


Information on trauma

 **Note:** It has deliberately been avoided to use expert language and expert terminology. Instead it has been tried to explain the topic in layman's terms, to enable you to take appropriate action when working with people who have lived through war and flight. (Along the lines "What do you need to know about cars, if you just want to drive one!")


What does trauma exactly mean?

Trial of definition: An overwhelming, life-threatening, terrible and frightening experience which is way out from any other "ordinary" human experience.

- is tied to the feeling of helplessness, to the feeling to be at someone else's mercy, to having lost control.
- It is mentally and/or physically extremely painful.
- It has been split off from our brain and can thus only be remembered in fragments or not at all.
- Depending on subjective perception of each individual person incidents may be perceived as traumatic or not. For example, it may be traumatic for a child who only thinks its parents were killed in a destroyed house – even if it is reunited with them a couple of hours later.

Classification of different trauma-types

- A **short** and **unique** event or a **long lasting** and **recurring** event
- **Fateful** event, happening by chance or caused by other **human beings**
- **Collective trauma**, e.g. war

 **Note:** Trauma repeatedly caused by other humans has a more harmful effect on the victims than e.g. a natural disaster. Experiences mostly causing severe trauma are war, rape and bodily / mental / sexual violence during childhood. This is what probably happened to persons who have gone through war and flight.

Typical attitude to life of NON-traumatized persons

- ☺ Are convinced to be “invulnerable”
- ☺ Perceive the world as significant, comprehensible and controllable
- ☺ Perceive themselves as positive and valuable

Typical attitude to life of traumatized persons

- ☹ Consider themselves to be wounded and vulnerable in the future
- ☹ Perceive the world as hostile, incomprehensible and uncontrollable
- Perceive themselves as defective and worthless

Conclusion: A severe traumatic experience may dramatically change a person’s attitude towards life and the world and, thus, the way this person is acting.

How does a traumatic experience affect the brain?

A **normal event** is stored in the “standard” memory area of our brain. We are able to recall the event in chronological order relating to it as a part of ourselves. We are able to recount the event reactivating our emotions and thoughts. (“This and that happened to me at this time and place ... I thought this and felt that ...”)

A **traumatic Event** “floods” our normal stress management ability (our “fuses” disconnect), our memory of the trauma is fragmented and filed in different brain areas. The memory does not have a chronological order; the connection to our speech centre is blocked.

Memory fragments can easily be “triggered” being experienced as a real event by the person affected (e.g. individual smells, emotions). Sometimes traumatized person experience film-like flashbacks of the dreadful memories, as if they were occurring here and now — similar to having a nightmare.).



During stress the function of our cerebrum is severely impaired by stress hormones (e.g. memory functions like storing and recollecting experiences and knowledge, learning).

This reaction was definitely useful in earlier eras of human evolution when bodily reactions like fleeing and fighting, e.g. fighting for food, escaping from a bear, initially had a higher priority. To be able to fight and flee very fast reflexes are necessary, but these reflexes are slightly slowed when the cerebrum is working. Nowadays this may be compared to a

computer slowdown when too many programs are running simultaneously. This is why a shutdown or down-regulation of the cerebrum was a clear advantage for survival in ancient times.

In order to take a decision in today's world, however, this reaction is often of disadvantage when having to consider complex processes which require the full capacity of our cerebrum to take appropriate action.

Studies show that mothers who are subjected to severe stress (e.g. flight, violence, fear) during pregnancy transmit increased levels of stress hormones to their babies through the umbilical cord. Those hormones induce the growth of the baby's „stress hormone centre” which will automatically create higher levels of stress hormones in the baby, possibly for the rest of its life. As a consequence, the person affected will be exposed to stress faster than others, he/she will e.g. be experiencing fear faster and stronger than others or will react more irritably or explosively than others.

Conclusion: An immediate, positive and preventive effect can be created by providing special support to pregnant refugee women in the “safe” host country.

Physical reactions to extreme stress / traumatization


1. **Flight or fight,**
circulatory functions and stress hormones are “at full blast”
2. **Freeze,** the so-called „play dead reflex”, in order to possibly get a chance at escape
3. **Submit,** „inner surrender“
body and circulatory functions „shut down”, inner „withdrawal”


Let's take the example of the cat and the mouse. A cat discovers a mouse which is trying to escape. The cat catches the mouse holding it between its paws. The mouse appears to be dead without having suffered major injuries (play dead reflex). Just the way cats are, it starts playing with its prey, while the mouse still doesn't move. When something distracts the cat for only a brief moment, the mouse starts running away.

During flight or fight our body's stress systems operate at full blast providing us with “energy”, so we are able to fight or flee. Our body is tense, heart, blood pressure and muscle power are activated at the maximum.

If neither fight nor flight are possible, the freeze (or immobility) response is set off. From the outside the body appears to be frozen, whereas stress hormones are still fully active inside. If the chance were given, we would still have the capacity to fight or flee.

If the external circumstances causing the strain persist, the reaction of our stress systems will change: Endogenous opiates will be released, the sensitivity to pain reduced, blood pressure and heart rate drop, the muscular system will go limp. Overall, a form of anaesthesia will be induced enabling us to live through an overwhelming experience in a state of limited consciousness. However, all events occurring during this time will not be completely stored, physical feelings, emotions, thoughts and courses of action cannot be remembered in connection with the experience.

 **Note:** Traumatized persons may abruptly show individual elements of these physical responses at a later time, e.g. physical strain, over-alertness, sleep problems, irritability, aggression, slowdown, emotional or physical numbness, "withdrawal", act like a robot, have lack of energy and feel worn out or the inability to perceive emotions. The persons affected cannot control these reactions.

 The more steadfast (mature / adult personality) a person is, the better are his/her chances to categorize and cope with dreadful experiences. As a consequence, trauma is **especially hard on children** (even though or particularly if they appear to be carefree and happy!)

Possible traumatic experiences of persons having gone through war and flight

- ❖ Threats, physical violence, torture, pain, fear
 - Within their family, community or having been threatened by perpetrators in the political/religious sphere in their home or host countries.
 - Sexual violence (rape), forced prostitution
 - Displacement, escape

- ❖ Living in war zones or conflict areas, witnessing/listening to reports of bomb attacks, fights, violence, witnessing cruel deaths (secondary traumatization)

- ❖ Violent death of parents, children, spouses, siblings, friends
- ❖ Having been a (voluntary or forced) offender (e.g. child soldier)
- ❖ Frequent changes of place/relationship breakups (may also happen here)
- ❖ Getting lost; many unaccompanied minors are presently being taken care of worldwide
- ❖ Loss of security, poverty, hunger, thirst, cold, disease, natural, disasters, brutalization
- ❖ Powerlessness is one of the most important causes for traumatization
- ❖ Feeling of guilt or shame related to threatening events, even though the victim is entirely innocent (e.g. “if I hadn’t gone to play, my father wouldn’t have looked for me in the cellar, when the bomb hit our house

Current everyday life of refugees

- ❖ Due to their escape and their current living conditions, people are exhausted, weakened and possibly ill.
- ❖ As they are operating in “survival mode” (emotions have to be repressed), they may be functioning like robots or appear to be apathetical
- ❖ Or the exact opposite: They cannot regulate or control themselves, snap easily, are thin-skinned, easily distractible, cry easily
- ❖ Depending on accommodation/host country: stress due to complicated procedures of public authorities, insufficient supply of drinking water, clothing, medicine, sleeping
- ❖ They are not or do not feel to be at a safe place yet (having reliable caregivers and continuity in daily life are important!)
- ❖ Lack of privacy, no opportunity to retreat, frequently: cramped living conditions
- ❖ Distrust, fear of strangers = enemy? (as e.g. security service – in their home countries police and authorities often were offenders); translators may be known from different contexts from their home countries, homosexuality ostracized in their home countries/communities, dreaded/experienced xenophobia, e.g. in Germany
- ❖ The refugees do not speak the host country’s language (the translator may be „censoring “) and may be ridiculed or threatened with hostility due to their lack of language skills or their behaviour.
- ❖ Children may be severely threatened by having to walk alone to/from school (separation from their family).
- ❖ Bad sleep in collective accommodations (e.g. having to listen to other people screaming due to nightmares)
- ❖ Persisting fear, e.g. for relatives, friends in their home countries
- ❖ Grieve for relatives who have died (and virtually the loss of everything in their familiar surroundings).


- ❖ Potentially heavy responsibility (already experienced by small children): „I need to succeed in staying here in order to help sustain my family at home or have them “follow”
- ❖ Children and women staying at refugee hostels are especially vulnerable often experiencing sexual abuse or rape. More often than not, showers or toilets are not gender-separated and not lockable. Women and children often have to share a sleeping accommodation with male strangers.
- ❖ During their escape and possibly still in the host country unaccompanied women may have had to place themselves under the “protection” of men („uncles“, they had to prostitute themselves).
- ❖ The escape itself has changed people—they suffered atrocities, possibly had to do horrible and “immoral” things in order to survive.
- ❖ These conditions often contribute to an additional trauma; the persons affected are overwhelmed by traumatic memories (flashbacks).
- ❖ Stress and trauma may result in memory and concentration disorders (the affected persons do not „comprehend“, forget what has been already explained, are late or a no-show for appointments => BE PATIENT!).
- ❖ Traumatized parents cannot comply with their parental responsibilities, cannot offer a safe haven (risk of neglect!) which puts strain on the children and frightens them. The parents are depressed or listless, have aggressive outbursts which they cannot control. In response the children may turn aggressive (frequently boys) or over-compensate (frequently girls), they may seem to be adjusted or very fun-loving in order to support and exonerate their parents.

Conclusion: People who have lived through war and flight are possibly traumatized, but they certainly continue to be in an exceptional situation which unsettles and often frightens them. Most certainly, it severely strains and often over-strains them.

Possible trauma symptoms

- Recurrent recollection of a traumatic event (flashbacks), e.g. triggered by certain sounds or noises. For example: At lunch a man throws himself underneath a table when hearing an airplane passing by. He is expecting a bomb attack in spite of having lived in Germany for a long time. He appears to be frozen, needs a lot of encouragement in order to be responsive in the here and now and to be able to feel and know that he is safe. Possible trigger situations at refugee hostels: cramped conditions and noise at meal serving counters and holding areas, emotionally charged situations, e.g. during sports, disputes or at schoolyards.
- Recurrent recollection of burdensome memories (or parts thereof) in the form of thoughts, nightmares, flashbacks (sudden and intensive sensation of trauma pieces), pseudo-hallucinations (e.g. perceiving a dark figure approaching threateningly out of the corners of one's eyes)
- Persistent avoidance of stimuli associated with the trauma
- Inability to remember important aspects of the trauma
- Inability to have emotions towards oneself and others, feeling that one's future will be constrained, reduced interest in social life, loss of spirituality
- Increased state of agitation causes sleeping disorders, irritability, concentration disorders, hypervigilance (excessive alertness), fright reactions
- Outbursts of aggression without an actual reason
- Fatigue, inactivity, withdrawal, emotional numbing, shyness
- Anxiety, sleeping disorders, inability to concentrate
- Children often re-enact burdening scenes without getting relief; frequent nightmares with highly frightening contents
- Children cry, scream, tremble without an actual reason, wet themselves, grind their teeth, chew their nails, harm themselves

How do I help people to come out of traumatic flashbacks and return to reality?

 **Note:** No matter how committed you are to offer maximum support and help to refugees, it is extremely important to be aware of the conditions these people are presently living in. Although their lives are not imminently threatened anymore, most refugees still do not have a permanent and reliable perspective for their residency and future. While living in precarious conditions and having uncertain perspectives for their future, therapy cannot take place. Therapy will only be possible when somebody feels safe and lives in stable conditions in order to be able to allow and process feelings and memories resulting from the traumatic experience which may recur during therapy. (Trauma therapy requires a safe setting, time and specialized therapists.)

However, in the meantime we can help refugees to “pack away” their frightening memories and feelings in order to be able to function and survive for now.

In case of acute trauma symptoms which strongly impair the victim, like e.g. flashbacks, you can act like an emergency service in a car crash whose purpose it is to get somebody out of a dangerous (inner) situation and offer safety (in the presence).

Flashbacks are inner emergencies! Do not leave the person affected alone and do not ask what this person is experiencing at this moment. This would enable the “frightening” images and feelings to stay active or be re-activated and will consequently make him/her feel powerless again. The traumatized person will experience another loss of control feeling incapable of acting and may be re-traumatized.

Specific Advice

1. Different stimuli/demands to the body and the brain from the outside make it easier for the brain to regulate the emotional experience down giving priority to logical reasoning and functioning of current everyday life. This may include such actions as, e.g. to help a sitting person who is affected to get up, to leave the place where the flashback was triggered and try to divert his/her attention to other things which are not frightening.
2. Call him/her by name, if known
3. Do not simply touch a person affected since he/she may be in a whole other scene at this moment, similar to a nightmare. You may be mistaken as a former perpetrator, parried off and hurt in the process!
4. Take the person out of the trigger situation!

5. Soothing voice
6. Offer reassurance
7. Initiate movements (to redirect brain activity)
8. Offer something to drink (to redirect brain activity)
9. Container exercise, adapted according to age and language skills (see imagination exercises)

Then distract with a different activity or subject

How can I help to support and stabilize persons affected?

(Important: Look for the “RIGHT” reason for each behaviour to be able to understand!)

Create reliability for a person affected

- ☺ Give the person the feeling to be accepted even though he/she shows „strange“ behavioural patterns.
- ☺ When bad memories are haunting them, let them talk, listen quietly, show sympathy (do not actively ask for details!), you may gently distract them, depending on your capabilities (Do I have time and space, do I have sufficient inner stability right now?)
- ☺ Exude serenity, assurance
- ☺ Be kind, smile
- ☺ Freundlichkeit, Lächeln,
- ☺ Be emotionally predictable, smother your own emotional sensibilities
- ☺ Be consequent (reliable), “ I will do as I said“
- ☺ Offer help, reassure, if necessary
- ☺ Offer continuity with regard to caregivers, premises and routes they have to take (e.g. to get to school, language classes ...)
- ☺ Reliable daily routines

And

- ☺ Convey a feeling of control and having options
- ☺ Convey a sense of achievement
- ☺ Create opportunities for sports/dancing and exercise in order to reduce stress
- ☺ Offer distraction (to draw mandalas, make music, allow for and promote creativity)
- ☺ Develop opportunities to create positive (inner) counter-images