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The Impact of Trauma: How Do We Present Jesus to Those So Fractured?

Introduction

The Emmanuel family are refugees from Rwanda who resettled in the United States. I was honored to know and work with them after they fled their homeland and spent years in a refugee camp in Kenya. Sadly Mr. Emmanuel was tortured by authorities and witnessed the murders of several of his family members. Mrs. Emmanuel attempted to protect the children but lived in fear and hiding. Mr. Emmanuel suffers occasional panic attacks, loss of appetite, weight loss, depression, and a recurring sense of hopelessness, particularly during the difficult months of learning English and attempting to maintain employment. He is not alone since more than half the people who escape war zones suffer from some type of mental illness according to research done by Germany's chamber of psychotherapists (Brenner 2016). The effect of trauma on refugees is immeasurably long lasting and shattering to both their inner and outer self (Steel, Silove, Brooks, Momartin, Alzuhairi, and Susljik 2010). Mario, a smart young man I treated in counseling, escaped from El Salvador having been a child soldier from the age of 11 years and being expected to use a machete to behead others while his family was held hostage. After walking over 3,000 miles and pleading for asylum, Mario is now attending high school in a US city with a family that is caring for him. He continues to struggle with sleep, fear, and at times is unsure where he belongs in his local church or what his understanding of God really is.

Description and Impact

Emmanuel's and Mario's story presents only snippets of the daunting and mostly unrecognized impact trauma has on refugees. This article will

outline how refugees have been undeniably traumatized and how lay individuals, especially within the church, can help to promote understanding and healing. A working definition of trauma and Post Traumatic Stress Disorder (PTSD), a brief description of trauma triggers and reactions, and some concrete ways that the healing of trauma can be supported will be discussed in this article.

Definitions

“A refugee, defined by the United Nations Convention relating to the Status of Refugees 1951 and the Protocol relating to the Status of Refugees 1968, is any person who has a well-founded fear of being persecuted because of their race, religion, nationality, membership of a particular social group and political opinion” (NSW 2016). This fear of being persecuted can lead to trauma which is considered to be “experiences that cause intense physical and psychological stress reactions. Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being” (SAMHSA 2014:7). Research indicates that most, if not all, refugees, especially children, have experienced some type of trauma either prior to being displaced or during the flight to safety. “Children and adolescents often have higher levels with various investigations revealing rates of PTSD from 50-90% and major depression from 6-40%. Risk factors for the development of mental health problems include the number of traumas, delayed asylum application process, detention, and the loss of culture and support systems” (Refugees Health 2011). Therefore, trauma can be defined as a deeply distressing or disturbing experience. Similar to the above mentioned stories, persecution, watching loved ones being massacred, separation from their child, or simply not knowing if they would survive the night can cause deep distress. This level of horror and fear can affect individuals so significantly that it may temporarily or permanently alter their ability to cope. Their perceptions and self-concept can be deeply affected.

Many immigrants and refugees have diagnosable PTSD. This set of symptoms was finally named after World War II when the returned war-torn veterans showed significant difficulties coping even after arriving back on US soil and in everyday life. PTSD is defined as a mental health condition that’s triggered by a terrifying event and can be understood as experiencing or reliving a psychologically traumatic event. PTSD has been identified in large numbers of refugees who have experienced pre-migratory trauma (American Psychiatric Association 2013). PTSD can

derive from either experiencing or witnessing the event, from seeing or even learning about an event involving actual or threatened death, serious injury, or sexual violation. Most recognizable of the symptoms of PTSD include intrusive memories, avoidance of things and situations, negative changes in thinking and mood, and changes in emotional reactions.

Impact of Trauma

Unfortunately, there is no argument that refugees have experienced significant amounts of trauma and heavy loss. Common misconceptions seem to indicate that after the initial adaptation and acculturation to the United States no lingering symptoms should remain. This notion is derived because many refugees are not showing typical symptoms of diagnosable PTSD nor are receiving treatment and may appear to be happy. Members of the community or church working closely with refugees will commonly believe that since refugees are now safe and have their basic needs cared for, there are no lasting effects from the damage caused by the traumatic experiences. Patience is needed with the adaptation process to a new culture, but the grief, enormous loss, or the lasting impact of trauma is infrequently recognized or discussed.

Post-traumatic stress triggers changes in brain organization has been clearly established by science, including differences in the actual gray matter as well as the size and connectivity of the amygdala. Researchers, however, are only just beginning to comprehend exactly how chronic stressors create changes in the brain structure, which affects how the brain functions and which has long-standing effects (Center for Adolescents Studies 2018). The stress hormone, cortisol, is needed for the body to respond to stressful situations, which includes responses such as fight, flight, or freeze. If these cortisol levels remain high for too long it can lead to depression (Rasmusson, Lipschitz, Wang, and Vojvoda 2001). Elevated levels of these hormones for significant lengths of time can cause the pre-frontal cortex to decrease its ability to make decisions and think rationally. As this higher executive thinking declines, imaging has shown signs of reduced activity in the brain, which can lead to significant dwindled ability to make decisions (Carrion and Wong 2012). Physical damage to the brain from a traumatic brain injury has been seen and documented by medical professionals for generations, but only recently have brain scan images been able to show the neurological impact from non-physical trauma, such as being witness to violence.

Comparison of the Developing Brain

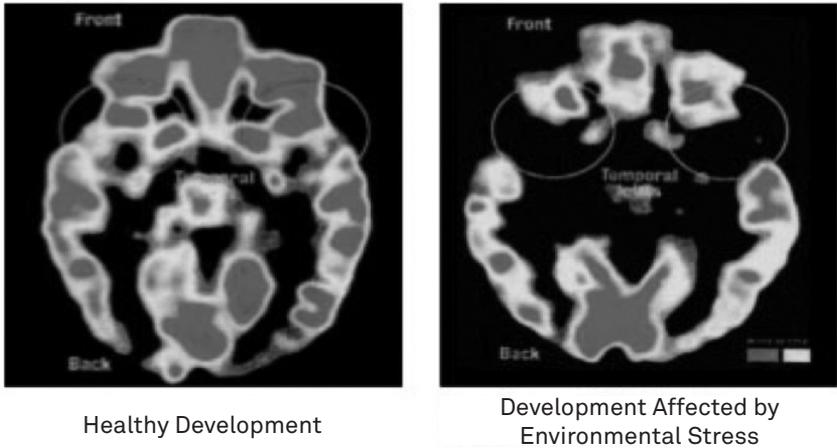


Figure 1. Comparison between a healthy brain and a brain affected by environmental stresses. Source: Dr. H. T. Chugani, *Newsweek*, Spring/Summer 1997 Special Edition: "Your Child: From Birth to Three," pp. 30-31.

Therefore, the impact of trauma is especially substantial on the brains of young children as they are still growing and developing. The trauma is increased if the children are separated from their primary care takers, which will influence them for the rest of their lives. Yet, even the children who remain within their family groups and flee together display some area of concern in their development due to the primary care takers' need to focus simply on survival. Subsequently, the children could struggle with emotional development and regulation due to the inability of a traumatized adult to meet their child's emotional needs.

Trauma Triggers

Specialists who have been studying trauma and its impact have identified that trauma *triggers* can occur without warning and with no prediction as to how the individual will respond. A trigger causes an emotional response that can vary in intensity and is usually negative. This could include fear or panic and can consist of a physical response such as shaking, pain, or fainting, to name a few (Hinton, Pich, Chhean, and Pollack 2004). As a mental health therapist working with refugee children, I am continually encouraging staff to train caretakers in an awareness of traumatic triggers. Preparing affected children by educating them how to

identify triggers and how to manage their reactions is paramount as this can eliminate or reduce some of the stress responses.

Although this can take a long time and much intentional work, intentional times to prepare a child may include activities commonly thought of as positive and happy occasions. One such occasion is the 4th of July Independence celebrations in the US. The small “popping” noises from fire crackers or even the “booming” sounds from fireworks can cause a child or an adult to react in fear and hide under a bed because of a reminder of a sheer horror of the past. Although the noises are meant to be a cause of festivity, they could potentially be traumatic triggers. Consequently, while situations like these appear logical, many times a refugee’s reaction to a situation or overreaction, may not seem logical. “Who feels it knows it” is a saying that explicates an unexpected response to an event that may be considered fascinating for others.

Triggers usually come from sensory processing such as a noise, a smell, a color, or even a word. This usually occurs prior to the pre-frontal cortex processing the information. Many traumatized individuals react to small events with reactions that do not seem within expected limits. Dr. Van der Kolk, a psychiatrist noted for his research on trauma, uses a metaphor when explaining trauma reactions. He refers to the amygdala as the smoke detector in a house. For instance, a normal reaction at breakfast time if the smoke detector starts beeping during the toasting of bread would be to quickly take the bread slice out of the toaster and quickly start opening the windows. However, if during the dead of night while everyone is sleeping the smoke alarm is triggered, a different more appropriate response might be to quickly flee the house. For individuals that have been traumatized, at the first beeping of the smoke detector during breakfast, they might rapidly flee the house as the reaction in their system is not able to process the fact that this might actually be the toast burning. The brain enters survival in a fight, flight, freeze mode and may not be able to cognitively process the situation at hand. This is merely a representation of how emotional reactivity or lack thereof may be displayed for individuals who have suffered trauma even years after safety has been found (Van Der Kolk, McFarlane, and Weisaeth 2007).

Ways to Healing

It is evident that trauma impacts individuals significantly and evidence-based treatment should include counseling with a licensed therapist. Still, aside from professional interventions, what can community and church lay individuals do to help? Is there anything persons who have suffered trauma themselves can do to help their own healing process? In

this section intentional strategies that can assist refugees to start the journey of recovery will be reviewed. These are interventions that have shown that brain activity can increase in positive and healing ways. Focus will be given to the importance of creating relationships and sharing the stories of struggle. Suggestions for healing that is prompted through the senses will be described. A final word of encouragement for advocating for a trauma perspective, especially for those who have taken on the mantle of caring and working with the healing process of refugees, is also suggested.

Relationships and Sharing the Story

Dr. Bruce Perry, a well-known trauma expert states, “Relationships matter: the currency for systemic change was trust, and trust comes through forming healthy working relationships. People, not programs, change people.” He continues to say, “Relationships are the agents of change and have the most power” (2014). The research that shows the importance of relationships in healing trauma and in general human health and well-being is staggering and too numerous to mention. It has been commonly believed that every child needs six adults who are absolutely crazy about them to grow in healthy emotional stability, particularly as their brain develops. This can easily be looked at in terms of helping those whose brains also need to re-generate in a healthy way and the importance of surrounding them with meaningful relationships.

There are many church groups that are creating small groups for developing relationships. Many of these groups are helpful in the recovery of trauma since they become safe places to tell personal stories. Telling the stories in a safe emotional environment is an important part of healing and is similarly an important part of the therapeutic intervention. Evidence-based Trauma-Focused Cognitive Behavioral Therapy has at its core of therapeutic intervention the telling or the narration of the trauma story with another trusted individual. Although this is done with professionals, shared mutual storytelling is also healing when done within friendships.

Some barriers may exist in telling the difficult personal stories, as frequently telling the story may be more problematic for males than females. Sometimes cultural barriers and hesitation in being transparent is substantial. In addition, many well-meaning helpers do not want to ask questions or encourage any sort of conversation that might cause sadness or deep feelings for the victims. However, with a solid relationship in place, the telling of the story becomes manageable and potentially healing. Semmler and Williams (2000) suggest that “it is not surprising that storytelling has been found to be effective in cross-cultural psychotherapy” (cited in Comas-Diaz 2011:554). Dr. Dan Siegel, another

renowned trauma expert, has coined a phrase which emphasizes this importance, “what’s shareable is bearable” and he frequently shares this when he speaks. There is great significance of allowing for and creating spaces to speak about hard things as even Scripture encourages us to bear each other’s burdens.

Mariela Shaker, world known violinist and a refugee from Syria, commented to this writer after speaking at a plenary session at the Refugee Conference at Andrews University, when telling her story each time she speaks helps her to deal with her emotions. She understands that telling her story helps to heal and manage the pain, not just for her but for her listeners. Desmond Doss, Seventh-day Adventist war hero who recently was featured in a major Hollywood motion picture that was highly acclaimed, also suffered from PTSD and reportedly helped to manage it by speaking of it. “There’s no question that Desmond suffered from it. He dealt with PTSD partly by talking about it, which is effective,” reported Charles Kanpp, Chairman of the Desmond Doss Council (Weber 2016).

Continuing to underscore the importance of relationships in healing comes from the example of Jesus. He also sought relationships to help him in his humanness and moments that he needed to find strength. People may be a source either of distress or of peace. Jesus deliberately found peace with friends who brought comfort and affection to his life. This he found at the home of Lazarus, Martha, and Mary. “His heart was knit by a strong bond of affection to the family at Bethany . . . often when weary, thirsting for human fellowship, he had been glad to escape to this peaceful household. . . . Our Savior appreciated a quiet home and interested listeners. He longed for human tenderness, courtesy and affection” (White 2013:524).

Healing Through the Senses

Science shows that healing of trauma can come from intentional stimulation to the senses. We know that children learn by stimulating their different sense. Jesus taught and served with sensory things. He told stories, he used sensory items to describe the kingdom of heaven as a vine with its colors and rich fruit, and he used water and bread, among other things. Over and over there are more and more studies showing the impact of music and art in development and healing even for adults. Individuals are encouraged to sing together. A refugee leader tells a story of how learning to sing hymns with a group of people helped to draw a community together, as did learning English in a group setting. Art, in all its beautiful cultural forms, can also help touch deep wounds in a traumatized person.

Current studies are being done into the impact of nature and its ability to help heal the soul and stimulate the mind. Even Jesus found time for nature, “His hours of happiness were found when alone with nature and with God. Whenever it was His privilege, He turned aside from the scene of His labor, to go into the fields, to meditate in the green valleys, to hold communion with God on the mountainside or amid the trees of the forest. The early morning often found Him in some secluded place, meditating, searching the Scripture or in prayer. From these quiet hours He would return to His home to take up His duties again, and to give an example of patient toil” (White 2013:90).

The impact of relationships and sensory healing can beautifully be combined when groups of individuals intentionally choose to eat together. In the book of Acts, Scripture describes the early believers finding strength in being together and sharing meals. It is of critical importance that immigrants and refugees find ways to gather together in affiliation with others to develop relationships but also to share meals. The sensory richness of the colors, smells, textures and tastes of food have been divinely given as simple ways to increase healing by being in community and enjoying and stimulating sensory perceptions.

The Adventist Church has created Pathfinder clubs that can help children and the families become involved in participating in multi-sensory learning experiences. There are programs that intentionally include nature, art, cooking, and community. If these are implemented in communities where refugees are residing, the long-term positive effects will reach further than only education or only pleasurable times since they can significantly improve the healing process of trauma.

Often forgotten is the significance of simple intentional breathing. Much research has been done into the body and the brain’s need for intentional oxygen and pausing to breathe (Cerf 2017). Deliberately taking a few moments to calm the brain and body and be still in the Lord can have a positive effect. Individuals can do this alone or as a group and can also be connected to praying and meditation as well. Some are inspired to “breathe in grace” as they inhale, and then to “breathe out praise” as they exhale. Others simply say the name of YHWH with each breath—a simple calling for the Messiah.

Perception of Trauma in Caring for Others

This article has been focused on creating an understanding of trauma. Nevertheless, there are times when entities working with refugees wonder how long trauma’s residual effects last. Helpers may begin to wonder, “What’s wrong with you?” if they are seeing refugees struggling with

employment or substance abuse or with their faith. A model of care that numerous helping organizations have adopted is The Sanctuary® Model. This model is described as “a blueprint for clinical and organizational change which, at its core, promotes safety and recovery from adversity through the active creation of a trauma-informed community.” With a background of Seventh-day Adventist beliefs of the earthly sanctuary, clearly we can see how the word “sanctuary” is about shelter and relationship. The focus of this modality is promoting safety and instead of asking: “What’s wrong with you?” “What has happened to you?” The drawn meaning from the sanctuary which focused on rehabilitation, reconciliation, and restoration is evident and there is always time for this to occur until the return of Jesus.

Conclusion

Refugees have been through horrific circumstances and the impacts of trauma could be countless. Even if a diagnosis of PTSD has not been given, refugees and immigrants may still be experiencing trauma reactions and trauma triggers, which may affect their everyday life. Nevertheless, aside from professional counseling, there are steps that can be taken to increase the healing of the brain. These purposeful actions most importantly include intentional relationships, but also inclusion of time in nature, art, and simply sharing or telling the traumatic story is all imperative. Children and families can be involved in community and feel that they belong in ministries like Pathfinders.

Jesus uses sensory metaphors when he asks that Christians be a light to the world and not hidden, much like a flame. Trauma expert Bruce Perry states, “Fire can warm or consume, water can quench or drown, wind can caress or cut, and so it is with human relationships: we can both create and destroy, nurture and terrorize, traumatize and heal each other” (Szalavitz and Perry, 2007:16). He further supports the role of human connections by stating, “Surprisingly, it is often when wandering through the emotional carnage left by the worst of humankind that we find the best of humanity as well.” May we be that best of humanity.

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