

# Addressing Trauma

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Silence Speaks has considerable expertise in leading storytelling workshops with people who have experienced traumatic events. While trauma may happen to individuals, it is widely recognized as a social and political phenomenon, deeply influenced by the power dynamics which shape human interaction.<sup>i</sup> In the context of Silence Speaks, we define traumatic experience broadly, to encompass violence, oppression, stigma, and marginalization occurring in families, communities, or institutions.

Although more limited definitions of “trauma” may be useful for establishing a shared understanding among researchers, clinicians, and activists, we recognize that they can also limit inquiry and unfairly pathologize both individuals and groups. We therefore employ definitions with caution and choose to support our workshop participants in identifying themselves and describing their experience *as they see fit*. Regardless of how it is defined, what is clear is that trauma can have lasting emotional and physical effects. We offer the following points to clarify why it can be valuable for a person who has experienced trauma to participate in one of our workshops, and when digital storytelling may *not* be beneficial.

## **The healing power of telling trauma stories**

Common sense and research evidence<sup>ii</sup> suggest that when someone is in pain, s/he is generally better served by seeking an outlet than by holding the suffering inside. Having a safe and supportive environment in which to write down or verbalize what happened can often help a person make sense of traumatic experiences and begin to disconnect from outdated “victim” identities or from environmental triggers that have lingered long after the danger or pain has passed. Studies show that a combination of descriptive writing (for example, *what happened to me ...*) and reflective writing (for example, *how it affected me ...*) can have the most significant positive impact on well being.<sup>iii</sup> This fits perfectly with our digital storytelling methods, which encourages work that blends these two approaches to narrating a story.

## **Going beyond words**

As is true of art therapy practices, Silence Speaks workshops enable people to access multiple ways of conveying meaning in order to represent their experiences. While talking and writing go

far, they do not tap into the visual and auditory modes of perception that come into play when we hear music or view still/moving images. For many workshop participants, looking at an old scrapbook, taking a photograph, or drawing a picture can be a profound starting point for crafting a story. If a traumatic experience rendered someone speechless in the past, a chance to not only describe what happened but also develop a visual portrait of the experience can be especially transformative. This is particularly true in the case of those who were very young and therefore pre-verbal when the trauma occurred.

### **From isolation to support**

In the aftermath of traumatic events, people are often challenged in making meaningful connections with others. During the trauma experience, they may have been forced to ignore everything except their instincts, in order to maintain basic functioning or simply stay alive. The enduring legacy of this “blocking out” can take shape as dissociation – a state that involves compartmentalizing certain thoughts, emotions, bodily sensations, and/or memories. When people are dissociated, they are distanced from their embodied and emotional interactions. Silence Speaks workshops offer a space of safety in which participants (each at her/his own pace) can begin to let down their guard and be vulnerable. We bring groups together with skillful facilitation and incorporate somatics and body awareness practices<sup>iv</sup> into our workshops. These experiential methods (including the hands-on practices of participatory media-making) support participants in moving towards integration: a state of being grounded in the body, being in touch (rather than fearing, avoiding, or obsessing over) with feelings and thoughts, and being open to and available for intimacy with others.<sup>v</sup>

The relationship between facilitators and workshop participants during this process is particularly important. Our approach taps into the tradition of narrative medicine,<sup>vi</sup> which invites the health practitioner to *attend* closely to the pain (physical or emotional) being shared by a patient and to co-construct a narrative about that patient’s life story, thus giving rise to an affiliation between the two which is essential to the process of healing.<sup>vii</sup> Although we are not health practitioners per se, we understand the crucial role of the listener in bearing witness to pain and enabling people to take ownership of their stories. This approach gives workshop participants a sense of agency and control in the telling of stories about situations wherein they typically had little or no control.

### **From telling a story to taking action**

Trauma expert Judith Herman contends that while telling one’s story can be healing, participating in collective action at the community level also plays an important role in

nurturing recovery (see endnote ii). We recognize that the healing journey is not necessarily linear – some people come to Silence Speaks after years of counseling and no involvement in community initiatives; others are seasoned organizers who wish to make stories as a way of addressing personal pain that has emerged in the context of their political work. To this end, Silence Speaks supports individual transformation and empowerment while simultaneously building the resilience of participants for involvement in social justice movements.<sup>viii</sup>

### **When is the time NOT right?**

Before any of the above benefits can be realized, people must be fully ready and able to share their stories. Most people will come to the storytelling process when they feel emotionally and physically strong enough to do so, but some may not be able to assess their own readiness. This is especially true for those who are currently “in the middle” of their story (i.e., living in an abusive relationship or on the streets; using drugs and/or alcohol in a way that impedes basic functioning; struggling to meet their needs for food, shelter, and safety; etc.). In such cases, asking someone to narrate a story can have the unintended effect of keeping them trapped in a place of hopelessness rather than prompting catharsis or well being.

### **A few words on Post Traumatic Stress Disorder**

We believe firmly that many of the behaviors displayed by those who have lived through traumatic experiences are intelligent and adaptive human responses to externally imposed physical, sexual, and/or emotional pain. We also understand that not all trauma survivors will develop Post Traumatic Stress Disorder (PTSD).<sup>ix</sup> At the same time, however, our work in developing Silence Speaks has shown us that our workshops are not appropriate for people exhibiting signs of severe PTSD. These signs can be as present for someone who was physically attacked two weeks ago as they are for someone who was sexually abused twenty years ago. Typical signs of PTSD may include greater or lesser degrees of:

- **Intense emotion and reactivity**

PTSD sufferers may feel intense pain, terror, shame, horror, grief, rage, and shock, often at unexpected moments. They can be activated and alert much of the time, ready to react to perceived danger. They may have difficulty sleeping or even relaxing.

- **Numbness**

Those with PTSD may tend to protect themselves through denial, disbelief, and pronounced dissociation (spacing out or splitting off the terrible events, as if they didn't happen). They may feel numb and cut off from other people and their own feelings. This shutting down is a

protective strategy, but it means that normal responses to life and to other people may not be accessible. (Note: All people “space out” occasionally. With someone who has PTSD, however, the spacing out can be quite pronounced and debilitating.)

- **Flashbacks**

Trauma survivors with PTSD may experience their minds being invaded over and over by memories of the traumatic events. They may also be tortured by nightmares and find it scary to go to sleep. Flashbacks can also take shape as somatic memories; the body may freeze or exhibit physical symptoms such as headaches, stomach pain, muscle cramping, etc.

- **Triggering**

The person with PTSD can cause someone to respond to events that *remind* her/him of the trauma with all the feelings/physical sensations that resulted from the trauma itself. Combat soldiers, for example, may respond to loud noise as if it means incoming mortar; someone who has been raped may react to the smell of a person as if that person were their rapist. This can make every-day life immensely threatening and laborious, as people devise elaborate schemes for avoiding their triggers.

To expect that someone suffering from a multitude of symptoms like these will be able to narrate a story and function well in a group process is not only unrealistic but potentially dangerous. The exception might be a project designed to unfold over a long period of time in tandem with specific psycho-social support activities and counseling interventions for trauma survivors. Unless you are highly experienced in trauma work, we cannot stress strongly enough that if you would like to collaborate on a project with Silence Speaks, you *must* follow our Statement of Ethical Practice (see endnote ix), which requires screening out participants for whom severe PTSD is an issue.

### **For more information**

Please contact Amy Hill via email at [amylenita@storycenter.org](mailto:amylenita@storycenter.org).

### **Notes**

<sup>i</sup> Kaplan, A. (2005). *Trauma Culture: The Politics of Terror and Loss in Media and Literature*. New Brunswick, New Jersey: Rutgers University Press.

<sup>ii</sup> See, for example, Herman, J. (1992). *Trauma and Recovery*. New York: Basic Books.

iii DeSalvo, L. (1999). *Writing As A Way of Healing: How Telling Our Stories Transforms Our Lives*. Boston: Beacon Press.

iv The importance and wisdom, for survivors, of practicing somatic awareness and grounding are discussed at greater length here: <http://www.somaticsandtrauma.org/approach.html>

v A strong case for the value of presence and vulnerability in healing processes is made by Buddhist psychologist John Welwood. See Welwood, J. (2000). *Toward a Psychology of Awakening*. Boston; London: Shambhala.

vi Charon, R. (2006). *Narrative Medicine: Honoring the Stories of Illness*. New York: Oxford University Press.

vii Marshall-Clark, M. (2005). Holocaust Video Testimony, Oral History, and Narrative Medicine: The Struggle Against Indifference. *Literature and Medicine*, 24(2), 266-282.

viii Evidence that Silence Speaks can both facilitate personal transformation and encourage community action is offered by Landsbaum, H. (2005). *Digital Storytelling With Survivors and Witnesses of Violence: Exploring Participants' Experiences*. Unpublished thesis accepted for Master of Social Work degree, San Francisco State University.

ix For more information, visit: <http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>