



# Describing and dealing with trauma (*Community Resilience*)



# Partners



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## Course Overview

**Describing and dealing with trauma**  
**Course Number**

**This module is developed to enable learners to deal with difficult experiences, that continue to affect them including affecting their learning.**

## Course Objectives

**Course Aim:** to enable learners to define trauma and learn few techniques to manage and address traumatic stress

**Course Objectives:**

A successful conclusion of the module would enable learners to:

- Explain trauma and traumatisation
- Highlight symptoms of traumatic stress
- Identify collective trauma
- learn few self-help techniques to enable you manage some trauma symptoms

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## Course Target Audience

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## Curriculum Structure

**The module is organized over two sessions**

**Session 1: Defining trauma and collective trauma**

**Session 2: Learning techniques to address with traumatic stress**

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## Study Guide and Course Expectations

<b>Recommended Study Time:</b>	6 hours
<b>Further Recommended Texts:</b>	this course manual is enough at this point
<b>Activities Schedule:</b>	two lectures and hand book
<b>Assessments Structure:</b>	completing the questionnaire at the back of the manual
<b>Academic Support:</b>	respective course leaders
<b>Help?</b>	

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## Consultations held with Public Sector, Private Sector & Employers: Development Team

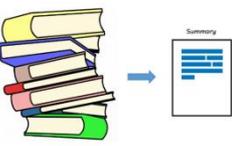
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## **Module Introduction**

Welcome to this cross-cutting module of your studies. This module comes in two parts and is developed in recognition that most people may have come across experiences, that are very difficult that continue to affect them in many ways including affect their learning.

These experiences may include war, atrocities, abuse, extreme poverty and other similar experiences that have caused you to feel helpless and unable to escape and save yourself.

We will first help you to enumerate how these experiences may be affecting weeks, months and even years after they took place. Following this we will coach you in a few techniques that will help you manage the symptoms and process these difficult memories so you can get on with your life.

In addition to the individual distress the kind of experiences described above could also cause collective or community wide difficulties. We will discuss this briefly and raise your awareness of these as well.

The techniques are based on a standard trauma therapy called EMDR but have been adapted for use in an approach known as Trauma Resilience Understanding Self-Help Therapy (TRUST).

## **Objectives of the module**

A successful conclusion of the module would enable you to:

- Explain trauma and traumatisation
- Highlight symptoms of traumatic stress
- Identify collective trauma
- learn few self-help techniques to enable you manage some trauma symptoms

## **Assessments**

After the first lecture there is a short formative assessment

At the end of the module you are required to submit a reflection log based on your experiences of traumatic events in your life and your experience of practicing the techniques that your learnt here.

We hope you enjoy the course and find the learning useful.

## 1.1 Defining Trauma

### 1.1.1 What is trauma?

“The word ‘trauma’ comes from the Latin word for ‘wound’. Traumatic experiences can wound the body, mind, spirit, and relationships with others” (Eades, 2013). It is the sense of being overwhelmed and shocked in response to extreme events that poses a significant threat to the safety of victims and their loved ones (Kidane 2001).

The experiences often involve a perceived or actual existential threat or any similar circumstance that causes feeling overwhelm can be traumatic, with or without actual physical harm. Here it should be noted that the resulting emotional experience, rather than the objective facts of the event, is central. The level of traumatisation actually corresponds to how frightened and helpless a person feels.

#### Causes of trauma

Causes of emotional and psychological trauma:

- **One-time events**, including accidents, serious injury, violence and human and natural disasters including war, famine
- **On-going, relentless stress**, such as on-going violence or being faced with life threatening illnesses
- **Commonly overlooked causes**, such the unexpected death of someone close, the loss of important relationships, or being faced with deep humiliation and disappointment

Traumatization is most likely to occur when:

- ✓ Event is unexpected and hence the person was not prepared.
- ✓ The person was not in a position to prevent it and hence was rendered powerless.
- ✓ The event happened over and over.
- ✓ There was an element of intentional cruelty.
- ✓ The person was a child.

#### Risk factors that increase vulnerability to trauma

The following personal factors increase risk:

- The presence of serious stress including recent loss

- The presence of previous trauma and especially childhood trauma.

### 1.1.2 What is traumatic stress disorder?

The reactions listed above are explainable responses to traumatic events. Often people are able to recover without symptoms in a short period of time. If symptoms last for longer than a month, or are severe and the person is unable to cope with day to day activities this is indicative of post-traumatic stress disorder (PTSD).

Symptoms could emerge immediately after the event or many years after.

#### **Symptoms of PTSD**

While the specific symptoms can differ from person to person, they include some of the following.

##### ❖ **Interference: reliving the traumatic event**

- ✓ Flashbacks (this refers to sufferers feeling the event is repeating itself)
- ✓ Intrusiveness (constant thoughts and images associated with traumatic event)
- ✓ Nightmares
- ✓ Distressing memories
- ✓ Physical reactions (nausea, physical pain, unexplainable sweating, or trembling)

##### ❖ **Hyper-vigilance: feelings of being constantly on edge**

- Panicking
- Emotional reactivity (irritability, anger and aggression)
- Constant feeling of being on the edge
- Unstable sleep patterns
- Difficulties in focusing/ concentration
- Being easily startled
- Risky behaviour

##### ❖ **Avoidance: avoiding emotions and memories of traumatic event**

- ✓ Over occupying oneself
- ✓ Avoiding reminders of the traumatic event (even smells, music etc)
- ✓ Repressing memories (being unable to remember aspects of the event)
- ✓ Feelings being detached or cut off

- ✓ Feelings emotionally numb (this can include numbness regarding affection too)
- ✓ Alcohol and/or drugs dependence (to cope with/avoid memories)

❖ **There are often other mental health difficulties such as**

- Anxiety
- Phobia
- Depression and low mood
- Dissociation
- Sociality
- Negative self regard

### **1.1.3 Collective trauma**

Collective Trauma refers to the situation when people who have a sense of belonging to one another feel they have been subject to fearful and painful events, which have left their mark on their collective consciousness and memory (Van Reisen & Kidane, 2017).

Hence trauma is a socially constructed affecting the past, the present and the future identity of an entire community<sup>1</sup>

#### **Causes of collective trauma**

Collective trauma is trauma that happens to a community of individuals and can also be trans-generational. War, genocide, slavery, terrorism and natural disasters can all cause collective trauma.

#### **Impacts of collective trauma**

Collective trauma has been described as a blow to the basic tissue of societal life that damages the bonds attaching people together and impairs the prevailing sense of communality (Erikson, 1976, p. 153-154).

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<sup>1</sup> Pastor, L. H. (2004) Culture as Casualty: Examining the cause and consequences of collective trauma. *Psychiatric Annals*, 34, 616 -22.

Long-term exposure to war and terror may result in the development of an avoidance style reducing community-wide creativity, productivity, financial activity and morale. This significantly reduces the community's ability to renew resources that were lost during the traumatic event.

Additionally, situations such as war and terror reduce the community's ability to function as a unit and cause individuals to perceive their community as significantly less functional.

Ways of relating with each other, that develop in the aftermath of traumatic experiences impact on the long-term well-being of a community. Community processes in the immediate aftermath of collective trauma, may result in short term community cohesiveness and homogeneity; however, in the long run, this way of thinking that doesn't allow for differences of opinion or conflict, nor is it conducive to getting external help.

Impacts of collective trauma include:

- ✓ Polarizing communities into groups of victims and perpetrators
- ✓ Fear and suspicion creates many secrets and limits spontaneity and openness in conversations and relationships
- ✓ 'Cultural disorientation' when the regular (or known) context loses stability
- ✓ Impairs community competence and affects the quality of problem-solving and decision-making within the community <sup>2</sup>

Failure to develop and provide effective support and treatment to those suffering from PTSD has an impact on community recovery following major disaster.

#### **1.1.4 PTSD and the brain**

PTSD causes memories of the extremely difficult event to linger resulting in victims often having vivid flashbacks. The experience leaves people frightened and traumatized, almost always on the edge and over reactive to even the slightest risk making them retreat into themselves withdrawing from others. They are often seen avoiding situations, relationships and

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<sup>2</sup> Shamai, M. (2016) Systemic Interventions for Collective and national Trauma. Routledge

things that become reminders of their painful experiences. PTSD is debilitating and prevents victims from living a meaningful life.

Neuroimaging studies on the brains have shown the impact of trauma on the brain impairing the stress response mechanism so much, so the PTSD victim, continues to perceive and respond to stress differently than someone who is not affected by PTSD<sup>3</sup>.

This explanation of how PTSD affects the functioning of the brain is crucial to the development treatment methods. Research shows that various drugs and behavioural therapies have been effective in overcoming these impairments<sup>4</sup>.

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### **1.1.5 EMDR and Trauma**

Eye Movement Desensitization and Reprocessing (EMDR) is a trauma intervention developed by Dr. Francine Shapiro, following observation that eye movements (and bilateral movements) can reduce the intensity of the distressing thoughts. Shapiro noticed the lessening of her own stress reactions as her eyes swept back and forth during a walk through a park one day. It is among interventions that have been highlighted for effectiveness as a post disaster treatment.

EMDR utilises the brain's information processing and memory storing system to process traumatic memories. Traumatic symptoms are understood as being the results of traumatic experiences that have been processed and stored in a dysfunctional form<sup>5 6 7</sup>. The object of

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<sup>3</sup> Bremner JD (2006). Traumatic stress: effects on the brain. *Dialogues in clinical neuroscience*, 8 (4), 445-61

<sup>4</sup> Bremner JD, Elzinga B, Schmahl C, & Vermetten E (2008). Structural and functional plasticity of the human brain in posttraumatic stress disorder. *Progress in brain research*, 167, 171-86

<sup>5</sup> Shapiro, F. (1995). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures*. New York: Guilford Press.

<sup>6</sup> Shapiro, F. (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures* (2nd ed.). New York: Guilford Press.

<sup>7</sup> Shapiro, F. (2007a). EMDR and case conceptualization from an adaptive information processing perspective. In F. Shapiro, F. Kaslow, & L. Maxfield (Eds.), *Handbook of EMDR and family therapy processes* (pp. 3–36). New York: Wiley.

therapy is therefore to adapt these dysfunctionally stored experiences and promote psychological health.

The process replicates brain activities of times when our brain is at its most active processing experiences – when we are dreaming. After distressing experiences our brain reduces the intrusiveness of the memory and the emotions associated in such a way that they are integrated with related pre-existing memory networks.

EMDR therapy reactivates the traumatic memory network while focusing on an external stimulus. The dual internal/external focus is achieved through bilateral stimulation e.g. eye movement, tapping etc. helping PTSD sufferers to form new associations to replace negative cognitions and overcome their symptoms.

In the next part of the training, we will teach you some techniques based on EMDR to enable you gain an insight into how to help identify and process dysfunctionally stored traumatic memories.

The techniques we will teach you are the following are all part of TRUST.

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- ✓ **Safe Calm Place**: is a technique that will enable you to keep yourself safe and calm when you are finding it to cope with difficult memories
  - ✓ **Butterfly Hug**: is a simple but effective bilateral stimulation technique
  - ✓ **Four Elements**: a set calming technique that can be used stabilise yourself in distress.
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## 1.2 Techniques for dealing with traumatic stress symptoms

### 1.2.1 A safe Calm Place

Safe place is positive exercise to help people access positive memory networks. We will create a safe or calm place and use your senses to bring it to life. During this exercise you will imagine a safe or calm place. This can be a place you have been to or you can imagine being.

Some people choose a place in nature and some choose a place they create in their mind. People can add or subtract things from this place to make it calmer or safer.

We encourage people to use all of their senses to make this place very vivid. Eventually we will pair the place with a word that best represents it and this will be a safe cue word.

Here are the instructions

#### **A Safe Calm Place**

In a moment I would like you to just close your eyes and do the following for a minute or so.

Identify a place that gives you a feeling of safety or a feeling of calm (please do not continue with the exercise if you cannot identify a place that is not connected to anything negative. Stop if negative feelings come).

Now bring up the image of that safe place, notice the colours and any other sense and experiences that go with it. Notice the feel of it and notice the sensations that come up in your body- your chest, your stomach, shoulders or face. Notice if you are feeling nice, good, positive feeling.

Now identify a single word that would go with it ... (such as peaceful describing the feeling or forest describing the scenery) this is your label for the experience

Focus on the imagery... your safe calm place and notice the pleasant feeling and say your word in your mind. Just notice the feelings as you allow yourself to merge into the scene while you repeat the word in your mind.

Repeat the whole thing again a couple of times.

### 1.2.2 The Butterfly Hug Method for Bilateral Stimulation<sup>8</sup>

The Butterfly Hug method was originated and developed during work with the survivors of Hurricane Pauline in Acapulco, Mexico, 1998. The Butterfly Hug had become standard practice for people working with survivors of man-made and natural catastrophes.

The “Butterfly Hug” (BH) is a self-administer Bilateral Stimulation (BLS) method to process traumatic material for an individual or for group work.

Below is the instruction for the Butterfly Hug.

Please cross your arms over your chest, so that the tip of the middle finger from each hand is placed below the clavicle or the collarbone and the other fingers and hands cover the area that is located under the connection between the collarbone and the shoulder and the collarbone and sternum or breastbone. Hands and fingers must be as vertical as possible so that the fingers point toward the neck and not toward the arms.

If you wish, you can interlock your thumbs to form the butterfly’s body and the extension of your other fingers outward will form the Butterfly’s wings.

Your eyes can be closed, or partially closed, looking toward the tip of your nose. Next, you alternate the movement of your hands, like the flapping wings of a butterfly. Let your hands move freely. You can breathe slowly and deeply (abdominal breathing), while you observe what is going through your mind and body such as thoughts, images, sounds, odors, feelings, and physical sensation without changing, pushing your thoughts away, or judging. You can pretend as though what you are observing is like clouds passing by.

Do the Butterfly Hug...observe what is happening to you...without judging or trying to change it...Stop when you feel in your body that had been enough and lower your hands to your thighs.

Now run a movie in your head while you are doing the Butterfly Hug from just before the incident took place to the present.

Please do the Butterfly Hug...observe what is happening to you...without judging or trying to change it...Stop when you feel in your body that had been enough and lower your hands to your thighs

Use a safe calm place technique if you need to.

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<sup>8</sup> Adapted from <http://emdrresearchfoundation.org/toolkit/butterfly-hug.pdf>

### **1.2.3 Four Elements Exercises for Stress Reduction (Earth -Air -Water -Fire)**

Life is full of stress, the main objective of all this is to enable people to be in better control of stress reaction rather than be controlled by the overreaction to stress.

It is therefore very important that clients are able to monitor their stress level and are able to return to neutral when there is a risk of being overwhelmed by stress.

Below is a simple technique for monitoring of stress level with simple stress reduction actions to keep stress levels within our “window of tolerance”.

#### **4 Elements Exercises is practiced as follows:**

This exercise, adapted from Elan Shapiro’s work<sup>9</sup>, will enable clients to continue the work that was started.

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<sup>9</sup> <http://emdrresearchfoundation.org/toolkit/four-elements.pdf>

**EARTH: GROUNDING, SAFETY in the PRESENT /REALITY**

Take a minute or two to “land” ... to be here now... place both feet on the ground, feel the chair supporting you. Look around & notice 3 new things...

What do you see.... What do you hear?”

[Attention should be directed outwards to the reality of safety in the present]

**AIR: BREATHING for CENTERING**

Breathe in through your nose (for abdominal breathing) as you count 4 seconds, then hold for 2 and then breathe out for 4 seconds. Take about a dozen deeper slower breaths like this”.

[Attention is directed inwards to your centre]

**WATER: CALM & CONTROLLED switch on the RELAXATION RESPONSE**

“... Do you have saliva in your mouth? ...make more saliva...when you are anxious or stressed your mouth often dries because part of the stress emergency response is to shut off the digestive system. So when you start making saliva you switch on the digestive system again and the relaxation response “- (that is why people are offered water or tea after a difficult experience-when you make saliva your mind can also optimally control your thoughts & your body).

[Attention is directed to producing saliva & becoming calmer, focused & more in control]

**FIRE LIGHT up the path of your IMAGINATION**

Bring up an image of your SAFE PLACE-what do you feel & where do you feel it in your body?

Install this feeling with brief slow BLS / butterfly hugs.

[Attention is directed to the feelings of safety/calm/etc. in the body]

We hope you will be able to use explanation and practice the techniques to deal with any difficult memories that may be affecting you in your day to day or distressing you as you go through your studies and your life in general.

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