

Breaking the Silence and Circles of Support: Assisting Survivors of Psychological Trauma

by [Yava de Andrade](#)

Breaking the Silence with Circles of Support

Survivors of torture who arrive in Canada have not only been traumatized by their experience of torture, they have probably lost their family, along with their community, their country and their citizenship. All their circles of support are gone. Often, assisting survivors to adapt to their new life and resolve the issues which remain from their traumatic experiences does not require providing specialized care. It is tremendously important to make survivors aware of what resources already exist as a support network within their new community to meet their needs.

Survivors may articulate a negative perception of their present context: "I have no resources here to help me". People in service agencies can help to dispel that notion and empower survivors by pointing out the circles of support that already exist within the community, which are characterized by differing levels of commitment to the survivor's well being. The first circle of support is represented by members of the survivor's immediate family who have also come to Canada. Friends constitute a second circle of support. School is a third, followed by their church, a community centre or support agency, a woman's group, a cultural group from the survivor's country of origin. Service providers are also circles of support, whether they are housing agencies, food banks, welfare counsellors, health clinics and so on. Survivors need to learn to identify and call on those people around them who can provide assistance. Survivors also need to be realistic about the boundaries of different circles of support. For example, they could visit a hospital emergency ward at any time of the day or night, while a community worker is unavailable after 5 p.m. Survivors should understand that if they do not get the support they need in one circle, they should move on to other circles within their network.

Buffering Within Circles of Support

It is crucial to understand that only the individual who has experienced psychosocial trauma is capable of resolving mental health issues caused by his or her experiences. However, it can be very difficult to resolve these issues alone. It requires tremendous effort on the part of the survivor who is also struggling to cope with daily routine in a new culture. The community can help by providing opportunities for personal resolution (therapy is one environment which can offer the survivor ways to come to new understandings of past traumatic events in order to move on into the future). The community can also provide buffering experiences which will help survivors to recover.

For example, an understanding teacher with a high level of awareness about what is happening in the countries from which her students have come will be better able to buffer their recovery in Canada. A student from Cambodia may be doing poorly in school; however, the teacher assumes the student is not learning well because of things that have to do with the past rather than deficiencies in the present. Such a teacher might respond sympathetically in class: "It seems like

your mind is somewhere else right now. Why don't you take a break and then come back and try again." In so doing, the teacher is calling attention to the past, while differentiating between the past, and the here and now, in which the student can learn to function. The teacher is also validating the reality of the experiences which continue to create difficulties for the student. This shows an openness to "hear" and break the silence around those experiences.

Developing understanding amongst teachers is just one of the ways the community can buffer the stress involved in recovering from torture and adjusting to a new society. Multicultural and anti-racism policies, job training programs, and available low income housing are just a few examples of other features in Canadian communities which will provide a buffering effect.

Vicarious Traumatization

The stress which results from experiences of torture and psychosocial trauma has a ripple effect. Someone who has been raped in detention may have flashbacks after arriving in Canada. She may then find she has difficulties concentrating in her ESL class. She will also find she has difficulty adjusting to life in Canada. The stress created by both past experiences and present difficulties will no doubt have a ripple effect on her children, who may also experience difficulties in adjustment. These children can be said to suffer from vicarious or secondary traumatization. Although they were not raped and dehumanized in jail, they still may exhibit similar symptoms to hers because they have been affected by their constant exposure to her high levels of stress.

Burn Out

Service providers in the community who work with survivors can also be affected by the huge amounts of stress involved. Burn out is a common problem resulting from the psychological strain of working with a difficult population who have different resources from the service provider. For example, a high school counsellor may be overwhelmed by nightmares involving a rape, possibly triggered by the experience of a student she has counselled, exposure to that student's distress following the rape, and feelings generated by dealing with this student.

Common symptoms of burn out are depression, boredom, cynicism, low self-esteem, feelings of isolation, incompetency, inadequacy, ambiguity towards success, discouragement, not feeling reciprocated for attention given to others and loss of compassion. The service provider can experience numbing similar to that experienced by the survivor of psychosocial stress, and avoidance patterns which emerge as a result of being unable to process the traumatic material of others. This burnout then can lead to vicarious traumatization.

People at risk of burn out have expectations of being able to do everything for everyone. They end up feeling overwhelmed by the trauma experienced by those with whom they are interrelating because they are unable to adjust their expectations to be more realistic. These caregivers may feel that they are drowning under the weight of other people's trauma and stress, as if they were carrying a huge rock. While it is easier said than done, the antidote is to let go of the rock and the caregiver will be able to resurface. Setting boundaries regarding your role as a

caregiver or service provider also helps prevent burnout, if you are careful not to cross those boundaries.

Countertransference

Another way in which caregivers can experience problematic ripple effects as a result of their work with survivors of torture is through countertransference. Once again, caregivers or service providers may feel weighted down, but this time, the rock represents their own unresolved conflicts and concerns which have re-emerged through contact with the survivor's trauma. As caregivers deal with others who survived cruel and dehumanizing experiences, they must deal with their reactions to the stories they hear, and their own locked or forgotten traumatic experiences. When the survivor recounts something, as Freud suggested, "old scars are rubbed" and the content of what was said or its context reactivates early memories. For example, a social worker who was severely humiliated as a child may feel that he is overwhelmed and "can't stand" what he is told by a survivor who suffered humiliation by those who tortured him. It is not the survivor's experiences or feelings about those experiences which appear overwhelming to the social worker, but personal memories which are set off by the survivor's testimony.

With countertransference, caregivers confound their issues with issues of the survivor, and project their own concerns onto the survivor. Common symptoms of countertransference are feeling frightened, sadistic reactions, wishing to retaliate, feeling as if one has been taken to the darker side of humanity and not being able to cope with feelings of aggression, rage, grief, horror, loss of control and extreme vulnerability. Countertransference frequently leads to existential anxiety and over-identification with victims of torture. Basic assumptions that life has meaning, that the world is okay, people are trustworthy and the self is worthy may be shattered.

Caregivers and service providers should be aware of where they are and why they are doing this work. They should be clear about their own needs and conflicts. They also should make sure that they are not using the survivors with whom they work to prove themselves or fulfill their own need to be liked or in control. Caregivers must also learn to set boundaries about their role which feel comfortable, and with which they can protect themselves. They need to be aware of the possibility of vicarious traumatization through the ripple effects of trauma experienced by the survivors with whom they relate.

Finally, in order to prevent both countertransference and burnout, people in helping roles with survivors of psychosocial trauma need to make use of their own circles of support and the buffering they can provide. Do not alienate yourself, but make sure that you have supportive relationships where you can break silence and talk about the stress you may feel from your role as a helper. Realize your own vulnerability to traumatic stress (people who perceive themselves to be invulnerable have a harder time dealing with the effects of stress), and the risks involved with hearing survivors tell stories about their dehumanizing experiences. Caregivers need to think about the fact that they are not responsible for nor have control over the violent things that have been done to the survivors with whom they relate. Caregivers can also offset feelings of discouragement or existential anxiety by focusing on aspects of what they do which are empowering: such as taking care of their own health, writing a journal about their reactions and

feelings, doing what they can to help survivors, getting involved in movements for social justice or change.