



## **VICARIOUS TRAUMA: Bearing the Pain of Others in a Disaster**

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The recent scenes from the earthquake in Haiti, which has killed an estimated 200,000 people and left another million homeless, brought back memories that span a quarter of a century of work around the world in psychosocial reconstruction after a disaster. It rekindled my desire to call attention to and explain the serious, yet often unaddressed psychological impact of a tragedy upon the first responders, aid personnel, other caregivers and volunteers on the ground.

There is an immediate and vivid public awareness of the physical damage caused by the ferocity of an earthquake, avalanche, hurricane, war or flood. There are heart-wrenching scenes of the physical and psychological damage and there are countless professionals, pundits, politicians and prophets who “analyze” bureaucratic, political, and human obstacles to the rescue and recovery. But there is precious little attention given to another category of trauma suffered by the brave women and men who seek to help the people directly affected. Usually not even recognized by its own victims, vicarious trauma (VT) is the emotional pain suffered by those who devote themselves to helping other people with their pain.

Only recently studied scientifically, vicarious trauma\* has also been called “secondary trauma”, “empathic strain,” “secondary victimization,” or “compassion fatigue”. It is an undesired physical, psychological, social or spiritual change in someone committed to helping people who have been injured or traumatized. Its victims are typically among first responders, social workers, medical personnel, volunteer workers, counselors, volunteers, spiritual advisors and many others. It is a very real, but often hidden or ignored, problem that cripples caregivers and limits resources.

### **WHAT CAN WE DO TO RECOGNIZE AND HELP PEOPLE AFFECTED BY VT?**

#### **• RECOGNIZE THAT VICARIOUS TRAUMA EXISTS**

My first experience with VT was in 1986 when my team of Colombian psychologists was visiting make-shift tent cities for the survivors of the volcano-provoked mud slide that buried Armero, one of Colombia’s most beautiful cities, killing almost 30,000 people. The Colombian government had asked us to establish a psychosocial support network for the dozens of new neighborhoods under construction. As I glanced into one tent, a soft-spoken middle aged woman was tenderly stroking the hair and face of a young girl who was inconsolably sobbing in her lap. I naively asked the young man sitting near the entrance of the tent if the young girl had been seen by one of the social workers who were attending to the survivors. The young man smirked and said: “The young girl is the social worker; the other woman is my grandmother who lost her home and her husband in the disaster.”

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\* McCann & Pearlman, 1990, and Pearlman and Saakvitne, 1995

As witnesses, helpers and healers, we can't help but take in some of the emotional pain of those who have suffered a loss. As others release their pain, we often absorb it. We almost always have pictures and sounds in our mind and the intense feelings that accompany them running through our body. For people who work with trauma survivors, the most important part of coping with the intensity of the work is to acknowledge that vicarious trauma does exist and affects us. It affects us because we care, because we empathize with others, because we are committed to others and because we are responsible.

Even if you have been trained in facilitation, crisis intervention, counseling, or listening skills, it will affect you. Even if you are just watching or listening to what someone is telling you, it can affect you. It is “normal” to be affected by this type of work. Recognizing that it affects you is the most important gift that you can give to yourself.

Several months after the 1999 earthquake in Armenia, Colombia, the city was hard at work reconstructing buildings. While we were working with a group of teachers in the tent schools set up for the children, two large cement trucks passed by the tent school causing considerable noise and vibration. Everyone dove to the ground screaming, “Earthquake!” even the three volunteer teachers who had just arrived and who had never been in an earthquake. They had absorbed the emotions of the children and “learned” to be afraid.

#### • RECOGNIZE THE NORMAL GRIEF CYCLE

After a traumatic event, there are two initial stages that all people go through to one degree or another depending on the severity of the trauma and the propensity of the individual (Brenson-Lazan, 1996):

- **Denial**
  - of the **existence** of the tragedy itself: mental shock or stupor: *“My son can’t be dead. They made a mistake in the identification.”*
  - of the **significance** or meaning of the tragedy: *“We’ll get over this quickly.”*
  - of their own present and future **options**: *“In this country, we will never progress.”*
  - of **resources** that may be or may become available: *“We’re all alone in this tragedy.”*
- **Initial Reactions**
  - **Physical**: disruption of sleep and eating patterns, energy extremes, changes in appearance, headaches, rashes, digestive problems, muscle aches, etc.
  - **Psychological/Emotional**: anxiety, depression, perceptual distortion, emotional extremes
  - **Social**: changes in relationships and interpersonal crisis
  - **Spiritual**: extremes of fanaticism; a loss of faith; increase in supernatural thinking

It is important to note that these are normal, natural and necessary initial reactions in the process of grieving. If these reactions escalate or continue beyond the initial period, they indicate a need for therapeutic help. And these are precisely the triggers of VT and the sources of the negative energy that we as caregivers absorb and have to deal with.\*

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\* Global Facilitator Service Corps (<http://globalfacilitators.org>), offers several publications at no charge for adults and for children affected by a disaster, and for the facilitators and other who assist those affected. These materials include

• **RECOGNIZE THE SYMPTOMS OF VICARIOUS TRAUMA**

Dr. Laurie Anne Pearlman, Senior Consulting Psychologist of the Headington Institute of Pasadena, California, one of the world's leading institutions in the field of Vicarious Trauma, has identified many symptoms of VT in caregivers. Those most frequently seen are:

- Frequent emotional outbursts (anger, fear, crying, etc.)
- Loss of meaning or hope
- Excessive self-doubt
- Unaccustomed passive submission
- Poor decision-making
- Crisis in established relationships
- Excessive controlling behaviors
- Excessive self-sacrifice
- Physical reaction to distress (indigestion, muscle pain, skin rash, etc.)
- Marked changes in sleeping and eating patterns
- Strong denial of emotions
- Radical changes in expressions of spirituality

• **RECOGNIZE THE RISK FACTORS**

Vicarious Trauma is compounded when we have also suffered a personal loss in the current disaster, or have suffered a past loss that we have not fully processed.

After Hurricane Mitch, in late 1998, we were working with a team of psychologists and medical professionals in Managua, Nicaragua who were preparing themselves to offer a series of workshops for personal and community psychosocial recuperation throughout the devastated country. Although all were former leaders of the Sandinist Revolution, they were sincerely dedicated to learning and serving their country. During several exercises for expressing and sharing emotions, most of them began by talking about their fear, anger, sadness and feelings of guilt stemming from the Hurricane damage, and ended up talking about those same feelings that were buried deep inside since their suffering during the 1972 earthquake in Managua, the Somoza dictatorship in that same decade and the later break up of their own group. These were still open scars from past losses that made them more susceptible to VT.

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workbooks and manuals with information on the normal, natural and necessary stages and characteristics of the grieving process experienced by those who have been in a disaster.

Other structural or functional risk factors which can make someone more prone to VT or make it more severe include:

- Tendency to internalize feelings and emotions
- Tendency to withdraw or not ask for help
- Excessive stress or fatigue
- Lack of attention to personal needs
- Excessive risk-taking
- Lack of understanding of the culture of the survivors
- Organizational neglect or disorganization
- Tendency to work compulsively to the exclusion of personal and family needs, or to neglect work-life boundaries
- Unrealistic expectations of results

#### • **RECOGNIZE YOUR OPTIONS**

So, how do we cope with Vicarious Trauma in ourselves, colleagues and friends who are working to help others in the disaster? How do we transform these actions into tools for becoming more resilient people and take part in creating a more resilient community?

On August 29, 2005, Hurricane Katrina struck New Orleans.. Thousands died when 80% of the city was flooded, not directly by the hurricane, but by an often predicted levee insufficiency and the result of years of political, class and racial negligence.

New Orleans has a unique sub-culture, seen nowhere else in the United States. Its affinity with the Haitian culture is noteworthy, especially as the populations are at the two extremes of economic development. Thousands of people fled New Orleans or were relocated to other parts of the United States and never returned, while many others, in true New Orleans tradition, moved back to what was left of their homes as soon as the water receded and began to physically, psychologically, socially and spiritually rebuild what was left.

In the weeks that followed, those friends and colleagues who still had homes in New Orleans, met to share ideas about what they could begin to do to help the city rebuild. Everyone agreed that the first step was to rebuild themselves. They planned a series of workshops for area professionals with the principal component of “working on ourselves” before starting to work with others.

The New Orleans Louisiana Network (NOLA Network) was an informal, independent, highly flexible and close-knit group of friends and colleagues who did just that — worked first on rebuilding themselves, and then by working with other caregivers, social service professionals and community leaders, began to multiply by the hundreds in both New Orleans and in other affected cities.

The lessons learned with the NOLA Network confirmed the learning from many other disasters and led to the following conclusions on how to cope with and learn from VT.\*

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\* Particularly after a disaster, it is a challenge to reach the most people in need in the shortest amount of time. We developed a “cascade” model of psychosocial community intervention in which a relatively small first group of professionals replicates the workshop and exercises, reaching many thousands more in one year’s time. The 27 psychologists in Nicaragua multiplied themselves into over 11,000 facilitators of community groups in one year. This is the model used by the Global Facilitator Service Corps (GFSC).

## 4 RS TO TRANSFORM VICARIOUS TRAUMA

### 1. REFLECT UPON YOUR REACTIONS

It is most effective to answer the following questions, preferably in a personal journal with frequent updates when needed:

- What gives my life meaning and purpose?
- What have I done lately that will make a difference in someone's life?
- What is my hope for the results of my work in this disaster?
- What small moments could I have enjoyed more in the last day or so: a smile on someone's face, the wind in the trees, a sunset, etc.?
- When could prayer or meditation help me during the day?
- What could I read during ten minutes a day to grow and strengthen myself (both mentally and spiritually)?
- What excessive emotional reactions have I had recently?
- How can I take better care of myself?

To deepen your reflections, you can work through the Headington Institute Manual on Vicarious Trauma (English and French versions) at:

<http://www.headington-institute.org/Default.aspx?tabid=2646>

### 2. RESPECT YOUR OWN LIMITS

Early in 2000, after a landslide killed almost 50,000 people living on a mountainside in Estado Vargas on the coast of Venezuela, a team of local facilitators and their association organized several courses for first responders and aid personnel. Many people from the Civil Defense and military participated. They learned quickly and were able to apply what they learned very effectively. I asked one of their leaders what it was that made them so effective, and his answer taught me a valuable lesson, "As military professionals, we know our limits and respect them."

In order to reduce or avoid exceeding your limits, one useful strategy is to ask an experienced, trusted colleague to help you determine how realistic your goals are. Are they reasonable and realistic, albeit challenging or are they far in excess of what can reasonably be expected?

### 3. RECHARGE YOUR BATTERIES REGULARLY

The emphasis on a balance of energies is a keystone of Chinese philosophies and practices, like Tai Chi, and is a key element in coping with Vicarious Trauma. On an individual level, the single most important preventive and curative practice is to "escape" and recharge your batteries. Take a vacation every couple of hours, every day, every week, every month, every year and every seven years.

The 1999 earthquake (7.6 on Richter Scale) in Central Taiwan, was the second deadliest in their history, and with almost 13,000 registered aftershocks. The Taiwanese professionals I worked with were the most avid, intense and dedicated students I have ever had. I learned much more from them than they did from me, especially about different cultural aspects of grieving and intervening in disasters, as well as the importance of establishing a balance between work life and personal life,

especially in a crisis. The word for crisis in the Chinese language is a combination of two symbols: “danger” and “opportunity.”



Here are some specific, proven strategies that many first responders and disaster interveners have used to reduce VT.

- Avoid working during mealtime...talk about other things
- If possible, take this five minute stress-reduction break mid-morning and mid-afternoon:
 

- Find a place you can be alone.
  - Sit comfortably; close your eyes and take a few slow, deep breaths.
  - Slowly flex each of your muscles from head and face down to your toes; tighten for five seconds, then release.
  - Breathe deeply, exhale slowly and pay attention to the relaxation in every muscle flexed.
  - Repeat the process three more times, involving more muscles each time.
- Develop a 15 minute daily practice of self-guided meditation (Beta and Theta Brain Wave stimulation) through Tai Chi Chuan, Yoga, deep breathing, Contemplative Prayer, etc.
- As much as conditions permit, eat a balanced diet. Good nutrition is key to reducing VT.
- Once or twice a week, work on a creative or artistic hobby.
- Develop daily or weekly time to develop or enhance your spiritual life.
- Every 5-7 days take one complete day off from your disaster intervention work.
- At least every two weeks, leave the physical area of your work for a couple of days.

#### 4. RECONNECT WITH OTHERS

A strong network can sustain us when all else fails. It is the web we weave and maintain to support us in moments of individual weakness or need. We have seen this process over and over again:

- After the Armero tragedy, our team got together every two weeks to monitor our progress, our challenges and our VT. Even today, decades later, the team professionals continue to recognize how essential those meetings were to reduce their VT and optimize their effectiveness.
- In Australia’s massive bush fires of 2009, a network of facilitators were constantly in touch, using face-to-face and social networking tools to support and listen to one another.
- In the 2006 Tungurahua Volcano eruption in Ecuador, local facilitators used the ancient indigenous tradition of the “minga” (tribal “town hall” meeting) to make decisions together, console one another and mutually support their community rebuilding efforts.

- After the 2004 Indian Ocean Tsunami, telephone calls between volunteers in the US, UK and the affected region, worked to coordinate the translation of relevant materials into the Bahasa language.
- In 2002, after the massacre of Bojayá, Colombia, priests working with refugees fleeing from military-guerrilla conflicts in, returned to a church tradition of "Koinonia," forming small groups who shared their pain and their resources to get through the crisis.
- After the 9/11 terrorist attacks, facilitators in US, Canada and elsewhere used objective, reflective, interpretive and decisional questions with each other and with groups of survivors to strengthen their network and help each individual deal more effectively with grieving.\*

Here are some other suggestions for reflecting and sharing:

- Stay connected with friends and family as much as possible. A lot is possible using the internet or a cell phone.
- Establish a network for mutual monitoring and support, such as regular team meetings, peer-mentoring, support groups, etc.
- Establish rituals of transition.
- Mourn any losses together
- Celebrate together every success or milestone achieved.

The tragedy in Haiti has been one of the worst in recent history, not just because of the nature of the disaster but also because of the conditions in the poorest country in the Western Hemisphere. There are many years – perhaps a generation – of challenges and opportunities ahead. We can only face them and grow as a result if we, as caregivers, first take care of ourselves and of one another.



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\* Nelson, Jo: *The Art of Focused Conversation*, Canadian Institute of Cultural Affairs © 2001