

BUREAU OF STUDY COUNSEL
CENTER FOR ACADEMIC AND PERSONAL DEVELOPMENT

HARVARD UNIVERSITY

5 Linden Street
Cambridge, Massachusetts 02138 USA



Tel: 617-495-2581 Fax: 617-495-7680
Web: <http://bsc.harvard.edu>

The Trauma Response

by Dr. Patti Levin (© 1989)

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After a trauma, people go through a wide range of normal responses. Such reactions are experienced not only by people who were involved in the trauma firsthand, but often also by those who have witnessed the horrible event, by those who have heard about the event from someone who was a direct witness, and by those who have had various kinds of involvement with the person or persons immediately affected. Reactions to trauma tend to be triggered by people, places, or things associated with the trauma; other reactions may appear totally unrelated, out of the blue.

Here is a list of common physical and emotional reactions to trauma, as well as a list of helpful coping strategies. These are *normal* reactions to *abnormal* events.

Physical reactions

- Aches and pains (e.g., headaches, backaches, stomach aches)
- Anxiety/fear symptoms (such as sudden sweating and/or heart palpitations)
- Changes in sleep patterns, appetite, and interest in sex
- Constipation or diarrhea
- Easily startled by noises or unexpected touch
- More susceptible to colds and illnesses

Emotional and behavioral reactions

- Shock and disbelief
- Fear and/or anxiety
- Grief
- Disorientation
- Denial
- Emotional numbness and/or flooding of feelings
- Hyperalertness or hypervigilance
- Irritability and/or restlessness
- Outbursts of anger or rage
- Emotional lability – e.g., crying, then laughing
- Worrying or ruminating
- Intrusive thoughts of the trauma
- Nightmares
- Flashbacks -feeling like the trauma is happening now
- Feelings of helplessness
- Feelings of panic or feeling out of control
- Increased need to control everyday experiences
- Minimizing the experience
- Deliberate attempts to avoid anything associated with the trauma
- Tendency to isolate oneself
- Feelings of detachment
- Concern over burdening others with problems
- Restricted range of affect; trouble having loving feelings
- Difficulty trusting and/or feelings of betrayal
- Difficulty concentrating or remembering
- Increased use of alcohol or drugs and/or overeating
- Feelings of self-blame
- Survivor guilt

- Shame
- Diminished interest in everyday activities
- Depression
- Unpleasant past memories resurfacing
- Loss of a sense of order or fairness in the world
- Expectation of doom and fear of the future

Helpful coping strategies

- Mobilize your support system -- reach out and connect with others, especially with those who have shared the stressful event.
- Talk about the traumatic experience.
- Cry.
- Engage in physical movement and exercise like jogging, aerobics, bicycling, walking.
- Do relaxation exercise like yoga, stretching, massage.
- Get plenty of rest; maintain a normal sleep cycle as much as possible.
- Structure your time; continue, as best you can, with the normal activities of your daily life.
- Let yourself experience humor and pleasure; you needn't feel guilty for finding that something amuses you or pleases you.
- Pray, meditate, or attend to other spiritual practice.
- Take hot baths or showers.
- Let yourself experience music and art in whatever ways feel right for you.
- Eat well-balanced, regular meals, even if you don't feel like it.
- Avoid dietary stimulants: caffeine, sugar, nicotine.
- Beware of numbing your pain with overuse of alcohol or other drugs, which ultimately compound the problem.
- Commit to something personally meaningful and important at least an hour a day.
- Hug those you love: hugging releases endogenous opioids, the body's natural painkillers. (Now you know why it feels so good.)
- Eat warm turkey, boiled onions, baked potatoes, cream-based soups; these warm foods are tryptophan activators, which help you feel tired but good (like after Thanksgiving dinner).
- Take a proactive response to personal/community safety; organize, or do something socially active.
- Write about your experience – in detail, just for yourself or to share with others (maybe even publish your story).
- Do not make major life changes at this time; your thinking and judgment may not be as clear as usual.

People are usually surprised that reactions to trauma last longer than they expected. It may take weeks, months, and, in some cases, years to regain equilibrium. Many people will get through this period without professional counseling, with the help and support of family and friends. But too often family and friends push us to “get over it” before we’re ready, or, in the case of an attack or assault, encourage feeling sorry for or trying to understand the perpetrator. Remind them that such responses are not helpful for recovery. Many people find that individual, group, or family counseling is helpful. Even a few sessions can make a big difference. The symptoms of trauma tend to diminish over time if we are able to talk with others about the experience and let ourselves feel the feelings associated with it. But if you find that over time your symptoms persist or intensify, it is especially important to seek professional help. In any event, the key word is *attachment* -- ask for help, support, understanding, and opportunities to talk.

The Chinese character for crisis is a combination of two words: danger and opportunity. Hardly anyone would choose to be traumatized as a vehicle for growth. Yet our experience shows that people are incredibly resilient, and the worst trauma and crises can become enabling, empowering transformations.

Resources at Harvard University

- University Health Services, in Holyoke Center
 - Mental Health Service, 617-495-2042, <http://uhs.harvard.edu>
 - After-hours Urgent Care (for emergencies), 617-495-5711
- The Bureau of Study Counsel, <http://bsc.harvard.edu> (for Harvard College, GSAS, GSE, and KSG students)
- Life Raft - a resource for people who are facing life-threatening illness or death of a family member, friend, or themselves; weekly meetings; call 617-495-2042 for more information
- The United Ministry (in Memorial Church), 617-495-5529
- Various clergy members based on or near campus
- The Harvard University Police, 617-495-1212
- The Deans, Resident Deans, Assistant Deans
- Residential house tutors and dorm proctors