Common Shock: The Effects of Witnessing Violence and Violation

By Kaethe Weingarten, Ph.D.

Whether we like it or not, all of us are witnesses every day to violence and violation. Sometimes the violence we observe occurs between people we know. At other times, we just happen to be somewhere – like at a neighborhood park – and we see, for instance, a mother hitting her toddler hard. Or we turn on the television moments before our favorite show, but we see the horrific dramatic finale of the previous program. And online, we can see gruesome photos of a catastrophe.

Exposure to violence and violation is commonplace in our daily lives. These events produce a response I call common shock. It is common, because it happens all the time, to everyone in any community. It is a shock, because regardless of our response – spaciness, distress, bravado – it affects our mind, body, and spirit.

None of us escapes this kind of every day witnessing. For helpers, there is yet another layer. For in addition to the routine exposure to violence and violation that confronts us all, we expose ourselves to our clients' stories of violence and violation. We listen to others' stories of horror and pain, grief and despair, in the hope that in doing so, our caring, compassion and expertise can help ease their suffering. However, our choice to witness is not without biological, psychological, and interpersonal consequences for us.

Biological Consequences of Common Shock

The biological effects of common shock are all forms of a stress response. Stress is an alarm reaction to something a person considers as threatening. It has also been called the fight-or-flight reaction; it produces hyperarousal, which is a normal and necessary response to threat.

The fight-or-flight reaction prepares the body for defensive action through a cascade of sympathetic nervous system firings and the release of stress hormones, the most well-known of which is adrenaline. Our physical reactions match the potential demands on us. Our pupils dilate, the heart pumps faster, we increase our breathing. Normally, once the perceived danger is past, the body will halt the alarm reaction and restore the body to a state of rest.

When we are deeply distressed by witnessing violence and violation, we may find it difficult to halt the stress response, or we may only be intermittently effective at doing so. We may be surprised at what will trigger it off: an item in the newspaper, an image we see out of the corner of our eye. We just can't calm our sympathetic nervous system. We are jumpy or hyper-vigilant much of the time.

Finally, the limbic system, the amygdala, and the hippocampus, plays a key role in the body's response to trauma. As the emotion center of the brain, the amygdala is associated with the experience and expression of fear. Under extreme stress, the amygdala can forge connections between elements in the threatening situation and a fear response without the

person having any conscious awareness that this is happening. Thus, people may be left with a fear response to triggers in the environment that make no sense to them.

Psychological and Interpersonal Consequences for health care providers: Empathic Stress Reactions

There are three kinds of empathic stress reactions that may have significant consequences personally and for one's job and clients: burnout, secondary traumatic stress reactions and vicarious traumatization.

Burnout: Persons with burnout feel emotionally drained by the work that they do. In most instances, burnout occurs in a healthy person who has had no psychological problems beforehand and who has been drawn to her line of work out of the desire to help others. On the job, stresses gradually mount so that the person feels less and less able to accomplish her goals. Often there are institutional or structural barriers that interfere with the person's ability to work effectively. When this occurs, over time, job satisfaction deteriorates, and the person begins to develop physical, emotional, behavioral, work-related, and interpersonal symptoms.

Secondary traumatic stress refers to the effects on the helper of being exposed to another person's trauma. Whereas burnout usually emerges gradually, secondary traumatic stress can appear suddenly, in response to learning about someone's traumatic experience. Secondary traumatic stress is usually accompanied by intense feelings of horror, helplessness, and fear. Crucially, the symptoms that accompany secondary traumatic stress may be profoundly disturbing to a helper who needs to feel invulnerable so he can do his job.

Chief among the psychological symptoms are distressing emotions, such as sadness, rage, fear, or horror. Some helpers experience intrusive imagery of the traumatized person's experience. For instance, a helper may have a nightmare that has elements of a client's experience in it. On the other hand, some helpers are plagued by emotional numbing. They suddenly feel hollow, empty, dull, unable to feel anything about anything or anyone. There can be physical symptoms as well. The helper may notice a rapid heartbeat, sweating, a sense of alertness and vigilance, difficulty concentrating, and insomnia. Or, the helper may notice a range of somatic disturbances, especially headaches and gastrointestinal difficulties.

The person may experience behavioral change as well. The helper may have trouble adhering to his usual schedule of activities, find himself overusing alcohol or abusing drugs, or forgo his usual routines of self-care, such as exercise or listening to music. He may throw himself into work but find that his performance is less effective.

Vicarious traumatization: Vicarious traumatization refers to the cumulative effect over time on people working with survivors of trauma. Helpers who deal with trauma survivors are exposed to stories of betrayal, failures of protection and violations of the victims' basic needs for safety, nurturance, trust, control, and esteem. Exposure to these stories confronts helpers with the reality of human cruelty and the potential for harm befalling us or anyone we love. Empathic

attunement to clients, while essential to doing the work, is the specific channel through which vicarious traumatization occurs. For it is precisely in the "taking in" of the client's experience that the helper risks having her worldview fundamentally and permanently altered.

With both secondary traumatic stress and vicarious traumatization there can be interpersonal changes. The helper may become irritable with people in his personal life, lash out or withdraw. Significant people in the helper's life, partners, or children, may feel shut out at the same time that they feel adversely affected by the "spillover" from the empathic stress reaction of their loved one.

Perhaps the most difficult in terms of the helper's ability to relate to loved ones and friends is that secondary traumatic stress provokes alterations in one's basic sense of meaning and purpose. Trauma disrupts trust. Helpers dealing with secondary traumatic stress are engaged with profound questioning of values and purpose that may be disruptive to ongoing relationships, especially if the helper feels unable to share the process he is going through.

While secondary traumatic stress and vicarious traumatization share some features, vicarious traumatization develops over a longer period of time and represents permanent changes in the helper's sense of herself and the world. People can suffer from features of any of these three empathic stress reactions or combinations of all three. These responses are normal, common, expectable, and still, often not recognized. Sadly, these are occupational hazards that many people view as personal failings.

It is definitely easier to manage empathic stress reactions if we understand that we are witnesses and that certain witness positions are better for us than others.

Four Witness Positions

There are four witness positions (Figure 1). Our positions vary depending on the situations we witness. Sometimes we can cope with what we witness and sometimes we are overwhelmed. We can break that down even more by looking at the figure below. Position One occurs when one is an aware and empowered witness to violence or violation. Taking action, and clarity about what actions to take, goes along with the experience of this witness position. A person is likely to feel competent and effective in Position One. Although it is desirable to be in Position One all of the time, no one can. We work toward it. Position Two may be the position that is most dangerous to others. People who witness violence and violation, who don't understand what they are witnessing, but nonetheless respond as if they know what they are doing, will be misguided. Their actions will be ineffective at best and harmful at worst. The negative impact of witnessing from this position may be far-reaching, particularly if the person witnessing occupies a position of power or is perceived as having power. In Position Three a person cannot register what is truly happening and therefore takes no action to make things better. A witness who is unaware of and thus ignores someone's urgent need has abandoned that person and the effects may be as harmful as actions taken from Position Two. Position Four

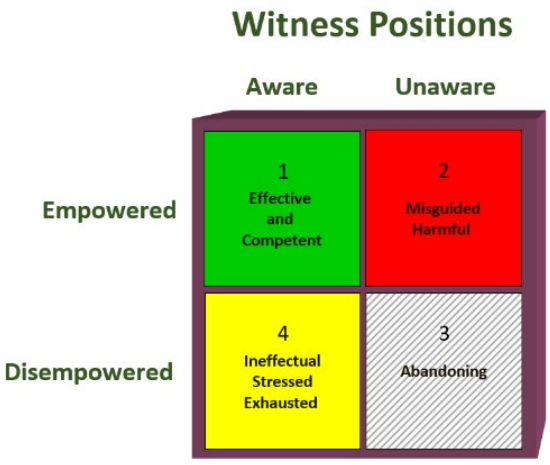
may be the most common for helpers. In this position a person is aware of what is going on but is either uncertain what to do or lacks the internal or external resources to act exactly as he or she knows to do. This position saps energy, enthusiasm, and resolve.

Aware of our witness position, we have a chance to change positions. Sometimes, when helpers are overwhelmed, they mistakenly believe that relief can come by moving into unawareness, using any number of tuning out strategies, like alcohol, devices or sleep. However, the only relief to the helper and benefit to the person comes from moving into the aware and empowered position, that is, moving up to Position One, not over to Position Four.

Reducing Harm

A great deal is known about how to manage common shock reactions. Individuals can practice self-care (see Patti Levin's handout, Common Responses to Trauma). Support from colleagues and institutions is essential. Yet very few institutions devote the time and resources of their organizations to care for their employees, either preventively or after a problem has occurred, with the sophistication that current knowledge allows. Instead, concern is with productivity, as if empathic stress reactions will not eventually have a significant negative impact on productivity. Failing to address directly, specifically, fully, and compassionately the inevitable toll that working with others exacts is short-sighted and harmful.

Figure One



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