Responding to Collective Trauma

Collective Trauma Tears at Communities

“Collective trauma” is a term used to describe a significant negative event that shatters the basic fabric of a society. It affects entire groups of people, communities, or societies. It can impact relationships, change policies and governmental processes, alter the way the society functions, and even change social norms.

Wars are certainly such events. They change the way societies function and alter relationships, policies, and governmental processes. In fact, it could be argued that the bombings of Hiroshima and Nagasaki have so altered the stage of world politics and diplomacy that the world now stands frozen, afraid to intervene in response to Russia’s invasion of Ukraine beyond sanctions, embargos, and supplying military arms. The impact of this collective freeze response is that Ukraine has been left to fight alone.

Why Does History Matter?

Humans carry our experiences with us—in our memories, hearts, and bodies. As babies, we learn how to form attachments and relate to others, based on how our parents or caregivers care for us. Throughout life, we use this as the basis for how we interact with others and behave in society. Our cultural and societal norms influence our outlook on the world. When our home, families, and community are safe, we believe the world is generally a safe place, that people are good and worthy of trust, that we, ourselves, are worthy of love and acceptance, and that our needs can be met through connection with others.

When we experience traumatic events that make us question the safety of the world and fray our relationships, it leads to a breakdown of support and health throughout the community. Trust is often broken between individuals and throughout communities, as everyone struggles separately to meet their basic needs. Individually, we may even question our own worth. Some community members may turn to risky behaviors.

As described in these pages, there are very real physical changes that occur in our bodies when we are exposed to extremely high levels of stress for prolonged times that increase our risk for poor health outcomes. When stress levels are high across an entire community, it is especially difficult to recover because support systems are overburdened or unavailable. The shared experience becomes woven into all interactions and relationships and significantly alters the social behavior patterns and general outlook of community members.

Inside This Issue

- Toxic Stress ....................... 2
- Epigenetics ......................... 2
- Possible Impacts of Trauma ..... 2
- Case Study: Ukraine ............. 3
- Resilience ............................ 4
- A Sense of Safety ................. 4
- Supportive Relationships .......... 4
- Emotional Regulation ............. 4
- Movement ............................ 5
- Play ................................... 5
- Physical Design ..................... 5

Key Points

- The war in Ukraine is a collective trauma
- This pamphlet introduces several ways to support individuals who have experienced trauma
- With these supports, we can improve outcomes and help survivors heal
Toxic Stress

Stress is an ordinary life occurrence, and a certain amount of stress is necessary to learn new things. This can be a positive experience. However, stress levels can become too high. When a person feels as though their life is endangered, for example, and the person feels as though there is no escape, the resulting level of stress is said to be “toxic.”

Toxic stress can affect brain structure and chemistry, and it is the mechanism by which adversity becomes traumatic. The amygdala can be thought of as a person’s “survival brain.” Its job is to detect and react to danger. The limbic system in the brain is the emotional center, which helps humans form relationships and attachments. The prefrontal cortex is the “thinking” portion of the brain, and forms coherent, logical thought.

When the brain detects a threat, the amygdala releases hormones and glucose to rev up the brain and body, activating a “fight,” “flight,” or “freeze” stress response. Meanwhile, the prefrontal cortex portion of the brain assesses the threat and either accentuates or calms down the stress response.

When a person is experiencing a traumatic event, their brain focuses solely on survival, and the person cannot access the emotional or logical thought functions of their brain. The more toxic stress a person is exposed to, the more their stress response is activated, resulting in higher levels of these stress hormones, and a higher likelihood that they will have another stress response in the future. Brain scans of people with post-traumatic stress disorder show an over-reactive amygdala and a less activated prefrontal cortex. This means that the amygdala releases an excess of norepinephrine, resulting in hyper-arousal, hyper-vigilance, and increased wakefulness and sleep disruption. At the same time, the prefrontal cortex is impaired in its ability to regulate the threat response, which can result in less control over reactive anger and impulsive behaviors when they are emotionally triggered.

Sometimes during a traumatic event, a person’s brain has difficulty processing the event and storing it in the same way as other memories. Individuals can become “triggered” by sensory stimuli which make them recall the event, but because the brain did not store the sensations associated with the event as a memory that happened in the past, the person experiences them again, as though the previously traumatic event is actually happening in the present moment. They may see, smell, and hear all the same things they did when the event first happened, and their bodies react in the same way, by raising heart rate and initiating a stress response.

There is good news: if high stress levels are buffered or counterbalanced by positive experiences, the person may not experience any of these symptoms of toxic stress. For more information, please see the Center on the Developing Child at Harvard University.

“I have little doubt that as individuals, families, communities, and even nations, we have the capacity to learn how to heal and prevent much of the damage done by trauma. In so doing, we will significantly increase our ability to achieve both our individual and collective dreams.”

-- Peter Levine, Ph.D.

Possible Impacts of Trauma

Studies show that adverse experiences can have lasting negative impacts throughout a person’s life, including injury, impacts on mental health or maternal health, infections and chronic disease, the adoption of risky behaviors, and loss of opportunities. These impacts can range from social, emotional, and cognitive impairment, to disability, and even early death. Evidence also shows that the more adversity or toxic stress a person experiences, the more likely they are to experience these negative effects.

Trauma can affect a person’s memory and ability to remember basic facts, the order in which events occurred, or how to perform simple tasks. A person may also suddenly become overcome with flashbacks or emotions related to the traumatic experience when triggered, often by sensory input such as sights, sounds, or smells. In addition to the changes that occur in the brain, increased levels of the hormone cortisol can result in increased blood sugar levels, weight gain from false hunger signals, a suppressed immune system, digestive problems, and heart disease.

The symptoms of trauma can be categorized as being cognitive, behavioral, physical, and psychological. Many of these symptoms are shown in the boxes on the next page. Some of these symptoms can lead to behaviors that others might misinterpret as obstinance, or refusal to cooperate with others. Some appear from the hypervigilance, or constant state of arousal, that can result from trauma. These symptoms can make others feel as though the individual is being intentionally hostile, especially when they are feeling threatened. Still other symptoms may be hard to recognize, because they are more subtle. A person experiencing these symptoms may be assumed to be lazy or disinterested, when in fact they are emotionally numb or disassociating.

It is important to note that this is all risk, not certainty. There are a lot of things that can affect how a person is impacted by adversity, most importantly whether the person has positive experiences that can buffer, or counterbalance, the high stress experienced during difficult life events. Read on to learn how you can help.
Case Study: Ukraine

After what was seen by many as decades-long saber rattling by Russian President Vladimir Putin, Russia invaded Ukraine on the 24th of February, 2022. The largest conventional military attack on a European nation since World War II, onlookers in the Western Hemisphere seem to have been slow to respond—perhaps out of fear that stepping in will incite the wrath of a nuclear power and lead to another global war. And yet, the world expresses anger and support for Ukraine, even in its relative inaction.

The people of Ukraine understand struggle and collective trauma. During the early 1930s, more than four million Ukrainians died as a result of a man-made famine, despite the area’s fertile production of grain. The famine, now known as Holodomor and considered by some scholars as a genocide, was the result of a Russian agriculture policy, which denied farmers access to grain until they met unrealistic quotas. The Soviet government denied and covered-up these events for more than half a century. Holodomor, and its long denial, may have sown the seeds of the contempt between modern-day Russia and Ukraine.

Ukraine has had a tumultuous course since, including another famine, public protests, and revolutions. In 1986, the Chernobyl Nuclear Power Plant explosion resulted in 28 direct deaths and wide nuclear exposure. Throughout the early 2000s, a rift solidified between the Western portion of the country, that sought closer ties with Europe, and parts of the Russian-speaking and leaning East. In 2014, Russia invaded Ukraine and annexed the region of Crimea. There were no significant repercussions for this encroachment, a fact which may have emboldened Putin. Nevertheless, Ukraine rose as a power of industry and production, and fully dismantled its nuclear armory.

There is no doubt that the current war in Ukraine is being experienced as a collective trauma, on the heels of a global pandemic. Ordinary citizens have taken up arms to defend their country from a long-time adversary, and for many, the fight is deeply personal. Women and children with the means to escape have been able to leave to surrounding countries, but those without means cannot flee. The Ukrainian government also required most men to stay in-country, in hopes that they will help in the fight. The infrastructure and many cities have taken a heavy toll, and even if Russia fully retreats, the damage to the very core of Ukrainian life has been done. It is imperative that the world recognize this trauma and support the people of Ukraine using effective, evidence-based, trauma-informed approaches to care and design.
Resilience

A person can experience very difficult things in their life and have very high stress levels, but not experience any negative outcomes or risks associated with trauma. “Resilience” is a term used to describe a person’s ability to overcome serious hardship.

Building a person’s resilience is the number one way to protect against the risks associated with trauma. There are a lot of things that can affect how a person is impacted by adversity, including exercise, life choices, personal relationships, and therapy. One of the most effective ways to improve outcomes for someone who has experienced adversity is to help them develop strong, supportive relationships with reliable adults.

More information on resilience can be found at the Center on the Developing Child at Harvard University.

A Sense of Safety

The highest priority in supporting someone who has experienced trauma is ensuring they feel safe. This approach must be focused on how it feels to the individual, and includes both, physical and emotional safety. It includes how the person feels about the interactions taking place as much as the physical surroundings.

To cultivate a feeling of safety, we need to:

- Ensure the individual’s physical safety;
- Enforce clear and consistent boundaries;
- Interact with transparency and predictability;
- Build and maintain trust; and
- Offer as much choice and control to the individual as possible.

When creating a physically safe environment, you want to think through what the space looks like, where and when services are provided, who is present or allowed to attend, and how to address unease.

When supporting a person who has experienced trauma, we should ask the person if there is anything that would help them feel more safe. This can be the first step towards regaining agency over their own lives.

Supportive Relationships

Healing happens in relationships. Evidence overwhelmingly shows that by forming strong, supporting relationships and sharing positive experiences, we can interrupt trauma and its possible negative effects, resulting in a shift to positive outcomes and experiences. These relationships need to respect cultural differences and promote the empowerment of all people, regardless of their identities.

Ways to develop supportive relationships can include: prosocial bonding activities; setting clear, consistent boundaries; teaching skills; helping individuals regulate their emotions; providing care and support; setting high expectations; and providing opportunities for meaningful participation. Through these relationships, we have the opportunity to lower the stress levels of survivors. This can buffer their experiences and build their resilience, leading to better health outcomes, stronger connections, and even a sense of physical and emotional safety throughout whole communities.

Emotional Regulation

Typically, people operate with a range of emotions. They can get excited, or be calm, or anywhere in between. This normal range is referred to as a person’s “window of tolerance.” When a person experiences a traumatic event, their reactions can include bigger swings, and be heightened or deflated, extending beyond their normal range. A person can even get “stuck” outside their window of tolerance. This is when we see hyperarousal or hypoarousal.

Hyperarousal is when a person is on the high side, and may experience anxiety, panic, hypervigilance, rage, or an inability to relax. Mindfulness, grounding, and breathing exercises can help a person in this state return to their window of tolerance.

Hypoarousal is on the low side, and the person may experience depression, emotional numbing, exhaustion or fatigue, disorientation, low blood pressure, or dissociation. For a person experiencing hypoarousal, anything that stimulates the senses can help, including physical activity, upbeat music, interesting scents or textures, and breathing exercises.

For more information about how to help support survivors and build self-regulation techniques, contact Cowart Trauma Informed Partnership.
Movement

Some experts maintain that traditional talk therapy is not helpful to trauma survivors, because in talking about the traumatic experience, they become triggered and relive the experience. This causes stress hormones to flood their body and amplify their symptoms, rather than alleviating them.

Instead of engaging in this type of re-exposure, they suggest using somatic, or whole-body, treatments that serve to lower stress levels and help survivors better regulate their emotional and stress responses. Although vigorous exercise has long been touted as a way to manage stress and increase pain-fighting endorphins, trauma survivors receive a greater benefit from somatic interventions that involve intentional movement, mindfulness, and breath work. Yoga, in particular, was shown in a scientific study to provide longer lasting mood enhancement to participants than positive, social support gatherings.

For more information about effective somatic activities, please visit the compilation offered by the Trauma Research Foundation.

“We sometimes forget that emotional safety is as precious as physical safety...but it’s essential that we learn to protect both.”
-- Nicole Sundine

Physical Design

Our physical environment can impact our emotions and behaviors, both negatively and positively. They have the ability to increase or reduce our stress. The spaces in which we live and receive services can communicate safety and promote supportive relationships, or they can symbolize lack of dignity and agency, encouraging re-traumatization.

Trauma-informed design is about integrating the principles of trauma-informed care into design with the goal of creating physical spaces that promote safety, well-being, and healing. This requires realizing how the physical environment affects identity, worth, and dignity, and how it promotes empowerment.

In order to truly create a space that will support healing in survivors, it is important to cultivate an understanding of their identities, culture, and what is important to them. That understanding can then be used to anticipate and mitigate potential triggers, maximize choice, and create a safe, comfortable environment.

In many spaces, the physical structure limits the extent to which we can make improvements intended to lower stress levels. Changes in things like the lighting, furniture arrangement, and signage, however, can make a big difference. For example, installing a dimmer on a light switch, or shades on a window, provide users a significant amount of control over the environment. Similarly, acoustic panels can be installed to a large room relatively inexpensively to mitigate noise levels.

It is important to be mindful that extreme colors and temperatures can be triggering. The most relaxing colors are blue, yellow, green, silver, orange, and pink. They reduce stress and soothe the nervous system. For a soft, welcoming atmosphere, use neutral or pastel shades.

Ventilation systems should be maintained on a regular schedule to maintain good air flow and minimize odors. Avoid harsh chemicals and other overpowering scents to maximize comfort.

To help lower stress levels, it is important to include clear signage to help people find their way. Keep hallways clear, and arrange furniture to allow direct access to doors and other exits. Provide spaces that offer privacy and clear sight lines, so users are not startled by others in the space. Common areas, including bathrooms and parking lots, should be well lit. Create spaces that allow individuals the option to either retreat or connect with others.

For more information on how you can lower stress levels through design, see the Trauma-informed Design Society.

Play

Studies show that play can reduce stress and help a person learn faster—regardless of their age. Child development researcher Dr. Karyn Purvis said, “Scientists have recently determined that it takes approximately 400 repetitions to create a new synapse in the brain—unless it is done with play, in which case, it takes between 10-20 repetitions.”

A life filled with play has been shown to increase trust, flexibility, optimism, problem-solving, emotional regulation, perseverance, empathy, openness, and belonging—all things that enhance healing from traumatic experiences. Yet play is often elusive to survivors, as they are focused on the very heavy business of survival. It is important to help survivors integrate playfulness in their lives. For more information on the importance of play, visit the National Institute for Play.
Trauma-informed Design Society

This document was created by the Trauma-informed Design Society, to provide information, resources, and assistance to human services and other support workers providing services to the Ukrainian people or other populations experiencing similar collective traumas. Please feel free to contact us through this link for more information on any of the topics covered in this pamphlet.

The Trauma-informed Design Society is a transdisciplinary team with a focus on turning research into practice, and back into research. The Society was co-founded by: Janet Roche, MDS, an interior designer and faculty member of the Boston Architectural College with a background in social work; Christine Cowart, MA, a dually-certified trauma professional and human services policy manager, with a focus on justice systems and family services; and J. Davis Harte, PhD, WELL AP, the Director and Faculty of the Design for Human Health master’s program at the Boston Architectural College. Located across the United States, the Society merges the founders’ extensive experience in human services and interior design with an understanding of trauma science, to help organizations implement a trauma-informed approach in their services and create stress-reducing physical spaces.

Additional Resources

The following information is provided about the resources recommended throughout this document. More information can be obtained through each organization’s website.

The Center on the Developing Child at Harvard University is a multidisciplinary team committed to driving science-based innovation in policy and practice. The Center is building a research and development platform for science-based change and the transformation of policy and practice. In addition, the Center works to achieve breakthrough outcomes for children around the world in partnership with organizations committed to using the science to inform policy and practice and to drive innovation.

The Trauma Research Foundation was co-founded by world-renowned and groundbreaking trauma researcher Bessel van der Kolk, MD, to support and grow a community of clinicians, researchers, educators, and people whose lives are affected by trauma, who collaborate to research, develop, disseminate, and implement optimal trauma treatments for children and adults. The Foundation’s strategy is to: support research about the frontiers of trauma treatment; share knowledge with clinicians and people affected by trauma; gather the best and brightest researchers, clinicians, educators, and peers to be part of its network; and collaborate within the network to research, develop, and promulgate innovative interventions for the treatment of trauma.

The National Institute for Play is dedicated to advancing society’s understanding and application of play—a long-ignored biological capability that can lead to healthier, happier lives. Founded by Dr. Stuart Brown to study the scientific knowledge on play behavior and understand its implications, the Institute monitors scientific research on play and is committed to providing resources to help adults benefit from play in their own lives and support their children’s innate playfulness. The Institute hopes to help people: identify what is playful for themselves and others; develop lifelong play habits; recognize when more play is needed; and model healthy play habits in their communities.

Cowart Trauma Informed Partnership works with individuals and organizations to help them implement practices that limit the possibility of re-traumatizing or triggering individuals who have experienced traumatic events and support them in building resilience within their communities. Founded by Christine Cowart, a human services policy manager who has extensive experience supporting individuals with trauma histories, the partnership offers professional development, operational consulting, and policy reviews to help organizations reach these goals, and provides resources and information to the general public on topics such as trauma’s impact on the brain and body, and the importance of a trauma-informed approach when supporting marginalized communities or survivors of violence.