

## Trauma Therapy - Coping with a Disaster

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Fear, shock or anxiety	A constant feeling of being on 'red alert'
A sense of hopelessness	Denial, disbelief or a sense of being disconnected
Feeling agitated, anger or having mood swings	Feelings of guilt or shame
Struggling to concentrate or feeling confused	Withdrawing from those around you
Difficulty sleeping, bad dreams	Being startled easily
Feeling constantly fatigued or tense	

These are some of the symptoms that occur with any traumatic event, be it primary (happened to you) or secondary (happened to others). If you are experiencing any of these as a result of the missing airliner, it is important to understand is that your feelings are normal. With the help of those around you, including treatment to aid recovery, you can recover from emotional or psychological trauma.

### Taking care of yourself

1. **Know what is happening** – Get as much information about the situation as is possible. Keep up-to-date with the latest media reports.
2. **Get the facts** – What really happened? What is the situation like now? What information is speculative and what has been confirmed? Do not pass on information that has not been verified. What is being done by the airline to help the family?
3. **How has the reality impacted you?** – You have to know how you feel about the situation, what is the level of your own grief and sadness. What are you truly feeling?
4. **Who do you have to talk with?** – Establish regular debriefing sessions with other individuals and even a therapist, where you can talk about how this has impacted you.
5. Keep informed constantly, but after a while, stop watching the footage.

### Taking Care of others

People respond in different ways to grief and trauma; therefore, there is no set way of recognizing when someone may be in that state.

People have been known to cry continuously, others may laugh inappropriately, still others may have a flat affect; that is, no expression at all. Then there may be catatonic behavior caused by shock; that is, repetitive behavior like rocking back and forth or staring blankly ahead. It is not uncommon that some people may be inappropriate in terms of their words and jokes.

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Many people impacted by a human or man-made disasters often suffer in silence, believing that their severe depression symptoms, fears, depersonalization and other symptoms mean that they are overreacting or “crazy”. In fact, these symptoms as well as those of panic attacks, hyper-vigilance, social phobia, self-mutilation, eating problems, recurring nightmares, flashbacks, and substance abuse often result from trauma.

One of the worst things in a situation like this is the lack of information. There is no concrete information yet about what happened and this information shortage is stressful and difficult to manage.

### What Does Trauma Do?

Different people respond to trauma in different ways: anxiety, depression, mood swings, self-destructive behavior, flashbacks, numbness and phobias are a few examples. This is because of the neurological effects that trauma has on the brain. In a case like the disappearance of a flight, the ‘not knowing’ can be worse as individuals then fill in the gaps for themselves. We think of how bad it must have been and how much suffering the passengers must have experienced, which could heighten our own trauma of the event and lead to secondary trauma. It is important that individuals understand that all they are experiencing is normal.

Trauma can have an effect on the brain that is physiological. This effect is not because of a weakness in the person anymore than it is a weakness in a person that experiences a bruise when one’s hand is hit with a hammer.

When something traumatic happens, the left side of the brain is temporarily out of commission. This is the side that usually helps us make sense of events in an orderly, linear and organized manner. This is the side that lets us know what is in the past, what is going on now, and what may happen in the future. It is also the side we rely on for solving problems. With this side of the brain temporarily out of action, the right side of the brain stores the memory. One problem is that, to the right side of the brain, all time is here and now. That can cause a lot of problems when it comes to feeling, as a trauma that happened 15 or 50 years ago can continue to be experienced in the brain as though it is still going on now. That is why time does not heal all wounds. The right side of the brain stores traumatic memories in bits and pieces instead of storing it in the logical, linear way the left side does.

### Do’s and Don’ts for managing a Trauma

#### Do’s

1. Talk with others about your feelings.
2. Get the proper information.
3. Encourage others to share their feelings.
4. Listen

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### Don'ts

1. Don't tell others what they should feel.
2. Don't tell them not to cry.
3. Don't discourage them from talking.
4. Don't always keep watching the reports continuously, take a break at times.

### Helping children cope with a Disaster

#### 1. Should I talk about the traumatic event?

It is important to talk about the traumatic event. It is not beneficial to children to tell them "do not think about it". If a child senses that their parents or caregivers are upset about the event, they will not bring it up. Eventually, this makes the child's recovery more difficult. A good rule of thumb is to let the child guide when you talk about it. If the child does not ask about or mention it, do not bring it up on your own, but when the child brings it up or seems to be thinking about it, do not avoid discussion.

Listen to the child, answer questions, and provide comfort and support. In this situation, we do not have an adequate explanation about the missing airliner, so it is fine to tell children that you do not know what happened or why it happened. It is also important for them to know that you are confused and upset by it too. In the end, listening and comforting a child without avoiding the issue or overreacting will have long-lasting positive effects on the child's ability to cope.

#### 2. How should I talk about the event?

Use age-appropriate language and explanations. The timing and language used are important. In a situation such as this, children will not be very capable of processing the information as it may be complex or abstract.

- Children should be allowed to express their emotions and thoughts.
- Try to be as honest and simple in your response to questions asked, taking care not to provide too much information. A guide in doing this is to only answer questions asked and not offer other information.
- Children should be given choices over the next few days, and some children will want to go to school while others would prefer to stay home and be with parents and siblings.
- Be honest and have no expectations of how the child might respond.
- It is normal after an event such as this that children will be afraid to fly or have their parents fly. It is important that they are reassured that flying is a very safe way to travel and that incidents such as plane missing rarely happen.
- Seek professional help if your child is becoming increasingly agitated and fearful

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During this long process, the child may continue to 're-experience' the traumatic event. In play, drawing and words, and they may ask you to describe 'what happened' again and again. The child may develop profound 'empathic' concerns for others experiencing trauma, including cartoon characters and animals. "Is Mickey Mouse scared?" Or as they put their stuffed animals under the sheets, they may explain "They have to go there because they do not want to just disappear."

One of the most important elements in this process is that children of different ages have different styles of adapting and different abilities to understand abstract concepts often associated with trauma such as death, hate or the randomness of a tornado's path or a drunk driver hitting *their* car, or in this case, airplane crash or gone missing.

### 3. Should I talk to others about the traumatic event?

It is important to inform adults in the child's world how they are processing what happened. Let teachers, counselors, parents of the child's friends, and if appropriate, the child's peers know some of the pain that the child is experiencing. Sometimes this can allow the people in the child's life to give them the small amount of tolerance, understanding or nurturing that will smooth the way. People can often be intolerant or insensitive when dealing with the traumatized child. When you see that this is occurring don't be shy about taking this person aside and educating them about the long-lasting effects of traumatic events and the long process of recovery.

### 4. How long do these reactions last?

An acute post-traumatic change in feeling, thinking and behaving is normal – persistence or extreme symptoms are not. Many clinicians working with traumatized children have noted that the persistence of symptoms beyond three months is associated with increased risk for problems. If symptoms of re-experiencing, avoidance, fearfulness, sleep problems, nightmares, sadness or poor school or social functioning persist beyond three months, they need to be addressed. If they persist for six months or if the symptoms interfere with any aspect of functioning, you should have the child see a professional. If the child is in therapy, communicate this with the therapist. Find out if school performance has been affected. Watch for changes in patterns of play and loss of interest in activities. Be observant. Be patient. Be tolerant. Be sympathetic. These children have been terrified and/or hurt.

In many cases, some form of post-traumatic symptom can last for many years. Indeed, more than thirty percent of children living through traumatic stress develop some form of post-traumatic stress disorder (PTSD). This is a chronic disorder requiring the attention of mental health professionals.

### 5. Do children understand events accurately?

Young children often make false assumptions about the causes of major events. Unfortunately these assumptions may include some sense that they were at fault for the event -- including the death of a loved one. Adults often assume that causality is clear -- dying in a car accident, being shot in a drive-by shooting, dying in a fire. The child may very easily distort an event and make the wrong conclusions about causality. *Mom died in the car accident because she was coming to get me at school. The other driver was mad at her. If I was on the plane with mom and dad this would not*

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*happen*. In many of these distorted explanations, children assume some degree of responsibility for some element of the traumatic event. This can lead to very destructive and inappropriate feelings of guilt.

Be clear. Explore the child's evolving sense of causality. Correct and clarify as you see false reasoning develop. Over time, the ability of the child to cope is related to the ability of the child to understand. While some elements of trauma seem beyond understanding, this can be explained to a child -- some things we don't know. Don't let the child develop a sense that there is a secret about the event -- this can be very destructive. Let the child know that adults cannot and will not understand some things either.

### **6. Do all children have problems after traumatic events?**

The majority of children experiencing trauma will have some change in their behaviors and their emotional functioning. In addition to the symptoms listed above, these children will often be more irritable, tired and regressed. Fortunately, however, for the majority of these children these symptoms are short-lived. Some children may exhibit unobservable changes in their thinking, feeling or behavior. In general, the more threatened a child felt, the closer they were to injury or death, the more the event disrupted or traumatized their family or community, the more likely there will be symptoms. In some cases, children's symptoms do not show up for many weeks or even months after the traumatic event, confusing many caregivers. Indeed, in these cases, caregivers or teachers may not even make a connection between the symptoms and the traumatic event.