

journey

towards healing

A faith-based resource on trauma



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introduction

The purpose of this booklet is to provide you with information about trauma – to help you to understand the significant impact that experiencing a trauma can have on your life, and to make you aware of the sometimes hidden and unrecognised symptoms that can be experienced.

Over the last three decades in Northern Ireland we have seen far too many traumatic incidents as a consequence of “the troubles” - lives destroyed, and a legacy of painful memories. We have also developed ways of coping with this, and part of the focus of this booklet is the important role faith and membership of a community of faith can have in our journey towards healing.

Our faith helps us to understand and make sense of ourselves and the world around us. It provides us with a sense of meaning in life as well as comfort when difficult life events overtake us. Membership of a community of believers is an expression of this, and the fellowship we give and receive is an important source of support.

Life crises - when we experience difficult life events, such as a bereavement, personal illness, family difficulties etc it is most often our friends and our faith communities that provide us with the ongoing love and support that sees us through.

Trauma - there are things that happen in life that are so terrible, that our normal coping strategies are overwhelmed – these are often referred to as traumatic events. It is now recognised that when we have been exposed to a trauma, it can affect us in a wide variety of ways that may last for a very long time. It is sometimes the case that the effects of trauma can stay with us for many years after the event, but we don't recognise them as trauma.



understanding trauma

TRAUMA – whenever we experience an event that terrifies us, where our lives or the lives of those we love are at threat of harm, or actually harmed or killed, we may experience psychological trauma. In many ways this is a natural human reaction to these unnatural or unexpected events. Some examples of the types of events that may produce this reaction are:

- serious illness
- civil conflict – riots, bombings
- disasters – natural or human
- assaults – rape, armed attacks or mugging
- road traffic accidents

It is important to remember that we can be traumatised by witnessing these events as well as by being actively involved in them.

POST TRAUMATIC STRESS DISORDER (PTSD) – whenever we have experienced a traumatic event we may develop PTSD. This is an intense and enduring anxiety reaction and has many distressing potential symptoms, such as:

- flashbacks
- nightmares
- insomnia or sleep disturbance
- irritability
- depression
- intense emotional reactions – anger, guilt
- emotional numbness
- avoiding reminders of the event – places, people, activities
- intense anxiety

Whenever we are still experiencing these symptoms more than a month after the traumatic event, we may be experiencing PTSD.

John's story



John was a postman, and an active member of his church. He was married, and had two young children. Seven years ago, while on his delivery run, John was caught in a bomb blast, and received minor injuries from flying glass because the windscreen of his vehicle was blown in. He was commended for his bravery because he helped some of the injured people around him. Six people were killed in that bomb blast, two of them were children, and John had nursed one of the children as they died.

Seven years on, most people have forgotten that John was involved in that incident. To all appearances John's life is normal, but John feels different. Since the incident John has had bad bouts of depression to the extent that he has had to take extended periods of time off work and is on strong medication. He does not sleep well, waking often with bad dreams. John has started to drink quite heavily to try to help him sleep, his relationship with his wife and family is difficult because he finds himself getting angry and losing his temper over the smallest thing – his wife thinks he is not the person she married. He worries all the time about his children to the extent that he won't allow them to go out with their friends and argues with them constantly. John gets anxious about driving, though he forces himself to do it, and every so often, out of the blue, will suddenly see the face of that young boy dying in his arms – and at those times it's as if those last seven years hadn't passed.

John hasn't been to church regularly for a while now because it makes him too emotional – it seems very detached from the real world that he lives in, and his church friends have drifted away.



recognising **trauma symptoms**

1. I find I re-experience or re-live the traumatic event, in one or more of the following ways:

- Having bad dreams or nightmares about the event or things linked to it.
- Behaving or feeling as if the event were actually happening all over again (flashbacks).
- Having a lot of emotional feelings when I am reminded of the event.
- Having a lot of physical sensations when I am reminded of the event (heart racing, sweats, etc).

2. I find I avoid any reminders of the traumatic event, such as:

- Avoiding thoughts, conversations or feelings that remind me about the event.
- Avoiding people, places or activities that remind me of the event.
- Having some difficulty remembering some important part of the event.

3. I have noticed that since the event happened:

- I have lost interest in, or just don't do, those things that used to interest me.
- I feel detached from people and find it difficult to trust people.
- I feel numb and find it hard to have loving feelings even towards those who are emotionally close to me.
- I find it difficult either falling or staying asleep.
- I am irritable and am having problems with my feelings of anger.
- I have difficulty concentrating.
- I think I may not live very long, and feel that there is no point in planning for the future.
- I am jumpy and get startled easily.
- I am always "on guard".

4. I have experienced medical or emotional problems since the event such as:

- aches and pains;
- stomach upsets;
- sleep problems;
- skin problems;
- irritability;
- feeling depressed;
- lack of energy or fatigue;
- increased use of alcohol or other drugs;
- general anxiety or panic attacks.

If you are affected by some of all of these symptoms, it is important that you seek appropriate support. This may involve speaking with your doctor, or other healthcare professional.

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trauma and faith

When things are going well for us, our faith can allow us to find meaning in life, and a sense of order and predictability in our daily existence. Through faith we may believe that events are not just arbitrary, but have some purpose and significance.

When we experience a traumatic bereavement or a traumatic incident, it can profoundly disrupt our confidence in our faith, and our ability to “make sense” of life. Trauma, by its nature, is outside the normal scope of our expectations; we don’t expect it to happen to us. When faced with a trauma, people may react in different ways in relation to their faith.

- Some completely reject their beliefs, and thereby lose important personal and community support systems. They cannot reconcile what they previously believed with what has happened to them.
- Some become ambivalent, and while they may still attend worship, privately rage against their beliefs, and lose any sense of comfort from their faith.
- Some submit their personal emotional reactions to their belief systems, feeling under pressure to accept what has happened as part of their understanding of faith.

Whatever our reaction is to our trauma, it is important to understand that at any given moment, we are at one point in a process or a journey. As such, it is important that we allow ourselves, and that others allow us, the space and time to work through our experiences, and to find our own very individual healing.

On our journey towards healing we need our faith communities to “hold onto us”, even though we may not be able to believe in the way we used to, or to contribute in the way we used to. If we can be sensitively “held” by our communities, even when we doubt, don’t believe, or rage against belief, then we can receive the support that is so important for our journey towards healing.



Declan's story

Declan had always been involved in the church. It had always been an important part of his life, and when he had the opportunity to become a Reader, he felt honoured by the privilege to serve his faith community.

Declan had three children, all sons, who were also involved in the church through youth groups and various social activities. His eldest, Brian, had become a youth leader, and Declan was very proud of him. Brian was 17, and Declan began to notice that he was becoming quite withdrawn but he put it down to being a teenager. He knew that Brian had just split up with his girlfriend, but he seemed to be coping well enough.

One day Declan got a call at work from the police to come home immediately. When he got home he found his wife was hysterical; Brian had hanged himself in his bedroom and Declan's wife had found him. At that point Declan's life fell apart, he felt that the loss of his son and the stigma of suicide was too much to bear. He could not understand how God could allow this to happen to him. His priest came to visit, as did other members of his church, but after the first visit he refused to see them any more – all he felt was rage – rage at his son, rage at God, rage at himself and rage at all those people who would never, and could never, understand what he was going through.

How might Declan embark on his journey towards healing?



trauma and grief

At some point in our lives all of us will face bereavement. The death of loved ones is a sad certainty, and we will all move through the difficult process of grieving. Whenever we are bereaved it is important that we allow ourselves the space and time to grieve, to express the confusing mixture of emotions that we may feel, and to gradually come to terms with life without that person. These are times in our lives when we especially need the sensitive comfort and support of our family, colleagues and friends, and when our faith and the support of our communities are vitally important. Our beliefs and the fellowship that we share, as well as the prayer and concern of others, are important aids to our progress through our grief.

Grief is a highly individual experience, it is affected by the nature of the relationship that we had with the person who died, as well as our personal circumstances and coping strategies. Another important factor that affects how we grieve is the circumstances in which the person died. When the death was in the context of a traumatic incident, our grief is often complicated by the additional experience of trauma.

As time passes with grief, the intensity of our emotions about the death begins to subside and gradually becomes more manageable. As we move through our grief we become able to remember the person who died, but also to deal with our feelings about them, and to get on with the other important aspects of our lives. When we have been traumatised, we can find ourselves frequently re-experiencing the trauma through flashbacks. This means that instead of subsiding, our emotions remain at the high level of intensity that they were when the incident just happened. As a consequence, we find that we don't move through our grief, but rather become "stuck". Our trauma prevents us from grieving effectively. It is important to recognise that, though linked, the processes of grieving and trauma-recovery are separate, and often require separate attention.



Sheila's story

Sheila is a lady in her late 30s with three children. Eight years ago she was travelling to a party with her husband and he was driving. A joy rider jumped the central reservation and collided with their car head on – both she and her husband were trapped in the car and were still conscious. The emergency services freed them both, but sadly her husband died on the way to hospital.

Ever since the accident Sheila has been unable to get into a car, she is on heavy doses of tranquilisers to help her sleep, and has terrible nightmares when she does. During the day she will often have flashbacks of the accident, she will see the car approaching her in "slow motion" and then smell the oil and petrol after the crash. She remembers what her husband said as they waited for the emergency services and remembers the sound of his breathing changing. Every time this happens Sheila has to take medication, she becomes highly anxious and agitated, and finds it very difficult to cope with the children. Her friends and family are tired of her talking about it, they think that she should be over it after eight years. She has not changed anything in her bedroom, her husband's clothes are still in the drawers and wardrobes, and she still wakens up looking for him.

Sheila thinks she is going mad, she went for grief counselling because her doctor told her to, but it didn't help, she just can't get what happened out of her mind.

How might Sheila embark on her journey towards healing?



support on the journey towards healing

The support offered by our families, friends and faith communities is hugely important in our journey towards healing. There are, however, some circumstances in which we could also benefit from professional medical support and treatment alongside these. There has been a lot of research carried out into the most effective treatments for the effects of Trauma, or for Post Traumatic Stress Disorder. Two of the most common are:

- Cognitive Behavioural Therapy (CBT) – this is a form of counselling where the focus is on dealing with the current issues, rather than focusing on the past. In CBT our ways of thinking are explored to see how they may affect how we are feeling. Unhelpful ways of thinking, that lead to distress, are gently challenged and modified, and different, more constructive ways are encouraged. The consequence of this is that our feelings and behaviour change to become more constructive and positive.
- Eye Movement Desensitisation and Reprocessing (EMDR) – we experience trauma initially as a bodily experience, and in many ways “the body keeps the score” – it doesn’t let go of the trauma – EMDR is a treatment that uses repetitive eye movements to stimulate our brains to process this physical experience of trauma turning it into a memory. It is particularly useful in treating intrusive images like flashbacks, and nightmares. It uses some of the principles of CBT, along with eye movements to work through some of the vivid memories we may carry of the trauma.

Under medical advice, medication may also be useful in treating some of the symptoms of trauma such as sleep difficulties or depression. It is important to get appropriate expert advice about the best form of treatment for our symptoms.

Riah’s story



Riah is the mother of three small children. She arrived in Northern Ireland with her husband over five years ago. In their time in Northern Ireland Riah and her husband have worked very hard to make a home for themselves, and to build up a network of friends. Riah and her husband are active members of their community.

Two years ago Riah experienced a racist attack – she was at home in the evening with the children in bed; her husband was out at work. A gang of local youths poured petrol through her letterbox and set fire to it. They daubed racist slogans on her house’s walls and threw stones and bottles breaking most of the windows. Riah was terrified not only for her own safety but also for that of the children. Riah’s neighbours intervened and got her and the children safely out of the house. The fire was put out but there was significant damage.

A year after this happened Riah was still having nightmares, often only sleeping a couple of hours each night. Riah was also having flashbacks of the flames, the children screaming and the smell and taste of smoke and petrol.

Riah’s doctor referred her for treatment for PTSD, she met with a CBT therapist for eight sessions, and in the course of her sessions spoke a bit about what had happened that night, but spoke a lot about how she was feeling and reacting now. Riah’s therapist helped her understand how her thinking patterns had developed as a consequence of the threat to her and her children’s lives.

While these had been appropriate a year ago, now with the threat removed, they led to disabling anxiety, fear and depression.

When Riah became aware of her patterns of thinking, and used the techniques she learned to change these, her mood improved, and she felt much more in control of her life.

The counselling was not a magic wand, her troubles did not immediately disappear, however she felt sure and confident that she now had the ability to deal with the difficult feelings as they arose, and to confront anxiety differently when she felt it in the future.



what can we do...?

Whenever we face a crisis in life, our faith can help us to cope with it. Our friends in our communities can offer care and support, and the listening ear that we sometimes may need. Our pastoral carers can bring us comfort by their care for us, their prayers, and by helping us to understand our difficult experiences in the light of our faith. In most situations there are no straightforward answers, so the support we receive is to enable us to cope with our confusion and frustration, and to learn to tolerate the anxieties we feel about “not knowing why...”

While trauma is a difficult experience for those who are involved in it, it is also difficult for those who love and care for them. Watching someone we love suffer is always difficult, and it is natural for us to want the suffering to stop. In the absence of “answers”, it is often practical help and support that is most meaningful - the meal that is prepared, the trip out that is planned, the grocery shopping that is done, the childminding that's arranged – these small things often allow the person who is struggling to cope, the space to gather their thoughts and work through their experiences.

The pace of recovery from traumatic experiences is as varied as the experiences themselves. The key point is to allow ourselves to travel that journey towards healing at our own pace, not the pace of those around us. Sometimes we may need to “educate” those who are supporting us about what our needs actually are, and sometimes it is only to those outside our immediate circle that we can really express how we are feeling.

Whatever way we have of coping with the experience of trauma, the journey towards healing is one which we need not travel alone.

These are some of the things that people who have experienced trauma have found helpful:

- Give ourselves time.
- Try to stay physically healthy.
- Eat well and exercise.
- Actively keep our GP up to date with how we are.
- Tell people what we need from them.
- Focus on developing positive habits – behaviours, thoughts and feelings.
- Identify behaviours, thoughts and feelings that become self-destructive.
- Create time for reflection.
- Identify a person, or a small number of people, with whom we can be completely frank and honest about how we are.
- Identify and get the appropriate professional help we may require.
- Maintain our spiritual activities – prayer, worship etc.
- Allow ourselves to be spiritually honest with God about how we really feel.
- Avoid situations that cause us unnecessary stress or anxiety.
- Use existing support systems such as family, friends, church as well as developing new additional ones.
- Keep a log of our progress, through a diary or a journal of our experiences.
- If we feel it is appropriate, connect with people who are going through or have been through similar experiences.
- Learn to be good to ourselves and to reward our progress.
- Find ways of offering support to others as well as receiving support.

support available

TRAUMA ADVISORY PANELS have been established in each Health Board area to take forward work and develop partnerships in a range of areas relating to victims and survivors. The Panel Co-ordinators are all involved in analysing need and developing networks and services in their respective areas including compiling directories of the services available. The Co-ordinators are ideally placed to provide information and advice on the support services available in your area.

Address: **Trauma Advisory Panel Co-ordinator**
Eastern Health & Social Services Board
12-22 Linenhall Street
Belfast BT2 8BS
Telephone: 028 9055 3978
Fax: 028 9055 3620
Email: scampbell@ehssb.n-i.nhs.uk

Address: **Trauma Advisory Panel Co-ordinator**
Northern Health & Social Services Board
Rockfield Medical Centre
73-75 Doury Road
Ballymena BT43 6JD
Telephone: 028 2565 4170
Fax: 028 2565 4172
Email: s.sheerin@btopenworld.com

Address: **Trauma Advisory Panel Co-ordinator**
Southern Health & Social Services Board
28 Cornmarket
Newry BT35 8GB
Telephone: 028 3083 3074
Fax: 028 3083 3075
Email: traumaadvisory@btconnect.com

Address: **Trauma Advisory Panel Co-ordinator**
Western Health & Social Services Board
15 Gransha Park
Clooney Road BT47 1TG
Telephone: 028 7136 5806
Fax: 028 7136 5804
Email: sfunston@foylebv.n-i.nhs.uk

The **VICTIMS UNIT** of the Office of the First Minister and Deputy First Minister is responsible for taking forward work to raise awareness of, and co-ordinate activity on, issues affecting victims. It also operates a Helpdesk to assist victims who are experiencing difficulties with government departments, agencies or other public bodies.

Address: **Victims Unit**
Office of the First Minister
and Deputy First Minister
Block B3, Castle Buildings
Belfast BT4 3SR
Telephone: 028 9052 3445
Helpdesk: Freephone 080 8127 3333
Textphone: 028 9052 2343
Fax: 028 9052 8354
Email: info@victimsni.gov.uk
Website: www.victimsni.gov.uk



Office of the

First Minister and Deputy First Minister

www.ofmdfmi.gov.uk

Victims Unit

Castle Buildings, Stormont Estate, Belfast BT4 3SR

Freephone: 080 8127 3333

Textphone: 028 9052 2343

email: info@victimsni.gov.uk