information on good coping tools for the recovery phase.

**My second position:
The media cannot be held responsible for violence**

When past traumatic events left the country shocked and bewildered, people desperately searching for answers have turned to the media for affixing blame. After the Littleton school tragedy where two students killed twelve of their peers, two teachers and then themselves, the media was blamed for further traumatizing the public because of their relentless coverage and repetitive imagery. As media personnel and institutions reflect and re-examine ways to improve their approach to trauma coverage, trauma specialists can offer their knowledge and experience. We can join together in a collaborative effort to help the viewing public through the shock and traumatic reactions. We are witnessing the media in a transformative stage that includes coverage of both traumatic events and associated healing aspects. This approach coincides with the objectives presented in this book.

Before the coverage of September 11, the media had been accused of contributing to incomprehensible tragedies by their sensationalistic coverage and had become somewhat of a scapegoat for situations that are much more complex. Media personnel cannot be held responsible for the violent acts plaguing the worldwide. Coverage has been dictated by the public finger on the TV remote as well as the driving forces of financial gain and sensationalism. The "What bleeds, leads" mentality did indeed affect the choices for news coverage and entertainment. But deeper motivations and higher ideals run through the media's veins. A small town paper or a corporately owned conglomerate, are made up of individuals who have a wide spectrum of beliefs and orientations. They work diligently and serve as our source of information and connection to the world. Many demonstrate commitment and dedication, and have become our heroes.

The media has the potential to be a most powerful force in helping resolve one of the most daunting and pervasive problems besieging our society and international community. The media can further collaborate with the trauma specialists by working together with them to investigate the core underlying issue of most reporting and the nature of psychological trauma itself, whether individual, national or international. The media is inextricably linked to this subject of trauma and violence because it reports on it, but has wrongly been held responsible for spreading some of society's most shattering tragedies.

The media's influence and the copycat phenomenon

The copycat phenomenon is just that, a phenomenon. When the media get blamed for the effects of the copycat phenomena, they may rightly become defensive, fear legislation, legal sanctions or a limiting of their freedom of speech. Often there have been confrontations and counterattacks rather than communication and problem solving. Responsibility needs to be shared by the media, the government, and the general public.

One way to help create shared responsibility is for the media to set up a forum for intelligent discourse. For example, there could be a discourse analyzing all the elements involved in current terrorist activity: the reasons

for it, the cross-cultural nature of the conflict, and the effect of our responses and the public's reaction. It was healthy for the public to view televised dialogs on the possible triggers surrounding the September 11th attack. The subject, however, requires an extended search and an in depth analysis from varied points of view, including the trauma angle. This becomes even more imperative considering the magnitude of the possible developments ahead of us.

We can learn from observing some of our own media history. We are reminded of beneficial examples of their power and the copycat phenomenon. In a decade old episode of *Happy Days*, the teenage role model Fonzi applied for a library card and the next week thousands of young students went to the library to get their own cards. Oprah Winfrey recommends a book to her audience and it becomes an overnight best seller. Alternately, the tragic side of the copycat coin was illustrated right after the news coverage of the Littleton tragedy. Immediately following, hundreds of similar threats and some actual occurrences popped up in the United States and Mexico.

Now it is crucial to be aware of the copycat phenomenon on the international scene regarding the behavior of nations and current political events. The searing images of the collapse of the Twin Towers repeated over and over create a more vulnerable public, increase feelings of helplessness and rage, and therefore can contribute to harden military decisions. These repeated images viewed by our adversaries can drive the image of a vulnerable America deeper in their psyche, and consequently be used to generate more terrorism as it reinforces their sense of power and importance. We have already seen the media utilize discernment regarding how adversaries and the public may react to certain data and the way it is delivered. Cooperation with our government's request to not give bin Laden's speeches air time was well received.

An example of what can be done differently -

CNN covers the events in Pakistan, showing excited and enthusiastic young Pakistanis going to join the fight of the Talibans, and a demonstration of a few thousand against their government for their cooperation with the Americans. These images typically increase a sense of fear and anxiety for us. They incite many other Muslim "soldiers": young men being influenced by what they see and being offered excitement and a "raison d'être" they might not find elsewhere.

The way to counterpoint would be to show in the same report the millions in Pakistan who do not think this way, and include a call to the religious leaders who would caution people against this influence. A very dangerous propaganda machine is in action: setting a precedent for brainwashing the people in the Islamic world. The international media can be an unwitting participant even with 'objective' reporting. Nothing falls on 'objective ears' anymore, and unless we truly pay attention to the impact of what we are covering and how we are doing it, we might end up paying a tremendous price.

If we are truly in the beginning of a Third World War, much of it will be fought through the media. This implies an involvement from the part of the media that was not part of its original mission goal: to report objectively and to inform the public on what is happening in the world. A main task at hand is to counterbalance the astoundingly successful and vicious propaganda machine, of which Al Jazira seems to be the most respected and the most influential. For several years already, the Arab propaganda machine has been serving the trauma vortex by repeating over and over traumatizing images. It has now escalated into a paroxysm of demented propaganda, creating scenarios of Israeli soldiers raping Arab little girls and Americans throwing food packages laced with poison to Afgani children. Its intent is to engage the Arab and Muslim world into a drastic and fundamentalist outlook lead by a few leaders who are driven by unresolved previous national traumas.

As of this writing, there is no clear picture of the impact of the copycat phenomenon on this critical situation. Therefore, it behooves us to look carefully at all the issues that may negatively affect an already aggravated public. It is crucial to engage our best minds so that more destruction does not happen. Transcending politics, the media could and must engage in being a healing force in the world and at the same time, being in position to make a moral call on the situation to engage in the counterpropaganda.

During the Gulf war, Iraqis watched CNN reports on their own country. The Arab press today reports the way it wants to and the American and International press can be subtly used to further their propaganda, unless there is a real awareness of the totality of the impact of anything reported. Specialists in trauma, psychology and human behavior will need to be part of the picture. Obviously this changes how things are done.

The media's opportunity in the new millennium

Today the media is positioned as a most powerful force in shaping the world in the 21st century. They need to understand that role consciously so that credibility does not get lost. They can choose to take on a leadership role that supports the best values of our society in an unprecedented way. We have seen actors become powerful ambassadors for worthy causes. The media can add a similar shift to its role so that it uses its influence to reflect society in ways that foster well-being by providing at the same time coverage of events that are tragic and events that are uplifting. The media determines what people will see and knows how to use the power of suggestion. On the international scene, the American media has the opportunity to reflect which of our values are being exported worldwide and are affecting the image of America in the world's eye.

Ultimately, movement towards any change on a societal level comes from the grassroots, and the media is in a unique position to support positive change, amplify it, and help it take root. The media is undeniably more influential than it has ever been for the simple reason that its information is now instantaneously accessible to the entire world. The capacity to televise anything live from anywhere has changed the impact of information. Critical though it may be, we have not slowed down long enough to take time and analyze this 'Informational Shift' nor to evaluate its effects. It is my hope that this book can make a considerable contribution in this regard.

What exactly is trauma?

An event is traumatic when the stress it causes overwhelms the capacity of the person to cope, creates hormonal imbalance and sets in motion a wide range of compensatory biological functioning. What traumatizes one person might not traumatize another. What is overwhelming at one time might not overwhelm at another time. Family and social context, age, personality, and previous life experience might make a person more or less vulnerable to trauma.

An example of the social context contributing to trauma is the suffering of the Vietnam Veterans. Their return home lacked warmth or celebration. The lack of recognition and validation by this country worsened their traumatic pain. These men and women returned home from a conflict that many found pointless. Received by a hostile and rejecting country, they were left with symptoms of post-traumatic stress disorder in far greater numbers than World War II veterans who were received as heroes. After facing hell in Vietnam, they returned to face hell at home, taunted by antiwar protesters. A great number of them have died from suicide. Many others

were so shattered by their experiences that they were institutionalized. Others walk the streets of the nation, demoralized, hungry, addicted, and homeless. Had we possessed then today's awareness and understanding of trauma, and had the veterans had access to trauma practitioners trained in the new methods, many of these shattered veterans might be leading well-adjusted and productive lives.

An example of the family contributing to trauma in the population is the prevalence of chronic childhood abuse. Childhood traumas cause devastating aftereffects similar to those found in war veterans. Chronic childhood trauma disrupts the child's brain development and produces long-lasting biological changes in the mind body. A person's sense-of-self spirals downward, manifesting in depression, chronic anxiety, and physical illness. A negative self-image and a feeling of 'not-belonging' spirals into self-hate, self-destructive or outwardly destructive behaviors. Because childhood abuse is so prevalent, this predisposes a populace that is already sensitized to trauma-based disorders by adulthood.

Aggression against others has been particularly well documented in war veterans, traumatized children, and in prisoners with histories of early trauma (Van der Kolk). Indeed studies have shown that ninety percent of most violent criminals in prisons have a history of child abuse. A very high percentage of the institutionalized mentally ill have also had abused or neglected childhoods. Of those who don't turn to acts of violence, many are likely to be drawn to situations that reenact the original trauma. For example, it is not rare for combat soldiers to join police swat teams, for abused women to be attracted to abusive men, or for sexually molested girls to be drawn to the sex industries.

Secondhand trauma can affect anyone.

By now, everyone has heard of the effects of "secondhand smoke." Most Americans knew for decades that smoking cigarettes led to cancer, but it wasn't until studies confirmed the dangers of "secondhand smoke" that the tide truly turned against the tobacco industry. Awareness of the harmful effects on non-smokers changed the playing field. Public opinion was mobilized leading to legal and legislative remedies.

The similar phenomenon of secondhand trauma, also known as secondary or vicarious traumatization, is defined as the impact trauma has on individuals beyond its immediate victims. Over three thousands studies have been conducted over the past forty years on the effect of the media on violence. There were laboratory experiments, field studies, correlation data and longitudinal studies of up to 22 years. Two major meta-analysis, one examining 67 studies with 30,000 subjects, and the other examining 230 studies with 100,000 subjects were conducted. Responding to the data's outcome, numerous parental organizations as well as health and government agencies have accused the media as the source for the violence that exists in our society. The media, like the tobacco industry, has been targeted. Many have called for legislative action. Very recently congress has attempted to take a position regarding this topic. The control of violence in the media has even become a political issue in the latest campaign for the presidency.

Our position is that legislative action regarding the presentation of trauma and violence in the news and entertainment media is not the answer. The concept of "secondhand trauma," however, presents a powerful incentive for the media to take action.

Anyone who comes continually in direct contact with a traumatized person is exposed to possible secondhand

trauma. The population exposed to secondary trauma is comprised of millions of people in the healing, helping, and protective professions: therapists, doctors, nurses, medics, social workers, firemen and police, as well as emergency and disaster workers. But news media journalists, editors and researchers, newscasters and camera personnel are also continually exposed to secondhand trauma. Police, firefighters and disaster rescuers are already aware of secondary trauma and have introduced the practice of debriefing as a modest attempt to diffuse any harmful effects due to the exposure to trauma.

Encouragingly, attempts to address this issue in the media industry have been initiated as the number of casualties in the field has risen. Akila, a television news journalist I recently interviewed, presents a clear example of the need for support of media employees. *Akila* left her job because she could not face one more day seeking the “juiciest” of life’s tragedies. She had to cover hundreds of tragedies for her research and she just “could not take it anymore.” She also reflected on the pain she felt exploiting people’s vulnerability by exposing their anguish--which is what her job required of her. She had to flee, but she was still mourning the loss of the career she had pursued since the age of 11. She spoke of the harshness of the news environment and the too high pressure of her job assignments. *Akila* was not alone in suffering the effects of highly stressful demands of the news industry. People in the business show high rates of divorce, chronic health problems, alcoholism and drug abuse, absenteeism, as well as suffer from traumatic symptoms such as flashbacks, nightmares, outbursts of anger and hostility, and self-destructive ideation at times culminating in suicide attempts.

Secondary traumatization--from direct exposure to victims, war, reporting on and photographing violence or disasters scenes-- can create traumatic symptoms, even if the reporter, news editor or photographer was doing his/her job from a relatively safe distance. Like firsthand symptoms of trauma, these symptoms can resurface years later, triggered by some seemingly inconspicuous and unrelated incident. A recent research study has also shown that the large majority of a group of media people interviewed had experienced some type of trauma in their lives and that more than 80 percent had witnessed violent events while on duty.

“Twenty years ago, if you said journalism was stressful, the response would have been, ‘so what?’ Today there’s an increase in consciousness about its risks,” says John Russial, newspaper consultant and associate professor of journalism at the University of Oregon . As this awareness grows, the field is beginning to make changes in training among its professional ranks.

Frank Ochberg, who developed a Victims and Media Program at the School of Journalism at Michigan State University, disagrees with the notion that journalists just have to become numb to their feelings of devastation in order to present objective coverage. “Journalists, by habit or culture, refuse to feel their grief, their horror, their anxiety,” he comments. They do not recognize that they themselves have intense feelings. It is welcome news that a course he developed, “Trauma and Journalism,” is now being taught at four universities. All journalism curricula should teach just such a course.

Martin Cohen, a Florida psychologist who has worked with journalists at Poynter Institute for Media Studies, reminds them that they are “not just objective journalists doing [a] job, but human beings who have been exposed to something awful.” He recommends debriefing between 24 – 72 hours after exposure, but adds:

“the rank and file are not going to ask for it. They fear it would be interpreted as a weakness when, in fact, it is wisdom. Their hearts are exposed even if they’re looking through a lens. They’re injected with a poison, a certain kind of energy that can affect them for a longtime if they don’t deal with it. There are going to be consequences for seeing someone else’s suffering.

The mere exposure to trauma can be traumatic.”

The stigma attached to being affected by second or first-hand traumatic events needs to be addressed. We need to be able to talk openly and treat trauma as we do physical disease. Nearly 40 percent of editors surveyed reported job-related health problems ranging from insomnia to alcoholism and hypertension, and these numbers are on the rise. “The culture of bravado that fans the flames also discourage them from slowing down or seeking counseling,” says Robert Giles, now executive director of the Media Studies Center in New York, “they must be seen as war-horses, impervious to trauma, fatigue, and fear.”

The New York Times offers a stress debriefing program to journalists exposed to trauma in which they discuss their experience and feelings, but director Patricia Drew admits reporters are initially reluctant to use it. “They are afraid they won’t be sent out on the next tough story.”

Rick Bragg, New York Times Pulitzer Prize-winning photographer, covered the Oklahoma City bombing, multiple murders in New Orleans and the Jonesboro, Arkansas student killings. The face of a woman who’d lost her husband in Oklahoma City is seared in his memory. “That is real hurt. What’s happened to us is so much less. That doesn’t mean what happens to us isn’t serious. But I don’t feel I have a right to call myself a victim....I never felt it was appropriate to whine....we can’t act like that or we can’t get the job done.” Here, there’s simply a need for restructuring of thought. We could say to him, “it’s not about whining or taking on the victim status. It’s about processing what you experienced as a witness to horrifying events. If you give yourself time to acknowledge what you’re feeling, then you’ll be better able to continue doing your job.”

Karina Bland, Arizona Republic reporter, writes: “Because I feel the horror so strongly, I write more graphically, so people can feel it.....nobody talks about this stuff. We interview people about trauma and we see horrible things all the time, but we never consider how it affects us.”

Lindsey Hilsum, diplomatic correspondent at London’s Channel 4 News, sought no psychological help, after her time in Rwanda: “What kind of counselor am I going to find in London – someone who doesn’t even know were Rwanda is?...the problem isn’t me: it’s not in my head. I have a right to be upset about this. It was an awful, dreadful thing I witnessed.” There are ways, even brief approaches, to detoxify these kinds of overwhelming experiences. Hilsum says, “it’s not in my head”—meaning, she’s not making it up. Her assumption was that because what traumatized her was real, not invented, there was no relief or recovery possible. This is simply not true.

One of the most tragic stories of secondhand trauma is that of photographer Kevin Carter, the South-African native who won the Pulitzer Prize in 1994 for a photo published in the New York Times of a vulture circling over a starving girl who’d collapsed on her way to a feeding station in southern Sudan. Two months after winning the prize, his body was found in his red pickup truck, dead of carbon monoxide poisoning. Carter called taking that photo, “the most horrifying experience of my career.” According to Time magazine, after taking the photo, he sat under a tree, lit a cigarette, talked to God, and cried. Carter’s friend, freelance journalist Joao Silva commented: “he was depressed afterward...he kept saying he wanted to hug his daughter.”

From Carter’s suicide note: “I am really sorry. The pain of life overrides the joy to the point that joy does not exist.” He also described being depressed and “haunted by the vivid memories of killings and corpses and anger and pain...of starving or wounded children, of trigger-happy madmen.” In a letter to Time, Carter’s sister wrote,

“the pain of his mission, to open the eyes of the world to so many of the issues and injustices that tore at his own soul, eventually got to him.”

Carter’s tragic story provides a window into the devastating stress found in covering traumatic events. Roger Simpson, Associate Professor of Communication at the University of Washington, Seattle, conducted a survey in 1996 regarding long-term effects of untreated stress on journalists. He surveyed 131 journalists at six newspapers in Washington and Michigan. Simpson found that the post-traumatic symptoms they described were comparable to those reported in two parallel studies: the Australian firefighters who had recently battled a brushfire and Norwegian soldiers trapped in an avalanche. The difference, however, was that firefighters and soldiers routinely receive a debriefing, a form of therapeutic counseling to ease their distress. Simpson also found that those most likely to develop trauma symptoms were those who covered fatal car accidents. “The longer the exposure, the more likely a respondent had begun to experience avoidance tendencies and intrusive thoughts.”

The effects of such stress can be serious. “How can journalists communicate what’s new and fascinating in the world around them if they themselves have shut down psychologically,” Simpson wondered. Further more, he notes, “journalists have serious responsibilities in challenging public institutions. If they are not focused, not thinking clearly, don’t have energy – those are serious problems.”

Like soldiers, months or years after leaving the battlefield, journalists typically experience a delayed reaction. At the time, they can focus fiercely on the task at hand, asking questions or writing notes. Taking refuge in the control and distance their job provides, they may not even know that they have been affected. Later, however, some will suffer from dread, insomnia, emotional numbing, and intense, intrusive memories that bring back the full force of their horror. Daily Oklahoman managing editor Ed Kelley says, “Unlike anybody else in this society we’re supposed to shut it all out. It’s a myth. We can’t do it.”

Combat photographer John Gaps, creator of *God Left Us Alone Here: A Book of War* (photos and poetry, 1997, Lone Oaks Press), found that macabre details haunted him such as the image of a silver watch on the wrist of a Serbian soldier whose head had been blown off by a rocket during the 1991 war in Croatia: “His boots were still laced up, nice and tidy, and the watch was still ticking. Those are the little things that take away your ability to reason later on.”

“After Rwanda, it took me a year before I even learned how to sleep again,” says Donatella Lorch, who covered the genocide for The New York Times. Once back at her home in Nairobi, “I remember walking to my window and seeing my gardener with a machete. I instinctively ran to other side of the room. I wasn’t even able to control myself . . . It stays with you, yes, it does stay with you. I left Africa and had six months of darkness in my soul, a really deep depression.”

When the U.S. bombed Baghdad in December 19, Lorch, by then an NBC News correspondent, recalls having three bathroom breaks in twenty hours, so busy was she doing live question-and-answer hits with an anchor for network, cable, and allied stations. Media people under pressure are called to override even their most basic bodily needs, not to mention their emotional needs. It takes a toll on them. As Keith Miller, a London-based correspondent for NBC, describes it, “You are given a countdown to live, requiring a very clear head and . . . accompanied by a serious adrenaline rush. Three minutes later, you’re down. Then you’ve got to come back up

again. When you do that for fifteen hours or more it can be really debilitating.”

Miller notes that easy air travel can make such experiences even more ghastly and surreal. When he covered Rwanda, “We left Kigali and that afternoon were at a garden party in Wimbledon. People said, ‘Where were you?’ I just couldn’t talk about it.”

Chris Cramer, currently president of CNN’s international news division, helped launch debriefing programs for journalists handling high-risk assignments when he was head of newsgathering for the BBC in London. In 1980, Cramer was taken hostage with 25 others by Iranian dissidents during a siege of the Iranian Embassy in London. He was pistol-whipped and held at gunpoint. “I was a basket case for years afterwards. I came off the road because of it. Had I known more about stress and trauma, I might have gotten over it a bit faster.” Though he suffered from firsthand rather than secondhand trauma, his experience showed him how important it is to understand what trauma is and that help to deal with this experience is available.

Every so often Donatella Lorch discards the stance of detached observer and acts forcefully on her own emotions. While stationed at the Albanian border last May covering the refugees streaming in from Kosovo, she found a six-year-old boy ill with cancer. With the help of Italian doctors, she arranged to have him taken by helicopter to Italy for treatment. “That helps with all the stress,” she says. “One producer told me to stop playing God. Another said, ‘If playing God works, why not?’”

■ ■ The preceding includes significant contributions from “Confronting the Horror,” American Journalism Review, Jan-Feb 1999, by Sherry Ricchiardi and “Burnout Stress on the Job,” Columbia Journalism Review, July/August 1999, by Joanmarie Kalter.

The issue of secondhand trauma needs to be addressed in order to properly care for both the people in the media and the general public. Numbing of emotions, compartmentalization, avoidant behavior, and fixation on the world as a terribly traumatic place are examples of reactions that tend to bias media coverage. A high degree of cynicism often develops from exposure to so much evidence of human cruelty and nature’s indifference to human suffering. All these factors can slant reporting by infiltrating it with threads of hopelessness, helplessness and dread.

At the same time the study previously mentioned had revealed that repeated exposure to trauma sensitized some media people to victims’ concerns and increased their capacity to be non-intrusive. Their first hand experiences opens them to what is happening and to their power to take action in their endeavors.

The power of the media can be redirected.

The media are caught up in a “trauma vortex “.

The concept of the trauma vortex was coined by Peter Levine (creator of Somatic Experience, a cutting-edge trauma treatment method) and provides a helpful metaphor. The word “vortex” aptly conveys the self-perpetuating, spiraling, out-of-control negative energy that amplifies as it swirls downward. According to Levine, nature’s process for the resolution of traumatic energy has been interrupted by the progress of intellectualized societies. When we cannot complete the process, the nervous system stays in a state of hyperarousal, unable to discharge the excess energy and associated feelings. Our unconscious attempt to master

resolution appears in the form of repetition compulsion: try a similar event over again, and maybe this time there will be relief. This does not succeed, and the traumatic cycles continue.

Levine's trauma vortex principle, also called "the black hole of trauma" by trauma expert and researcher Dr. Bessel Van der Kolk, applies as well to the collective consciousness. As a community, we are mesmerized by and addicted to trauma and violence. Our adrenaline flows, producing a "high" and an appetite for more until we are so caught up that our hunger for watching it becomes insatiable. Both the media and the public are in a dance together in a spiraling trauma vortex.

The media's influence can also be observed in other ways. The media has ridden an astounding wave of technological advances throughout this century, turning our planet into a global village, instantaneously bringing the world into our homes, and shaping our views of reality. Americans spend around eight to nine hours a day getting their information from TV, movies, magazines, print media and the Internet. The media's powerful range has served us well as a crucial force for positive change in the areas of human, civil and political freedom, gender and sexual oppression, child abuse, environmental dangers, and drug abuse. Without the involvement of the media these issues could not have reached their current level of recognition. With media support, Mothers Against Drunken Driving (MADD) is a perfect example of what an organization can do to radically change social attitudes.

MADD was created in 1980. In March of 1983, NBC created "The Candy Lightner Story," a made-for-television movie about the founder of MADD, which resulted in 122 more chapters opening in 35 states by the end of the month, along with significant additional media attention. 84 percent of the country had heard about MADD at the end of that month and 55 percent believed it was accomplishing its mission. Today MADD has 600 chapters and Community Action Teams in all 50 states. Since its inception, alcohol-related traffic deaths have declined 43 percent; more than an estimated 138,000 people are alive today, and untold numbers of victims receive support and assistance in dealing with the aftermath of alcohol related auto accidents, as a result of MADD's efforts and the unwavering support it has received from the media. Baby boomers remember watching ads for cigarettes and alcohol in TV commercials, but those type of ads have been discontinued. This demonstrates integrity from the media industry. A positive learning curve is possible when the media acts with commitment to its mission: dissemination of information. "The public has the right to know."

Psychological trauma is an immutable fact of life.

A healthy metaphor for the energy systems of the body would be one of 'moving with the flow of the river'.

Traumatic events are very common in most societies. In the last century we have experienced a particularly staggering number of major and extraordinary traumatic events that have affected 90 percent of the world's population--two World Wars, the Holocaust, genocides in Asia and Africa, labor camps, massive migrations through exile, mass torture, countless internecine wars, acts of terrorism, authoritarian repressions, social violence manifesting in millions of homicidal acts, as well as repeated waves of natural disasters.

Adding the number of "daily", "ordinary" traumatic events such as car accidents, surgical or medical

procedures, major illnesses, the all too common occurrences of family violence (2000 children are murdered by their parents and caretakers each year, and 14,000 more are injured) as well as assault and rape, we all end up exposed to direct or secondhand trauma at some point in our lives.

Though traumatic events are a common fact of life in all societies, they do not have to be necessarily traumatizing. Many of us are resilient to life's stresses and rebound from traumas naturally; yet some people remain traumatized. They are left unable to cope in many areas of their lives, and are left more vulnerable in the future. Always feeling potential danger, their self-concept is disturbed and sense of safety in the world no longer exists. Symptoms can become more complex and generalized over time, and this is why it is essential to deal with trauma early, consciously, and knowledgeably.

Trauma is in the eye of the beholder.

We use a broad definition of psychological trauma to include symptoms ranging from simple phobias to the most severe form of post-traumatic stress disorder.

Trauma can result from:

- • An unexpected physical threat (such as a close encounter with violence or death)
- • A sudden or unexpected loss (death of a loved one, loss of one's house due to fire, etc.)
- • A life-threatening illness
- • Witnessing violence or traumatic events
- • Chronic abuse, the accumulation of losses, betrayals, hurts or humiliations.
- • Traumatic events perceived as threatening, even if one is not physically injured. This information alone

can help millions overcome their shame for having been affected by events that others have not reacted to. Shame is often a major obstacle in the healing process.

These events, or our perception of them, rupture our sense of predictability and security, leaving us psychologically traumatized. They overwhelm our ordinary mechanisms of coping, which normally give us the sense of control, meaning, and connection in our lives.

“Trauma is in the body, not only in the event”. “Reality shapes biology”.

Trauma can break down our body's natural system of defense that results in the disorganization and dysfunction of the autonomic nervous system. It generates a sense of helplessness, loss of control and physical paralysis. It stimulates chemical changes in brain activity that affects our capacity to learn, and to self regulate emotions and physical sensation.

When traumatic memories manifest in symptoms, we may feel fatigue and depleted. Our immune system is weakened, exposing us to incapacitating or even life-threatening disorders. Emotionally we feel devastated and completely out of sorts. Our normal defenses break down, and our self-soothing habits lose their effectiveness. Socially we feel cut off and alone. Spiritually we feel disconnected to God and to the world.

Trauma has remained a secret in the closet of shame.

People tend to feel responsible for the trauma that happens to them which then creates responses of guilt and shame. Both of these reactions stop us from communicating our experiences. Instead, the secret is buried deeply within, sometimes for a lifetime. This hidden trauma keeps us disconnected from others and makes healing impossible. For example, a 59-year-old woman who was sexually abused by her stepfather at the age of four, has held the distorted conviction that it was her fault and so kept it a secret for 55 years. Intellectually, she

understood that it couldn't have been her fault, but the emotions of guilt and shame didn't release until we processed the trauma through one of the new techniques.

Another woman, raped by her brother, had kept it a secret for 30 years. Even though the trauma hampered her sexual relationship with her husband, she could not tell him about her abuse because she felt damaged and guilty. Watching the Oprah Show one day, she was stunned to hear a woman recounting a story strikingly similar to hers. She finally opened up to her husband, yet it took her another three years to begin therapy.

Traumatic Symptoms

There is hypervigilance, irritability, inability to concentrate, and hypersensitivity to touch, temperature, and pain. There are sleeping and eating disturbances, intrusive memories and disturbing flashbacks. There is an inability to be in the present: hence, an inability to assimilate new experiences. There is a loss of capacity to discriminate between a dangerous and a neutral stimulus. There is avoidance, numbing and detachment. The feelings of pleasure, joy and aliveness are absent. The hyperaroused condition readily triggers anger, fear or impulsive behavior.

Unresolved trauma can create a vicious cycle of shame, guilt, mistrust, suspicion, fear, rage, and desire for revenge that can break the social bonds with one's family, community, or even country. An extreme example of this is the Oklahoma City bombing, engineered by a traumatized individual who felt rage and revenge toward his country and government.

Traumatic Reenactment

Individuals, or collective society, unconsciously repeat or reenact their traumas, attempting but failing to find resolution. A number of abused children grow up to become perpetrators and violent offenders, wife-beaters or self-mutilators. Sexually abused girls may become promiscuous or enter prostitution. Combat veterans may provoke fights or hide in the trenches. Traumatized social groups often organize their identities around revenge, leading to ethnic strife, civil war, or war between nations.

Unresolved traumatic energies can be handed down to future generations. The Hundred Years War between England and France provides this classic example: a full-blown trauma vortex at an international level. The present conflicts between Northern Irish Catholics and Protestants, the Israelis and Palestinians, the Serbs, Croats and Bosnians have the same character: each act of violence sparks another act of violence into an ever-downward spiral.

Learning as we go.....

How can the trauma vortex perspective change the way we perceive some of these conflicts? For example, when the Egyptian army attacked Israel in 1972, a few days later many of its soldiers fled the battlefield and literally ran home. At the time the media focused on images of thousands of soldiers' boots left in the sand, depicting the Egyptian army in cowardly retreat in the face of an invincible Israeli army. If looked at this event in terms of the instinctive fight-flight survival instincts, it is completely understandable that an army who is not fighting for survival, and recognizes the deadly superiority of its enemy, would run for its life.

The Israeli army, despite its superior training, was fighting for the survival of its country. It had to fight and win-- it had no other choice. In the meantime the Egyptian army, ridiculed as cowardly, had to return to the battlefield years later, even knowing it would probably lose, to save the pride of its people paving the way for the Yom Kippur War. The Israeli army, lulled by its supposed invincibility, let its guard down and almost

succumbed.

Recently, Israeli soldiers in Lebanon, afraid of dying, wanted to go home. They were not cowards, as some of the Israeli media have suggested, but merely in touch with their survival instincts. As long as they believed they were defending the security of their country, they did not protest and dutifully served, although soldiers lives were lost weekly. Once their government pledged to depart from Lebanon in a few months, they were no longer defending their country but merely sitting ducks to an ever- emboldened enemy. It became senseless to be one of the last soldiers to die in meaningless skirmish. Their fear is not a cowardly fear but a healthy survival instinct.

Trauma expert Peter Levine traveled to Washington wishing to advise President Clinton on the return of the Serbs to Albania. He wanted to warn that the Serbs should not be returned to Albania without some healing efforts taking place in the country. But Levine was not able to speak with the President, and as anticipated, the returning Serbs were slaughtered by a traumatized Albanian population who had no opportunity to process their individual and collective traumas.

Trauma is curable.

An understanding of the impact of psychological trauma, the survival instincts, and the need to process trauma can offer a dramatic redirection of conflicts and solutions between countries. Everyone needs to know that corrective emotional experiences can effectively help to release and heal traumatic energies, and that we already have the proper international institutions in existence to help fully process both individual and collective trauma. The media can play a crucial role in promoting this information. Research has shown that what was once thought of as irreversible damage due to trauma is outdated. We have a brain that has a remarkable neural plasticity that underlies our ability to adapt and to rewire our perceptions and memories. Thus, adaptation allows us to make peace with the past. When I shared this with Akila, that trauma is curable and that hers could be healed, she said sadly, “I really don’t believe that anybody can make me feel better about my traumas. I know them well, I understand them so well-- not that I can do anything about them.”

Many people are unaware that they have been traumatized or the symptoms they live with daily come from their traumas. Akila did know she had traumatic experiences but was convinced that she would always feel this way—“damaged, and no hope for healing”. She was caught in her own trauma vortex and had not experienced enough relief from her original traumas, which were then further reinforced by new ones on the job. Just like Akila, people typically think that their symptomatic aftereffects are forever, that they will only worsen, and that they will feel tainted or damaged forever. Desperation slowly turns into resignation.

Resiliency to trauma can be developed.

Specific personality characteristics can help people rebound from trauma and these characteristics can be developed. Ideally, resiliency training could be taught in schools. Simply stated, it involves physical and emotional awareness.

Research has revealed many of the social costs of trauma.

Trauma can be shattering to families and relationships. Ongoing painful childhood experiences undeniably contribute to serious emotional and physical problems in adulthood. Child abuse and neglect increase the risk for addiction, depression, anxiety and personality disorders, as well as abusive

adult behaviors. Past trauma can increase the incidence of physical illness and premature death. Trauma may also be central to many school problems, such as learning disabilities, disruptive behaviors, school violence and teachers burnout.

Children are regularly misdiagnosed as having Attention Deficit Disorder when they are actually suffering from trauma symptoms that mimic those of ADD. When the nervous system of a child is constantly reacting to the experience of threat, it cannot achieve the state of relaxed attention that is optimal for learning.

Enduring psychological trauma also plays a dominant role in many job-related problems such as absenteeism, downtime, accidents, employee turnover, and lost productivity. Indirect effects of trauma probably contribute to at least some of the homelessness, unemployment, poverty, and social disharmony that so challenge our nation and our world.

Trauma can affect physical health and lead to self-medication.

The Center for Disease Control in Atlanta did a research study of 16,000 people showing that adults who were abused as children are vastly more likely to become smokers, alcoholic and drug abusers, or suffer from obesity. The entire immune system can be affected, causing higher rates of lung disease, diabetes, heart disease and cancer. More specific studies have shown that women with histories of chronic sexual abuse were more prone to immunological disorders.

Mental health is at risk as well.

Without healthy resolution, psychological trauma often has no where to go but inward, turning against the self, and resulting in anxiety, depression, anger, or self-destructive behaviors including suicide. Common beliefs of people who have been traumatized are that the world is an unfriendly place; life is always disappointing; people can't be trusted; something will always go wrong; things can't work out; I am not in control of my destiny; I deserve to feel guilty and ashamed; something is deeply wrong with me.

The media can participate in educating the general public.

Are people offered the necessary information and the available resources to deal with the trauma reported by the media, or are they left feeling scared, indifferent, powerless, and numb to their feeling of empathy? Two issues come together here: what is reported and how it is reported.

“The trend is that more bad news is presented than good news, and the shock stories are front loaded in the news hour. A life taken is believed to be more attention-grabbing than a life saved,” Akila told me.

This problem of “bad news” versus “good news” can be resolved fairly easily. Traumatic stories can be positively enhanced by giving attention to the consequences of the events and the opportunities for healing available to the survivors. This presents no overwhelming obstacle for those media people who are interested in helping the public address traumatic issues in a constructive and healing manner. Such an approach might actually capture their audiences and “run more ink”--open opportunities for human interest stories as well as serve as rewarding experiences for the media personnel involved.

This stands as an invitation to the media to consciously address the widespread issue of trauma, which is one of the media's main focus anyway. By "consciously address", I mean giving the type of research and attention to the nature and effects of trauma that is not currently given to reporting the actual events. There can be power and profit in change. This was true when the news became a business. It can also be true when the media becomes an educator.

The media and the public have an interactive relationship

The media does not stand to lose anything by adding the dimension of providing comprehensive information about trauma. The public appears hungry for the traumatic type of coverage; people do turn their sets on and view many hours of programming a day, however much they may complain. Humanity has always been fascinated with tragedy. We have a need for storytelling, for repeating the details and flow of others' misfortunes as a kind of rehearsal for coping with tragedy. But our fascination has gone out of control. It is under the spell of the trauma vortex. Let us not forget that it is also true that humanity can be drawn to meet our greatest challenges with courage and spirituality.

The concept of the trauma vortex also applies to our collective consciousness.

Traumatic events happen regularly in every corner of the world and are reported by the international media complex. These ongoing transmissions of tragic events on a continual basis represent the trauma vortex operating in every community at the collective level. We have become simultaneously mesmerized and anesthetized by trauma and violence, unable to tear ourselves away from "on the spot" coverage of horrendous events such as the Littleton massacre or the Oklahoma City bombing. We develop a sensory tolerance for the gruesome, and watch scenes after scenes of violent, horrible and terrifying images as if we were hypnotized by it. Both the media and the public find themselves locked in a whirlpool of over stimulation – obsessively observing and talking about the horrible and the tragic.

The news stations are trapped in their own secondhand trauma vortex, and the entertainment media follow suit with programs accelerating this vortex even more. During the Gulf War, many people I talked to were captivated by the horrifying images and could not stop watching, even though they were deeply disturbed and depressed by them. During the Los Angeles riots, a syndicated columnist noted that "the incessant news coverage kept people glued to the screen. It might have even unwittingly encouraged some people to participate in the looting." The capacity to think and reflect, to empathize and take action, is replaced by a hypnotic sensory over stimulation, leading to an increased tolerance for that exciting rush of adrenaline

The media is simply reporting the surface manifestations of trauma both on individual and collective levels. It is an objective reporting in the sense that camcorders are objective, but this type of reporting unwittingly spreads and amplifies the impact of trauma. By so mirroring our society's traumatic ills, the repeated, intensified exposure evokes fear in many of us and aggressive impulses in some.

Members of the media and their audience are caught in the ongoing cycle of this trauma vortex. From this point of view, it is especially understandable that the media exhibits a bias towards the reporting of violence and tragedies which have become one of the main staples of sensory input in our culture. This bias unwittingly normalizes violence by numbing us to its presence through incessant exposure, and over stimulates our nervous systems so that we need more and more stimulation. An example of such numbing to violence was what happened after the killing of a 7-year-old girl in Las Vegas by an adolescent boy. When the friend of the killer

who witnessed the murder was asked why he did not stop his friend from harming her, he said that it was not his business and that he “did not know the girl”. He even became a very popular date for some of the girls in his school because of his involvement on the scene of the crime and for having been interviewed on television.

We need to normalize trauma, not violence.

The varied manifestations of trauma need to be known and understood. We need to overcome the ignorance and misconceptions regarding psychological trauma and the stigma it carries.) Akila captures the elusive nature of trauma in her statement:

“We need to understand what trauma is and what causes us to oversimplify it. We don’t want to remember it. We don’t even know that we are taking it in. We know that something is unpleasant, we know it feels bad, but we don’t know it is actually traumatizing, and that it has an effect on us. We can even say that we were abused, but to most people abuse doesn’t translate into injury that can have a lasting effect. We take a pill, go on a vacation, buy a new house, and we think it is finished, it is done.”

How the media can help and be helped

We propose to make available information regarding trauma for media professionals.

Literature and/or workshops would provide an overview of :

- • The nature of trauma
- • Trauma’s long-lasting impact on people and society as a whole
- • The techniques available for healing in mental health and what can be taught through the media.
- • The uniquely powerful role the media can play
- • Workshops for secondhand trauma

Simple but specific changes in news coverage have the power to heal

The media can become aware of how the relentless push of the trauma vortex itself is affecting the selection and delivery of the news; it can interrupt this cycle of traumatization by inserting healing images into the coverage of traumatic events. It is crucial to comprehend that both the media and the public are understandably caught in the trauma vortex. This trauma vortex cannot be reversed without our awareness and conscious effort.

- • The media needs to analyze the copycat phenomenon. After Columbine, we saw 1,000 bomb scares in Mexico and hundreds of copycat threats in this country. The media can consult with professionals in healing trauma about how to present the tragedies in a manner that does not feed into this phenomenon.
 - • The media need to become aware of the blinders or “tunnel vision” of a trauma-saturated perspective. In focusing on the negative, the media unwittingly reinforces people’s fears. At any given moment, there are endless examples of violence and catastrophes as well as endless examples of courage and resiliency. Which ones should we choose? How many of each kind?
 - • The media have the opportunity to balance the effects of tragic stories. The Los Angeles riots might have taken a different turn if the media had already understood the nature of the trauma vortex and the way it is affected by the choice of words and images presented.
 - • The media could readily warn viewers of upcoming disturbing images just like they routinely bleep out sexual and curse words. Is violence any less “obscene” than sex and profanity? (Gina, I hesitated
-

here to suggest the media censor gory details, because perhaps some of these details help people SEE the gruesome realities that they DO need to be aware of...Your call)

- • The media could stop incessant coverage of events involving violence or tragedy. One station decided not to cover the Littleton tragedy until 11:00 p.m. to avoid the impact of it on the children. That is a perfect example of sensitive and responsible coverage.

Other simple changes could be executed

- • By assessing whether a piece of news is likely to add to the well-being of society or worsen it. A choice in what to cover is taking place anyhow. What are the criteria?
- • By avoiding reporting speculation and rumors that can cause much anxiety to people (family, friends, and survivors) and provoke erroneous deductions (it is too late and not enough to retract or correct them later). Ex: Rumors concerning who set fire to the Branch Davidian complex
- • By understanding the vulnerability of victims and avoiding unnecessary broadcasting of details that embarrass, humiliate, or hurt victims of crime. The lack of privacy of victims *erodes* the privacy and the sense of safety of each one of us.
- • By developing an awareness of the tendency to look for spins on coverage to keep a story in the news.
- • By asking the Entertainment Media to create more characters and stories showing helpful and inspiring behavior and events, including more effective ways to address violence, cruelty and evil.
- • By portraying violence in a manner that does not encourage it. Ex: Showing the consequences of a violent act on the perpetrator as well as the suffering of the victims, as opposed to violent behavior where there are no consequences, no pain, no regrets, no grief over what was done.

Research shows that there is more negative influence when the violent scene includes a clear intention to harm or injure; when there is portrayal of physical abuse as well as verbal; when there is violence that leaves the viewer in an aroused state; when violence is not interrupted and not subjected to critical commentary; when violence is portrayed realistically and specially when the viewer is already predisposed to act aggressively;

- • By understanding that children are more impacted by the actions of the heroes who use violence and by aggressive behavior that is seen as justified.
- • By understanding that humor combined with violence trivializes or decreases a viewer's perception of the violence and its consequence.
- • By promoting people that show courage, dedication, and heroism as having both entertainment and news value.
- • By telling stories with a healing reframe, and by showing how people have successfully recovered from tragedies.
- • By promoting stories that encourage connections between people and their communities.

This is an invitation to bring awareness and unrelenting consciousness to the phenomenon of global and instantaneous communication. It is an invitation to realize the effects of the interaction between a media that mirrors society and a society that often seems led by its own reflection. We invite the media to participate in a dialogue with trauma-related experts and agencies concerning the effects of the media on the population when covering trauma.

Methods available.

Over the past decade or two, several innovative treatment methods have emerged that are proving particularly effective against the ravages of trauma. Some of these share a couple of key elements. They are brief compared to the traditional years of ongoing weekly sessions, and consist of easily learned methods that allow practitioners to effectively utilize them without years of training or experience in the methods. Added to

the regular training and experience of gifted therapists, these tools can move the healing of trauma at an astonishing pace. Some of these tools also work well in the hands of dedicated lay people, specially lay people in the addiction field. Some can be self-applied and some can even be taught via the media in emergency situations. Most of these techniques are broadly applicable to many different kinds of emotional and personal problems, including trauma and loss, panic, anxiety, phobias, negative emotional states, depression, pain, addictive cravings, and performance problems. Most offer direct, focused, efficient therapy that usually results in significant (if not dramatic) changes within a few sessions.

These methods work hand in hand with the body's inherent capacity for healing, and the language or communication of the mind and body is utilized as our greatest resource.

Four Brief Effective Therapies: or, "Power Therapies"

Charles Figley, who coined the concept '*secondhand trauma*', has been a leader in the study and treatment of trauma. He founded the International Society of Traumatic Stress Studies; the Journal of Traumatic Stress, the first online computer traumatic studies journal; and the Green Cross, an international Internet organization that mobilizes and dispatches therapists to disaster areas around the world. He and Florida State University colleague, Joyce Carbonell, oversaw what they termed the "active ingredients" project, which set out to demonstrate and test a number of the new trauma therapies. The project was not intended to be a comparative study of which approach worked best. Rather, it was a pioneering attempt to demonstrate four new methods of treatment on a typical client population in a sufficiently rigorous and controlled way that some empirically valid conclusions could be drawn from the process. Inventors of each of the methods came together for a week and worked publicly with assigned clients in a laboratory setting. Discussions devoted to uncovering the meaning of it all followed.

Figley and Carbonell created criteria by which to evaluate trauma methods.

Approaches had to be "extremely efficient", producing within a few sessions an "extraordinary impact on clients' progress in recovering from *PTSD*". Effectiveness had to be verified by 200-300 licensed or certified clinicians who had actually used them to treat PTSD. Suffering the after-effects of a trauma or a phobia (on the theory that many phobias are embedded reactions to trauma), the majority of the participants were women, median age 40. Nearly 40% were dealing with unresolved issues from childhood abuse. The remaining subjects included Vietnam and Gulf War veterans, victims of crime, rape, domestic violence and accidents, people suffering bereavement or losses, and people with various phobias. 39 made it through the entire process of treatment. The average time required to achieve results by each method ranged from a high of just over 4 hours for EMDR (which requires the clients to talk more) to a low of just about one hour for TFT. Four methods made the final cut for the "power therapies". They are described in the following pages. Another important method that does not fall in the "power therapies" category, Somatic Experiencing, is also covered. All these techniques are available to the public and suitable to members of the media.

Eye Movement Desensitization and Reprocessing (EMDR)

Eye Movement Desensitization and Reprocessing (EMDR), developed by psychologist Francine Shapiro, involves visual, auditory, or kinesthetic stimulation while the client processes and reintegrates traumatic material. The client thinks about the traumatic memory and the negative beliefs associated with it (i. e, "It was my fault that I got raped.") while visually tracking the rapid back-and-forth movements the therapist makes with two fingers or a wand before his or her face. Alternately, physical taps or sound may be used. Like the eye movements, taps or sounds are alternated left and right. The bilateral stimulation seems to be an essential element of the treatment.

Shapiro has spent years working to establish EMDR within standard professional and scientific psychology, pushing more strenuously for empirical research than any other mental-health-care innovator in recent history (outside the pharmaceutical industry). She has provided free EMDR training to researchers and trained more than 35,000 clinicians in her approach. EMDR has been the subject of at least 60 clinical research studies.

In 1997 Kaiser Permanente, a huge California H.M.O., funded a study comparing EMDR with standard Kaiser psychological care (talk therapy with or without medication) for trauma victims. By the end of this study, nearly 80 percent of the EMDR group no longer suffered from PTSD symptoms, compared with just half of those who got standard care. Not only were more EMDR patients cured, but they recovered twice as quickly. On average, they were symptom-free after just six sessions, versus 12 for standard care. Psychological tests also showed that eye-movement therapy did a better job of easing depression and anxiety, with most EMDR patients testing in the normal range after therapy.

Traumatic Incident Reduction (TIR).

TIR is a highly focused and repetitive desensitization and cognitive imagery approach that was refined in the mid-1980s by Frank Gerbode, a California psychiatrist. It is a very directive and controlled based tool. In a single session, with no suggestion or interpretation from the facilitator, the client is directed to review a traumatic incident, first silently, then aloud, over and over again in the presence of an interested but neutral "facilitator," until arriving at an internal resolution. The client is enabled to reach his/hers own insights and resolve his/her difficulties. The therapist role is only to keep the client's attention tightly focused on his experience of the incident. TIR can be applied informally, even though it is very structured. It allows it to be used by therapists and helpers from many different backgrounds and philosophical persuasion, on clients from many different cultures. The process can be used with adults and children to work on disturbing thoughts, feelings, and physical sensations.

Visual Kinesthetic Dissociation (VKD).

VKD, demonstrated by Florida therapists Maryanne and Edward Reese, is related to Neuro-Linguistic Programming (NLP), developed in the early 1970s by Richard Bandler and John Grinder. It is an approach based on close observation of verbal, behavioral, and sensory patterns. In VKD's particular application of NLP to trauma incidents, clients are led through a step-by-step program of purposeful dissociation from the trauma. They are taught to use a visualization technique and construct something like an internal movie screen. They are directed to watch a movie of themselves reliving the traumatic event and instructed to imagine communicating with and reassuring their younger, traumatized selves. The entire experience is then integrated into their present lives.

Thought Field Therapy (TFT).

TFT, created by Roger Callahan during the early 1980s, requires only that the client think briefly about the traumatic event while specific acupuncture meridian points (believed to stimulate the body's bio-energy system) are tapped or rubbed or held. All the clients seemed to improve, some dramatically. According to administrator of the project Gail Davies, director of the Psychosocial Stress Clinic at Florida State, "Not one client who participated in the project failed to benefit". In addition to behavioral changes, the subjects all showed improvement on tests measuring symptoms and self-assessment. Callahan callsTFT an educational model for helping people achieve personal growth.

Emotional Freedom Technique (EFT)

Emotional Freedom Technique (EFT) is an offshoot of TFT. Gary Craig, a student of Callahan's,

simplified TFT by creating an all-inclusive sequence that tapped all the meridian points (7). This allowed people to bypass the need for detailed diagnosis. Clients who have had successful experiences with it feel transformed and more definitively, relieved of their pain. *EFT*, like TFT is based on the idea that emotional problems are directly linked to disturbances or blockages in the acupuncture meridian system.

Craig maintains an active list on the Internet of methods based on his approach. He is determined to make EFT available to as many people as techniques and tools to be integrated into sessions by a skilled facilitator or therapist. as possible and sells videos and tapes at cost value. Treatment is aimed at neutralizing, balancing, or clearing blockages, often by tapping on or holding acupuncture points while the client keeps the problem in mind.

The current economics of managed care demand ever-shorter therapies, making brief, affordable and effective treatments both needed and attractive. However, it is important to keep in mind that no two people experience PTSD the same way, and we aren't going to find one quick treatment approach that works for every client. These new approaches

Therapists know that successful treatment still often depends more on relationship than method, and some worry that, by emphasizing the quick, symptomatic fix, the field is in danger of forgetting that trauma never happens exclusively inside the individual. Some feel PTSD cannot be adequately treated without addressing broader family social, political and spiritual issues, as well as individual psychological suffering and neurophysiological stress reactions.

Still, Davies sees the so-called "power therapies" offering hope by jump starting the process of therapy. "They move clients along much more quickly through their trauma to a resolution. You can cover more in a single session than in a month of weekly talking."

--with significant contributions from an article in July/August 1996 "Networker" by Mary Sykes Wylie

Somatic Experiencing (SE)

According to Peter Levine, creator of S.E., trauma in the body has been an interrupted process that is otherwise naturally inclined to complete itself whenever possible. It is based upon the realization that wild prey animals, though threatened routinely, are rarely traumatized because they utilize innate, natural, biological mechanisms to regulate and discharge the high levels of energy that are aroused to meet threat.

Although humans possess the same biological mechanisms as animals, the spontaneous function of these systems is often overridden by the rational mind, the neo cortex. This restraint prevents the complete discharge of survival energies, and does not allow the nervous system to regain its equilibrium. The un-discharged energy remains in the body and the nervous system becomes stuck in "survival mode." The various symptoms of trauma result from the body's attempt to "manage" and contain this unused energy: thus trauma engenders the breakdown in the capacity to modulate arousal. Feelings of helplessness, fear, rage, confusion, guilt, shame, self-blame and disorientation, all mitigate against self-regulation. When we experience terrible feelings, in a valiant attempt in self-protection, we tend to recoil, avoid, split off or disassociate from them in fear of being consumed. This adaptation of the human animal paradoxically sets up a continuous looping of the cycle of trauma.

In S.E., individuals are guided *to work* internally with the body's instinctive "felt sense" to unlock survival energies previously stuck in the neuromuscular and central nervous systems. The discharge of energies typically includes involuntary trembling, shaking and crying as well as spontaneous movements and heat waves. This flow of energy can then be re-established and completely discharged, helping to then resolve traumatic symptoms or prevent them from happening altogether. The felt sense is the capacity to increase body awareness. It supports an individual to focus on the uncomfortable feelings and sensations for a relatively short period of

time. By focusing in this manner, internal tolerance and endurance builds which helps to shift, change, and lessen the uncomfortable feelings. A greater sense of self-esteem flows from this process. S.E. teaches us to notice a subtle discrimination between sensations, feelings, thoughts and emotions. It reacquaints us with the internal landscape of the body, and reminds us to listen to the messages sent forth by the body.

Rhythm and timing are very important in S.E. Animals follow the rhythms and life cycles dictated by nature and physiologic responses of trauma resolution are also attuned to the rhythm and timing of nature. For humans, these rhythms pose a two-fold challenge. First, they move at a much slower pace than we are accustomed to. Second, they are entirely spontaneous, beyond our control. Previous methods of recovery have tended to unknowingly retraumatize an individual, and S.E. work is a particularly kind method that places special care to not retraumatize and to create a natural resiliency to stress and foster the ability to move through threatening situations with greater ease.

Trauma and Violence in Television and Film

Research shows that movie and television violence tends to harm mostly the already vulnerable segments of society. Many of us might either feel increasingly numb or gripped by fear after watching violent scenes, but we will not be moved to violence. It is the previously disturbed youths or young adults who are most at risk for experiencing retraumatization or violent action due to the media's impact.

Fast-forwarding to a better world.

“What I can't envision is how it would look if the media did actually what you are asking them to do. What would change if the public really understood all the information you want to give them?” Akila poses a good question.

This is what I can see in my mind's eye....It is the year 2035. The effect of the media in transmitting the available information on trauma and its healing will lead to the following:

- • Traumatic events still occur, but there is less criminal violence and school violence because schools are now teaching the recognition of emotional intelligence and the development of resiliency to trauma. All school counselors and psychologists are trained in detecting the psychological effects of trauma and know how to treat or refer for appropriate treatment. Children are versed in the easier methods.
- • Children are tested for psychological trauma at an early age and are no longer misdiagnosed as having learning disabilities, aggressive disorders, or other pathologies so commonly misdiagnosed today. Crack babies are given a simple treatment using rhythmic movements that restores balance to their nervous system and makes a very sick child well.
- • Gangs have lost their role as initiating rituals for disadvantaged youths. Our understanding of the importance of attachment and proper bonding at an early age allows us to provide appropriate courses in maternity wings and appropriate help at home. Programs are developed in all communities introducing the youth to initiation rites that are socially acceptable, culturally sensitive and meaningful.
- • Teenage mothers are not treated as social pariahs, but helped to recover from their traumas and regain a healthy sense of self. They are supported to avoid the welfare system, take charge of their lives and bring up healthy babies.
- • Prostitution is regarded as a product of trauma in our society and constructive help replaces punitive approaches of scorn and jail. Research has shown that 40 percent of women on welfare have been sexually abused as young girls. This data now informs the welfare system of the 21st century. Welfare recipients who receive governmental help undergo therapeutic treatment, including trauma work. Sensitive and well-trained trauma therapists would help them heal old wounds that keep them from leading full and independent lives.

- • Another venue for change is the family court system. Judges, lawyers, and social workers are now well-informed on the possibilities for treatment in cases where it could be helpful. They have a genuine understanding that untreated childhood trauma can condition individuals to act destructively. Domestic violence is responded to at the earliest warnings and treatment is strongly advised for all family members. This will make it possible for more families to stay together.
 - • Divorce court judges are sensitive to the possible trauma of divorce. They can recommend treatment to divorcing parents in addition to conciliation or mediation.
 - • Divorce lawyers work in tandem with therapists specializing in divorce trauma. Trauma courses are now taught in law schools.
 - • Insurance companies can save billions of dollars by revising their beliefs and extending benefits for trauma treatment and preventive care.. With the help of the government, they have invested in research on innovative techniques for healing trauma. They understand the long-range impact of trauma on their clients and the billions of dollars it costs them in medical care. Disability insurance carriers have a clear stake in this new vision. Car accident victims, for example, can automatically be offered therapy that allows them to discharge any residual trauma trapped in the body from the accident that many times causes future physical or emotional symptoms. I have clients who come to see me after a series of 7 or 10 accidents! (remember the description of trauma re-enactment) They have gone to all the usual care providers and they still have symptoms. They usually can recover with 10 to 15 sessions of Somatic Experiencing, a modality that treats hyperarousal caused by trauma.
 - • Another application of applied knowledge is in the paramedic field. They are trained in some of the techniques to help lower panic attacks that often occur in emergency experiences. The number of deaths on the way to the hospital is significantly diminished as well as the reduction of symptoms due to psychological fear.
 - • Doctors are trained in the symptomatology of psychological trauma so that they can more accurately diagnose their patients' illnesses. More than 70 percent of medical appointments are for symptoms that are not organically based but rather due to some sort of stress in one's life.
 - • Nurses are trained in some of these techniques so that they are better able to alleviate considerable emotional suffering and physical pain. They can also use these techniques to alleviate their own symptoms from secondary trauma and dealing with illness all day long.
 - • Emergency-room personnel benefit from learning and applying these techniques more than anybody else because they can immediately work with patients who arrive in a high state of shock.
 - • Veterans returning from the battlefield are immediately offered counseling to process the horrors they witnessed, suffered or committed. Counseling is made easily available to veterans and their families as they return home, or as the needs arise. The stigma of trauma is long gone. Manhood is not at stake because a man admits to being traumatized.
 - • People are well-versed in trauma theory, just as they are well-versed in common everyday afflictions such as the flu, the common cold, or heart disease.
 - • Police officers are trained in understanding the effects of traumatic shock on victims of crime. They are also trained in recognizing secondary trauma symptoms in themselves and can seek help for it without having to fear losing assignments or their sense of manliness. Families of anyone in a high risk job such as police, firefighters, disaster workers or prison guards are also offered help for their ongoing stress of coping with loved ones whose lives are always on the line.
 - • Prisoners would be mandated to attend trauma treatment. They are made responsible for restitution, whenever possible, and given the chance to engage in work that can give them a usable skill when they
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are paroled. Our current terrifying and traumatizing prison culture only leaves inmates angrier and better trained in violence.

Akila shook her head. “Now, that’s quite a task. You are going to come up against the ‘hard on crime’ attitudes of many people . They want to know that somebody is punished for the crimes committed, and they are fed up with the culture of victimization. We don’t want to see criminals as victims. It is also not fair to the victims.” Akila’s point is well taken. It’s not about taking away any responsibility. It is about facilitating prisoners’ ability to truly take responsibility. Clinical data on prisoners who were treated with the techniques described above showed that it was much easier for them to take responsibility for their actions after they received help for their own traumas. As mentioned previously 90 percent of hard-core criminals have histories of abuses in childhood.

- • Communities hit by natural disasters are offered information to process the traumatic impact of the event. Some of the healing from traumatic events can be done directly through the media at a mass level by showing videos on handling hyperarousal and on developing resiliency to trauma.
- • The international community can participate in healing the war traumas of whole *nations*. Preventive measures can be instigated before populations are returned to their cities or villages after massacres in which they have lost families and friends.
- • Dictators who mount killing rampages can be presented by the media in other countries as deranged by trauma, and thereby discredited in the eyes of their countrymen. When possible, past traumas of these same countries can be unveiled and validated and other solutions offered than retaliatory massacres.
- • All media personnel exposed to secondary trauma (reporters, news editors, researchers, photographers) are made aware of the risks involved in their jobs and encouraged to seek help when they recognize traumatic symptoms in themselves--without risking the loss of important assignments. They are crucially aware that any unresolved trauma might influence their choice of what is newsworthy and their style of coverage. They are also aware that untreated personal traumas from their past might make them more vulnerable to bias reporting, job stress, and burnout.
- • In the year 2070, as the information about trauma has become as much a part of our daily life as information on cholesterol, fats, carbohydrates, or harmful exposure to the sun....people will not be held responsible for having been traumatized but they will be held responsible for not going for treatment and for their actions that are by-products of the trauma vortex. The knowledge on trauma will be so widespread that acting out behavior will not be an excuse, in the same way that we now hold people responsible for following traffic laws
- • Our judicial system would not even have to be tough once all other social structures would have supported with compassion the reestablishment of emotional and physical health of traumatized people (caring governmental policies, a well-informed and well-intended clergy, enlightened insurance companies, business practices that reflect the knowledge that caring for and motivating their employees, can save money).
- • Different media or non-media organizations have sponsored well funded research on the media’s impact on society, including the copycat phenomenon, and have taken a leading role in hosting public discourse on values and policies. Of course, these values and policies would be divorced from any political agendas. They serve to protect the public by holding politicians and all public institutions responsible for demonstrating integrity in their public functions. The “Norman Lear Center,” whose mission is to study the impact of the media on society’s values, is already in operation. “The Creative Coalition” is another example.

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I am talking about making tremendous changes in our way of thinking.

What is really energizing about trauma, paradoxically, is that its healing is transformative for the individual as well as for society at large. Knowing how unresolved trauma engenders pessimism, cynicism, despair, paralysis of the will, or desperate and uncontrolled acting out, we can appreciate how healing opens doors to hope, optimism, the desire for creative action and endless constructive possibilities.

I cannot imagine that a media invited to help inaugurate these changes would say no! “You are right!” Akila interjected. “ Many journalists enter the field as idealists, wanting to uncover what’s wrong and help better society. I know I did. And that’s why I had to leave my job. I did not feel like I was doing anything I felt good about. Even my understanding of victims and my gentle handling of them felt traumatizing because they trusted me and allowed me to interview them because I was sensitive. It felt like such a Catch-22, and the only solution seemed to be leaving, but I see that leaving the business is not the only way to do it. I need to re-enter it in a position and with people who believe in what I am talking about—who want to take a leadership role in healing.”

Written by Gina Ross, Psychotherapist and co-founder of the International Israeli Trauma Center

Excerpt from the upcoming book: "Beyond the Trauma Vortex: The Role of the Media in Healing Fear, Terror, and Violence"

