

# Something happened...so now what?

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## Lead

Trauma is a bit scary—well, that’s understatement. Trauma is traumatic. How can we do a better job of both handling trauma ourselves and caring for others? This article looks at what trauma is and how people react in the immediate aftermath. Then it overviews self-care, peer care, defusing, debriefing, and counseling. It ends with a look at faith in crisis and a concluding summary.

## Introduction

Something happened. That’s usually how trauma starts. We usually can’t get ready. Our normal resources are inadequate. We often face experiences where our normal resources are inadequate. Faith is an everyday need, not an occasional boost to performance. We are still vulnerable to trauma. The many stresses we accumulate can easily compound the stress of the latest trauma.

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## Recognizing trauma

We all have our strategies for dealing with stress. In normal circumstances these strategies work for us. Trauma can occur when these strategies are overwhelmed. Here is what that might look like:

Is what I experienced described by others as a catastrophe or disaster? Have others in this or similar situations died or suffered injury?

Does my experience include threats, attacks, or manipulation resulting in sexual intrusion or physical pain?

Does my experience include shame, forced violation of my values, or deprivation of my basic needs?

Even if my fears did not materialize, did I believe they might at the time these things were happening?

Have I been placed in the position of witnessing these experiences or giving care to those who have?

Positive answers to these questions may signal a traumatic crisis.

Even our spiritual coping strategies may normalize, minimize, seal off, or ignore trauma. Spiritual language we use may include *seeing things through God's eyes* or being aware that *angels are protecting us*—perhaps akin to normalizing or reframing. We may be *depressed but not defeated*—in some ways like minimizing. We *cast our cares on the Lord*, but sometimes that may mean sealing off things we are not yet able to face. Then, too, we have all either said or heard, “I count all things *joy in the Lord*,” or “I prefer to *count my blessings*.” Spiritual language certainly can describe God’s ways of escape for us in difficult circumstances, but spiritual language sometimes also functions to keep things like trauma obscure or distant.

### **Author trauma**

When I read the list above, I tend to say, “Hasn’t everybody had some of these experiences?” This is normalizing. Then I add, “What I experienced, witnessed, [or] cared for was not as bad as....” This is minimizing. These are conscious strategies for surviving trauma.

Other reactions may be subconscious or unconscious. I may have flashbacks. “I was tied to a tree and harassed at age 4 in California. Was that trauma?” “In New Jersey at age 31, I spun my car around, landing in a ditch, driver’s side down, facing the opposite direction, between a tree and a telephone pole. Was that trauma?” Yes, these events really happened to me. Full-color memory pictures come to my mind now, at age 46. Blanked out memories are those we don’t consciously remember until those memories are re-triggered later in our life journeys. Because forgotten or overlooked memories can be re-triggered without conscious choice, sealed off and blanked out memories may still affect us even years later.

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## Spiritual language about trauma

Christians should not confuse spiritual coping strategies with the absence of trauma. Spiritual language can describe God's ways of escape for believers in difficult circumstances. The use of spiritual language sometimes also functions to keep things like trauma obscure or distant. Spiritual language may include "seeing things through God's eyes" or being aware that "angels are protecting God's children"—excellent reframing. A believer may be "depressed but not defeated"—acknowledging that they are deeply affected, but still trusting, or alternatively perhaps minimizing. A believer may "cast their cares on the Lord,"—an expression of need, but also of hope. Within themselves they might also be sealing off things until they are more able to face them with God's help. Christians have often said, "I count all things joy in the Lord," or "I prefer to count my blessings." These statements can provide excellent comfort for overwhelming feelings, or they can be a denial that these feelings even exist. God doesn't want the family of God to cover up trauma with spiritual language. Rather, God offers the children of God profound comfort and healing for those times when we are overwhelmed.

### **Post traumatic stress**

As you read this article, take a moment to reflect on your own level of arousal. On a scale of 1-10, where 10 is your most aroused level and 1 is your all-time calm, how aroused are you right now? Do you feel the need to take a walk or listen to some soothing music? If so, that might be a good idea!

Even this article might stimulate you to pause and reflect on some things that you weren't thinking about when you started reading. If this happens, please pause and take time to care for yourself. When you are ready to read further, you may find some of the following material helpful. May I invite each reader to pause at this point and take time to pray? In addition to asking God's care for yourself, would you also intercede with God on behalf of those who came to mind as you read the description of trauma? Would you also pray for those who care for others in crisis?

If you are still aroused after praying about these things, you may want to put this down until a later time, or seek out a resource person to process these things together with you. This is perfectly normal and appropriate.

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## Immediate reactions

Let's shift our focus to immediate (short-term or acute) reactions to trauma. While I am experiencing trauma or immediately afterward, I tend to have one or more of three reactions. I may freeze, I may flee, or I may fight. These sometimes useful reactions are fed by epinephrine and norepinephrine neurotransmitters—adrenal hormones. Unfortunately, not all traumas are resolved by one of these three reactions. Besides, my crisis biochemistry may not provoke the right choice, even if freezing, fleeing, or fighting would provide a way of escape.

The intensity of these human biochemical reactions contributes to an interesting reality. People tend to have strong opinions about trauma. What's more, everyone tends to freeze, flee, or fight when they think about those opinions and the traumas that formed them. If people fight about setting the thermostat, imagine what they might do when responding to an earthquake!

### First responses

People's immediate reactions are not right or wrong, they are instinctive. In the midst of crisis, no one of us knows for sure whether their reaction is the right choice. No one is in a position to make a good assessment of that reaction. In the Asian SARS crisis [May 2003] President Chen of Taiwan made the news by NOT wearing a mask in public for protection from SARS while Taipei was requiring all mass transit riders to wear masks. Other politicians went on record attacking this action as irresponsible. Should Morrison Academy have closed their school year early? They did not, but Taipei American School did. Should the Taiwan Missionary Fellowship have canceled its annual conference? They canceled the international speaker, but had a special time with those who still wanted to come.

As time goes by, most reactions take on a life of their own. Normally a person's initial reactions calm down. The new level of arousal may be higher, or may be lower, than the pre-trauma level, but over time the waves of disturbance tend to settle down as they mix up and bounce around in a person's reflective pool.

### First reflections

After a crisis it is easy for people to judge others or themselves unreasonably. If this happens, you might want to say, "If what I do in reaction causes harm to others or myself, I want to acknowledge that. Perhaps I can make amends, but I cannot go back and redo the past." We can reflect on what triggered our reactions. Perhaps we can learn something that will be helpful in future challenges.

When Morrison Academy principal Ralph Bressler retired, I heard a story about a typhoon day. Morrison Academy had not canceled school, even though the government required all schools to close. Confronted afterward by an irate parent, he responded, “Yes, I made the decision to stay open. Now it looks pretty stupid. I’m sorry.” His initial reaction may have been wrong, but his humble reflection defused that parent’s anger.

As a result of a crisis, we may also notice things in new ways. Before SARS, I did not pay so much heed to the word “disease” in Biblical prophecies: “They were given authority over a fourth of the earth, to kill its population with the sword, famine, and disease, and by the wild animals of the earth (Revelation 6:8).” Now I take the worldwide threat of disease a lot more seriously. On the other hand, the closest I’ve come to dangerous wild animals is a fourth grade dog bite!

### **First reactions**

Freeze, flee, or fight. These options are quite different. Often those taking one option feel tension with those pursuing another. Yet all three are reactive to a traumatic stress. So as we freeze, flee, or fight, we can appropriately take some steps to care for ourselves and others around us.

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## **Self care**

We all do things to take care of ourselves when we are stressed. Some of the things we do are helpful, others less so. Here are four types of positive self care and one negative:

### **Walk and talk**

We can express our arousal through verbal expression or physical exercise. Many people report at least short term relief after walking and talking. Verbal expression might include keeping a journal, testifying in court, recounting the event, or singing an expressive song. Reading some of our favorite Psalms aloud may help. Physical expression might include walking, running, swimming, aerobics, pacing, or pounding a pillow. Letting loose is not an answer to all our problems, but it is one helpful strategy for burning off stress. The stressed-out prophet Elijah did some running himself: “Now the Lord energized Elijah with power; he tucked his robe into his belt and ran ahead of Ahab [in a chariot] all the way to Jezreel (1 Kings 18).”

### **Avoid optional stress**

When it is possible, escaping stress allows us to handle irreducible stresses more effectively. Since people may feel the need to be especially alert in times of stress, this can be counterintuitive. Does Mary drink coffee every day? Foregoing her daily dose while she is aroused by traumatic stress might be good for her nerves! Maybe John should skip that intense movie or the latest trauma news when life is already too thrilling. If Sue is in the arousal phase of a new missionary's cultural adjustment, she could use her vacation to cocoon with a nice book in her native language instead of going on a grand adventure tour all over Taiwan. In a disaster situation Tom could go to a quiet place to rest when off-duty, instead of staying around to get continual updates, even if he is too wound up to sleep. Elijah definitely needed rest after his frantic flight, "He ate and drank and then slept some more (1 Kings 19:6)."

### **Relax**

Actual physical relaxation is possible even in the presence of stress. Eating comfort foods, listening to favorite music, sleep, and hanging out with friends are all common relaxation techniques. Intentional relaxation can be pursued via breathing exercises, relaxation tapes, progressive muscle relaxation, acupuncture, or massage. Here in Taiwan many parks have round river rocks embedded in concrete. To walk barefoot on these "healing stones," you must relax! Physical indicators of relaxation include low blood pressure, relaxed muscle tone, low body temperature, and slow pulse. Even fainting or blacking out may be autonomic relaxation responses.

### **See it differently**

Reframing is the ability to take an event or story and look at it in a new way. For instance, a Christian might respond to a dangerous situation by saying, "Why worry about death? God is going to keep me alive until he is ready to call me home." In another example, Randy Alcorn in his novel *Safely Home* writes several chapters describing intense suffering from persecution, followed by scenes in heaven in which those who have gone before are looking down and making sense of it all. The New Testament book of Revelation does the same. This shift in perspective from human-focus to God-focus can be a great help. If we want to share our reframes with others, we do well to make it tentative and personal. Each human perspective may differ, especially at a time of crisis. The Bible presents God as also having a wide range of perspectives on human suffering.

Variations on reframing include praising God bad things weren't worse, finding the humor in tragedy, and learning a valuable lesson (Mitchell and Everly, 2001.) Like walking and talking, actually changing our perspective (not just mouthing the words) does not wipe away all our tears, but it can make a real difference.

## **Compulsions and addictions**

All of these strategies for self-care can get out of control. For instance, explosive anger and violence could be a form of walking and talking, just as it was for King Ahab in the Elijah narrative. When God allowed a disastrous drought, Ahab sent troops to find Elijah and bring him back so he could kill him. Alcoholism could be triggered by a desire to relax, as it may have been for Lot after the destruction of his city Sodom, his home, his wealth, and even his wife. The same could be said for Noah after the flood. Calling sin or crime okay could be rationalized as seeing it differently, like King David of Israel after he got a soldier's wife pregnant during the war.

Even a single instance of loss of control can be disastrous. Any coping strategy that we continue to use even when it is not in our best interests is compulsive. In this case, we need to recognize that life has become unmanageable and we are out of control. This may be the first step toward finding God's way of escape. Usually we need lots of help and support from others to escape coping patterns that have become compulsive.

## **Review**

Walking and talking, avoiding optional stress, relaxing, and seeing things differently can be of great help in our personal "wars." [If you prefer, WARS can also be labeled expression, escape, relaxation, and reframing: e2r2.] But overwhelming circumstances are no time to go it alone. God's care at these times often comes through others. When crisis hits, the first challenge is to contain the damage.

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## **Helping each other**

The stages of grief are reflected in a normal reaction to trauma, just as in other losses or disappointments. Typically we proceed through five stages: we deny; we blame others; we blame ourselves and God; we hurt deeply; and we absorb the loss. Supportive friends can help. First come alongside those facing loss, identify their thoughts and reactions, anticipate what is coming, and help them stay safe. These interventions help people going through grief to contain the damage.

## **Car wreck**

I learned this lesson very practically when I was a high school junior in Venezuela. Three other students and I were hit by a car on the way back from a yearbook party. Two of us did not need hospitalization. Many people helped me:

## **Many kinds of help**

Of course, people first acknowledged the crisis and attended to our care.

Then late that night a teacher welcomed me into his house, where he and his wife listened to me talk about what had happened and how I was doing.

That teacher later took me out of school and accompanied me to the city, so I could visit the two who were hospitalized.

The principal facilitated a group debriefing the next day. I had a chance to tell my story and hear from other students who were affected, even though they were not in the accident itself.

Vicki, who had been walking to my left, suffered soft brain injury. I criticized myself for not saving her. MerriZoe, who had been on my right, thanked me for pushing her out of the way. This gave me a sense that my trauma response had not been selfish or useless.

A graduating senior wrote letters to me over the next year, helping us both as we were no longer in that community.

God answered when Vicki roused from her coma at the time I was praying for her in the night. I prayed much, alone and with others. God felt very present in that time.

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## **Faith in crisis**

In a time of crisis, we may each relate to our faith in a different way. One person's earnest prayer may be the next believer's empty platitudes. In the immediate aftermath of trauma, it may be best to embody our faith in our actions rather than to preach. For instance, if there is a fire, we either help put it out or get out of the way rather than preaching to the emergency workers. Because we love, we come alongside those who are in crisis, even if we are in crisis ourselves. Because we rely on God, we have confidence that he can work all our efforts and perspectives together for good, and even do this when events are clearly out of our own control. Because we have hope in what is not seen, we can share hope with others, even if they do not yet see hope.

My own hope is deeply connected to my Christian beliefs. "Suffering produces endurance, endurance character, and character hope." "The sufferings of this present world are not worthy to be compared with the glory that will be revealed in us." "Now abide faith, hope, and love, but the greatest of these is love." I fix my eyes on Jesus, "who, for the joy set before him, endured the cross, despising its shame (and sufferings), and sat down at the right hand of God the Father (Romans 5, 8; 1 Corinthians 13; Hebrews 12.)"

I need to take time to cope with what I have experienced, whether as a caregiver or as a person directly impacted by trauma. As I find God's care in a new way, I can continue my life journey, though things will never be the same. In time, the changes in me may result in something positive for myself, for God, and for others, but even that does not erase the trauma.

## ***Immediate care overview: sidebars***

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### **PSALT for trauma wounds**

Often the people available to give immediate care are also traumatized, so it helps to keep in mind that our judgment as caregivers may also be impaired. Still, here are five things we can do to care for others? You might remember them as PSALT, pronounced like psalm.

Pay attention. It's easy to become self-absorbed or distracted when there is a crisis. It's also easy to overlook important aspects of what is happening. Slowing myself down long enough to pay attention to what is happening and to what others are experiencing can really make a difference.

Share with those around you, especially those in need. Those exposed most intensely, children, those caring for the traumatized or working in the trauma zone, and those with previous trauma may be especially needy.

Accept your own and others reactions. Everyone may be on edge in a crisis, although which edge may vary. We need to give each other some slack.

Limit exposure. One of the ways my judgment gets impaired is that chemicals surging through my body tell me I either can do more than is realistic or less than is actually possible. When I limit exposure, my judgment has more time to refine its impressions. God has more time to speak to me, both caring for me and directing me.

Take time to deal with the crisis. To be a caregiver requires viewing care as an essential part of the emergency response. Often we think care can wait until later. This can result in more damaging trauma to those involved.

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### **SHAPING good care**

Here is another list of principles that Mitchell and Everly (2001) attribute to military caregiving experience going back to World War I. The letters "SHAPING" stand for short, hopeful, adaptable, practical, immediate, nearby, and group. Keep caregiving interventions 1) **Short** because our attention span is limited; 2) **Hopeful** because we can easily catastrophize in catastrophes; 3) **Adaptable** because every crisis is different; 4) **Practical** because this is no time for fancy or finesse; 5) **Immediate** because the longer we wait the more things get sealed off; 6) **Nearby** because the setting helps us connect the pieces in our fragmented memories; and 7) **Group**-based when possible, because people in crisis feel unique and alone. (The wording is mine.)

Defusing and debriefing are two terms that caregivers use to talk about caring for people in crisis. Both kinds of interventions are ways of providing PSALT for trauma wounds and SHAPING good crisis care. Personally, I dream of a future when almost every Christian in international ministry would be certified by the Red Cross as a crisis caregiver. This training credential would help us care for ourselves and each other, and also empower us to provide care when crises come to our host communities.

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## Defusing

Defusing refers to short-term, on-scene interventions lasting from a minute to a half-hour, usually under 20 minutes. We come alongside people as they are. Together we reflected on the situation itself, our thoughts about it, and our current reactions. After encouraging one another, we part again to face the challenges in front of us (Young et al, 1998.)

“Defusing” strives to reduce the pressure in a traumatic situation. I encourage caregivers present in a crisis to... 1) Come alongside people who are affected. 2) Pay attention to the facts of the matter as these people see them. 3) Draw out their thinking. 4) Surface their [emotional] reactions, a way to approach feelings while lessening resistance. 5) Offer acceptance and relevant resources to meet their immediate goals. At times of crisis, we should CATER to people’s needs: Come, Attend, Think, Emote, and Resource.

This is often done informally. In a crisis, you may have opportunity to provide this kind of care regardless of your formal training or past experience. It should be done without interfering with each one’s freedom to respond to present needs. It’s like trying to talk to someone who is running. First you need to run alongside. Then you need to limit your conversation to short bursts so that you both can catch your breath as you run. After a few moments, you may drop off while the runner continues. On the other hand, if someone is collapsed on the ground, first you need to get down on the ground yourself and address their immediate needs before you try to say anything.

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## Debriefing

Soon after a crisis, we may also have opportunities to sit with others in a group to debrief traumatic experience. In this context, we encourage each one to share their experience of the trauma. We listen to each other share in this same way. We reflect on the impact of the trauma as each one was experiencing it as we met together. We do this in a safe place, with mutual respect. Facilitators help contain the overwhelming emotions with cognitive observations as to how these experiences were reasonable and appropriate in the face of this overwhelming occurrence. They also provide information about what could be expected in the days ahead.

Debriefing usually refers to a more organized intervention with a group of people, facilitated by trained caregivers. It happens best in natural groupings if people went through a crisis together. While debriefing can happen later, every debriefing deals with where people are at in their own process at the current time of debriefing. Among other things, debriefing facilitators pay attention to providing a safe context, group confidentiality, helpful information about trauma, and a deliberate, relaxed pace.

Debriefings begin and end cognitively, so that feelings are contained, not exacerbated (Mitchell and Everly, 2001). As the debriefing progresses, the group process helps participants make sense of their own experiences and the experiences of others. Although valuable, debriefing does not always happen. If there is an opportunity, often it happens only once. Afterward, individual follow-up is offered to those who express need. Recent research suggests that this approach is not as efficacious in reducing post-traumatic stress as was earlier believed. Now there is more emphasis on providing multiple contacts that attend to the needs of those traumatized more specifically, as is possible in trauma counseling (National Center for PTSD, 2003.)

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## Counseling

Trauma affects the whole person. Biochemically, our bodies adjust even without our conscious direction to enhance chances of survival. Rationally, my attention focuses selectively to bring more of my cognitive abilities to bear on aspects of the challenge I believe to be crucial and to shut out aspects I believe detrimental. Emotionally, I am beset by some combination of anger, grief, and helplessness (Matsakis, 1996). Good help can be most useful in these circumstances. However, it is unlikely to be available in quantities corresponding to the intensity of need in acute trauma. If we are coping as well as everyone else in a traumatic environment, most of our support is likely to come from our peers. Good friends can listen, ask reflective questions, express genuine concern, and pray.

Trained caregivers can do these same things. They also may be less likely to be overwhelmed by the intensity at a time of crisis. But as caregivers, we also get overwhelmed. When this happens, we need to recognize we are temporarily less available to help. Compared to peers, caregivers with appropriate training may also do a better job of triage—sorting out what levels of care are available and appropriate in a unique situation. They also can be a critical supplement in situations when peer group can easily be overwhelmed. As a trained facilitator, sometimes I have met not only with the person in crisis, but with the whole support team. This is a way to come alongside that helps everyone.

Counseling is often a resource more appropriate as time goes by than when in the midst of crisis. A normal trauma reaction typically runs four to five years, with the first two to three being more affected. The present article focuses on immediate needs rather than the long term challenges of trauma. In the midst of crisis, we often have to trust God to use those present to meet our needs and to minister to our spirits with the Holy Spirit. Still, trained counselors may wait to intervene until asked, so don't hesitate to ask if someone is available!

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## Conclusion

Something happened, and we couldn't stop it. Life was changed. In the experience of this wounding, we react as best we can. Our judgment is inadequate. We can care for ourselves by walking and talking, avoiding extra stress, relaxing, and seeing things differently [WARS]. We can provide immediate care for one another in traumatic crises by paying attention, sharing with each other, accepting reactions, limiting exposure, and taking time [PSALT].

Caregivers have learned some things about what works for people in crisis. The best help is usually short, hopeful, adaptable, practical, immediate, nearby, and group-oriented [SHAPING]. Defusing, debriefing, and counseling are valuable resources for us to both receive and offer for trauma. Defusing is a short, immediate caregiving encounter. In order to help others who are suffering, we come alongside, attend to facts, listen to thoughts, surface emotions, and offer resources [CATER]. Debriefing is an organized group process for lowering acute traumatic stress. Counseling is an informed caregiving response tailored to the needs of those receiving care.

In this world we will have trauma. We will not always know it is coming. We will be overwhelmed. We will need God. We will need to participate in and share God's grace according to the needs of the moment. God, give us grace.

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