

Article 6

The Role of Personal Assumptions in Response to Traumatic Incidents

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Robin, Chester, Rasmussen, Jaranson, and Goldman (1997) estimated that 36% to 70% of the population had experienced a critical stressor event. Norris (1990) reported figures estimating that approximately 7% of the United States population, 17,000,000 people, experiences a critical event each and every year. Individuals exposed to a critical incident may develop posttraumatic stress disorder as delineated in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*; American Psychiatric Association [APA], 2000). The *DSM-IV-TR* estimated that one third to more than one half of survivors of critical events would suffer from diagnosable posttraumatic stress disorder (PTSD). Many more might suffer from subclinical PTSD symptoms (Tucker, Pfefferbaum, Nixon, & Dickson, 2000). "Community based studies reveal a lifetime prevalence for posttraumatic stress disorder of approximately 8% of the adult population in the United States" (APA, 2000, p. 466).

The impact of developing posttraumatic stress disorder can be devastating and long-term. Research has been conducted studying the impact of being a primary victim of a disaster (Duckworth, 1991). Baum, Fleming, and Singer (1983) studied the impact of the technological disaster of Three Mile Island on citizens. Tucker et al. (2000) conducted a study on the 1995 Oklahoma City bombing and found that feeling afraid or having been injured as a result of the explosion, as well as having received counseling support, were contributing factors to the presence of PTSD. Breslau et al. (1998) studied the impact of a variety of trauma, including physical assaults, serious automobile collisions, and military combat. They reported that the mean number of critical events experienced per person per lifetime was 4.8, with men experiencing more events (5.3) than women (4.3).

It is also noted that while several studies have documented stress-related responses to a critical incident, many have also found that with time, there is actually improvement in functioning (Baum et al., 1983; Joseph, Williams, & Yule, 1993), and in some cases,

superior coping capacities and better overall health results (Baum et al., 1983; Calhoun, 1998; Ursano, Fullerton, & Norwood, 1995) rather than pathological adjustment (Joseph et al., 1993). Alexander and Wells (1991) asserted that trauma posed an opportunity for personal growth. They proposed that positive outcomes of a trauma exposure included refinement of personal coping strategies, finding one's inner strength, developing competency in responding to various situations, and a deeper sense of the meaning of life. One might better organize his or her life after a disaster and set clearer priorities and goals. Furthermore, Alexander and Wells asserted that by surviving a trauma, one might come to a higher level of awareness about the need for strong family ties and an appreciation for one's safety and very existence.

If an individual suffers an already weakened sense of identity and self-worth, he or she may be predisposed to experiencing mental illness, increased levels of stress, and decreased work-performance if exposed to traumatic incidents. Bramsen, Dirkzwager, & van der Ploeg (2000) also found that maintaining a negative outlook on life events increased the chances of developing future PTSD and psychopathology. It is possible that individuals with a negative life viewpoint are less likely to seek social support, and therefore have decreased resources in coping with stressors. Furthermore, there may be an interaction between one's viewpoint of life (positive versus negative) and the meaning attributed to an event. Ultimately, this interaction influences the resulting perception of stressors as well as the used coping mechanisms (Bramsen et al., 2000).

Janoff-Bulman and Frieze (1983) asserted that the trauma victims' basic assumptions or views of the world were tested and jeopardized. Assumptions believed to be held by the majority of individuals included a sense of "personal invulnerability," the belief that the world is "meaningful and comprehensible," and a positive view of one's self. When one is involved in a disaster, according to Janoff-Bulman and Frieze, these assumptions are likely to be altered as a result of

physical and psychological loss. “A large-scale disaster . . . [can] break through the defense of denial which helps people to cope with a job that exposes them to high risk” (Figley & Kleber, 1995, p. 90).

To function in society, most people inherently maintain an “illusion of invulnerability” (Janoff-Bulman & Frieze, 1983). When faced with a disaster or trauma situation, this illusion is shattered, and one confronts his or her imminent demise. At this point, intense fears that the incident may repeat itself can occur, and one may feel overwhelmed with helplessness and profound trepidation. According to Janoff-Bulman and Frieze (1983), people are able to maintain a sense of invulnerability because of their underlying assumption that the world “makes sense.” This implies that events are controllable, meaningful, and mostly predictable as well as equitable. After experiencing a critical event, this assumption no longer appears valid and contradicts logic. Victor Frankl (1946/1963) asserted that individuals are continuously striving to find meaning in their lives and that this need for meaning is even more essential when one is suffering. Meaning is attached to an event by individual perception. “A positive or negative appraisal of a stressor differentially affects the stress process” (Scheck, Kinicki, & Davy, 1995, p. 1483). Frankl (1946/1963) asserted that “... suffering ceases to be suffering at the moment it finds a meaning. . .” (p. 117). Therefore, how an emergency care worker responds emotionally to a stressor may be influenced by his or her perception of the event. As a result, a positive or negative valuation of the critical event impacts the resulting development of emotional wellness or pathology (Scheck et al., 1995).

We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one’s predicament into a human achievement. When we are no longer able to change a situation—just think of an incurable disease such as inoperable cancer—we are challenged to change ourselves (Frankl, 1946/1963, p. 116).

The third assumption of Janoff-Bulman and Frieze (1983) was that one’s self-concept is also impacted by trauma. Research has shown that when one is victimized, his or her self-image is likely to become negative (Janoff-Bulman & Frieze, 1983; Valentine & Smith, 2001). The victim now views him- or herself as “weak, helpless, needy, frightened, and out of control” (Janoff-Bulman & Frieze, 1983, p. 6). Autonomy is imperiled (Janoff-Bulman & Frieze, 1983), and personal

control is lessened or completely eliminated (Myers, 2001; Valentine & Smith, 2001). Those who viewed themselves as having influence over their own lives may now feel “powerless and helpless in the face of forces beyond their control” (Janoff-Bulman & Frieze, 1983, p. 6). Some researchers are of a different opinion regarding how disaster impacts self-perception. It is thought by some that disaster affords one the opportunity to develop an even more positive self-concept (Tedeschi & Calhoun, 1996). Some victims of critical incidents have reported that they are now better persons, stronger, more self-assured, and experienced (Joseph et al., 1993; Tedeschi & Calhoun, 1996). Recovery from a traumatic incident may be enhanced if victims are able to perceive some positive end result from the trauma (Joseph et al., 1993). Kleber, Figley, and Gersons (1995, pp. 299–305) stressed that cultural customs, belief systems, and values served as tools to help individuals and communities heal after a disaster. Norms and values as well as symbols and rituals channel thoughts and emotions and consequently create opportunities for individual ways of adjustment. Cultural belief systems, along with cultural objects and social role expectations, greatly affect psychosocial adjustment in individuals attempting to master severe trauma (Kleber et al., 1995, p. 304).

Some examples of symbols used in the healing process include museums, such as the Anne Frank House in Amsterdam, statues, commemorative observances, and musical tunes (Kleber et al., 1995). It is clearly indicated that cultural norms and traditions serve a role in helping one in the task of transition from trauma victim to survivor. However, most studies regarding psychotraumatology focus on individual psychopathology without giving consideration to the social context of the incident (Kleber et al., 1995). As counselors strive to increase their crisis intervention and trauma counseling skills, attention must be given not only to resulting psychopathology, but also to the normative responses one may have to a traumatic situation.

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