PART C

MAKING PERSONAL MEANING FROM MY EXPERIENCES

Sections:

1. **Making sense from my Hungerford experience**
2. **The Trauma Process Map: A personal construction of experience**
3. **The development of the model beyond myself**
4. **Practical knowing: Learning from the model as I use it**

Part C returns to the time after the Hungerford shootings when I was struggling to make sense of my experience of the event and the aftermath. It shows how I used my naturally imbibed form of action research to make meaning out of my experiences and the presentational expression of my personal path through despair that resulted. This map became the foundation for further personal use, especially after the death of my daughter, and my future professional path of disaster work.

This model is the product of constant enquiry and in Part C I use stories that contribute to it from 1987 to the present in 2004. By the time I joined CARPP, I was beginning to use my model with much hesitation in a few training situations and after the Dunblane shootings. The Omagh bomb response described in Part E gave me the first comprehensive opportunity for testing it more widely. What I present here is my most up-to-date articulation of the model which includes the learning from Omagh and from subsequent disasters, training and traumatic incidents until the present. I intend to continue refining the model and extending its application to new situations. I also intend to continue my enquiry into how best to communicate its uses to other lay and professional people.

When talking about the original map of my experience, I use the term Trauma Process Map, but the later development of it as a working, practical framework is called the Trauma Process Model.

C 1

MAKING SENSE FROM MY HUNGERFORD EXPERIENCE

THE PROCESS OF SENSE-MAKING

This part of my thesis concerns one important means, the creation of the Trauma Process Map, by which I made sense of my initial Hungerford experience and the repercussions that followed. Before I examine this is detail I shall show where it fits into my whole sense-making process in the 17 years that have followed.

In the first two years after the massacre, I was still living the experience and feeling its negative consequences too deeply to make much sense at all, except in the terms of my bosses that made me think I was odd and that my reactions were only to do with my personal pathology. A few attempts at general counselling did little to lighten the darkness. Towards the end of the second year I began to add the insights of a second person, a personal consultant, and it was as a result of this that my Trauma Process Map, the subject of Part C, was conceived. Further second person insights came from renewing contact with others who worked at Hungerford and then meeting other disaster workers, especially in Liverpool (Hillsborough disaster workers) and Lockerbie. However, the stories of other major UK disasters, such as Lockerbie, Hillsborough and the Kings Cross Fire, dominated the lecture circuit and media at that time and it was not until I went abroad to Israel and the countries I visited during my Churchill Fellowship that I was asked to tell my Hungerford story in public. I was taken aback by the degree of genuine interest shown in what I had to say in sharp contrast, as you will discover in the following pages, to the silencing I had experienced at work and in the Hungerford area. I also found books written about the massacre that filled in many gaps in my knowledge and showed me other perspectives of the whole story (Kapardis, 1989, Josephs, 1993). Another layer of reflection followed when I was asked to contribute chapters about the massacre to several books (Newburn, 1993, Mead 1996, Black et al, 1996) and I began to review my collection of articles, newspaper cuttings and video-recordings of TV documentaries.

Reflecting on my Hungerford experiences and reflecting on my reflections became part of my life, peaking whenever I became involved in other disasters or when subsequent situations reactivated memories of what happened to me. It was not, however, until I joined the CAARPP programme that my reflections became more disciplined as I

discovered writing as a tool of research. The need to check facts and assumptions made me read my original documents with a more discerning eye as I looked for the beliefs and influences behind the original writing and what I was now producing. In order to make sense of the story for others, I had also to make more sense of it to myself. With each re-writing and editing, I began to become less emotionally involved in the story and less stuck in my version of it. With the hindsight of time and additional learning, I also noticed themes and connections between the past and the future. My reflections on reflections were multiple and continued until the showing of the latest TV documentary in December 2004, a week before the deadline for completing this thesis. Though I am sure more reflections will occur, emotionally I feel I can lay the original experiences to rest. I recount some of my new insights from the re-flections in the following paragraphs.

WHAT SENSE DID MY LATER ENQUIRY MAKE OF MY ORIGINAL STORIES?

What themes and connections with future stories were present in the original?
Reflecting on my writing, I was struck by how the first stories contained the seeds of future events. The main characters were there, either because they were present or absent, with absence being the cause of future problems. The dynamics between us and the seeds of my perceptions that framed my reactions were also present, along with the different layers of the story – the personal, the interpersonal, the organisational and community as well as the historical background. Some of the subjective elements motivated my search into my past to discover the influences that had shaped my perceptions and bias (see part B2. The issues of gender and, bearing in mind my position as a newcomer, inclusion and exclusion issues could be detected, along with the way power was being used by my co-officer to keep me in my place so that he could stay in control of our joint territory. Power and gender issues meant that I did not deal well with my co-officer's reactions and I used defiance to fuel my resolve to ignore him and visit the staff at Hungerford.

My own context is apparent –a mother being pulled in several directions, working in a new job without her old support networks, as well as my multi-tasking abilities that helped me manage several situations at once, keeping an ear on the News broadcasts as well as on the cooking pot and the five children in the house on the evening of the shootings. I was also handling my own disruption from the burglary (and handling the Victim Support volunteer), answering phone-calls from distressed staff and taking on board the horrific news of the disaster.

Though I wasn't aware of their significance at the time, wider social dynamics related to disaster were also present in this scenario, for example the disengagement of people for whom the incident and location meant nothing to them personally and the rejection of offers of help from the Youth leader. Need and help were seen as signs of weakness, a taboo in this community. Finally, the story showed I was also conscious of a bigger perspective in recognising this event and moment as part of history and a key moment in my own life and history. I sensed that the story would be important not just for me but for others.

What other options did I have?

The next stage of my reflection was to ask myself, *"Could the story that evolved have been different? What choices were open to me at the time and in the way I responded?"* I remember clearly the moment of realisation that this was not just a drama out there, I had a responsibility to act and a choice to make. Backed by a logical assessment of my duty and boundaries, I chose to engage – first as a Manager and then as part of a multi- agency team. I also glimpsed the relief of being free to work in my natural style while my bosses and colleagues were away. Once I said 'Yes' to engagement, other choices followed which took me down a path of repercussions and consequences. Then I felt I had no choice about what happened to me...

It took many years to believe that other choices were available – I did not want to think I had chosen the path I took. When, later, I met more disaster workers at Hungerford and around the world, I learnt that my Hungerford story was remarkably similar to theirs (Fawcett, 1987; Eggleton, 1989; Kelsey, 1994). I read accounts of disaster work stress (e.g. Duckworth, 1986) and recognised the dynamic of Ken Doka's term, 'disenfranchised grief' (Doka, 1989). It was hard to believe that there could ever be another post-disaster story. The pattern went like this:

> *'As workers in the helping services in statutory authorities, their normal routines were suddenly disrupted by horrific events. They and their organisations were unprepared and untrained. Often their bosses did not think they should be involved. They responded beyond the normal call of duty. Their colleagues were resentful of their high profile work and influx of resources, especially if they carried an extra load of normal work. They were exhausted. Going back to their old job was difficult and boring. Managers reacted badly to them. No one understood. They escaped via depression, illness or haphazard*

behaviour and resigned, often with nothing else to go to, losing careers,
pension rights and sometimes hope. Some survived, moving on to lives quite
different from before.'

Though the original stories of staff at Hungerford were similar, what we did with those stories was very different. I chose anger and then moved into more positive recycling of the experience. Others went through marriage breakdown, depression, alcohol, 'dropping out' into a different life style, armed robbery and at least two suicides (Kelsey, 1994). One man I know pursued a career through journalism that took him into more and more traumatic events, insisting that they never affected him. The Paddington train crash triggered his break down in 1999, and his reactions were triggered again as he watched the TV images of the next rail crash in Berkshire in November 2004.

It was only later that I learned there could be other options and choices for someone caught up in disaster. If there had been a better integrated Youth Service staff team, the 'container' for dealing with such a distressing event would have been stronger. If the world had been different for women and mothers when I grew up and started my career, I might have been more confident and assertive and more able to deal with the negative reactions of colleagues and Managers. If the culture of late-80's Britain and Berkshire's white-male dominated Youth Service had been different, the Managers may not have viewed emotional need as weak and female anger as too challenging. If I had processed my reactions, if Managers had processed theirs, the emotions could have been discharged, different perspectives understood and conflicts resolved.

If all those 'ifs' had happened, I might have chosen a different route from anger and depression. But if that had happened, would I have learnt so much about myself and survival, and would I have developed a practice which I believe has made a difference to others and has made a contribution to the field? Speculating like this can be wasteful if it creates regrets rather than learning, or if, from this hindsight, I criticise my reactions too harshly and deny their significance to me at that time. I have learnt two major lessons. First, that it is possible to make a difference and develop a useful practice out of experience, and from a starting point of feeling worthless. Second, that an event cannot be changed, only how it is experienced and what one does with it. There is **always another way forward, always an alternative** - small words but a major lesson for me and one which I can pass on to others who feel they have no choice.

But now I need to tell the continuation of my Hungerford story in which my attempts to make sense of my direct disaster work became entangled with its repercussions. I have cut the story drastically, but have kept the details that are relevant to the path I took later.

CONTINUING THE HUNGERFORD STORY: THE RIPPLES OF DISASTER

The impact of the shootings and its complex repercussions shot through the whole disaster community – the geographical community of Hungerford and beyond, the social community of friends and relatives and the psychological community of all who identified with the tragedy. This included all kinds of staff employed in the many aspects of rescue, recovery and aftercare. It also included me. The story continues:

> *"My crisis began once my managers returned from holiday. Their reactions to the shootings and our involvement were complex (see Capewell, 1993a, 1996b). I felt they had little idea of, and little interest in, the work that our team had done in Hungerford. I received praise from others working in Hungerford - from the head teachers, the Director of Social Services and especially the Vicar of Hungerford, who really understood the community elements of the disaster. From my managers, I received silence, lack of recognition, and criticism for not producing the usual standard of written reports or not following usual bureaucratic procedures. I was angry when they told me to leave young people to their families, as it did not match the needs and demands confronting us.*

> *The consequences of a complex set of circumstances at a time of intense feeling, exhaustion, and vulnerability culminated in anger with a quality and intensity that I had never before experienced. Such anger, especially in a woman, was not a useful emotion to express uncontrollably in a very traditional, male dominated organisation. It produced reactions that created further anger in me, bitterness and a wish for revenge. This in turn exacerbated the exhaustion, cynicism and loss of motivation. The backlog of normal work on top of the disaster work did not help. I became the awkward, difficult woman of the organisation.*

> *The accumulating stress reached crisis point with an article in the National Youth Work Journal (Scott, 1988) about our work at Hungerford. The interview*

was the first time in a year that anyone at work had given us (the Youth Leader and I) quality attention to our story and we began to unleash pent up feelings about our management. I realised this was dangerous for me as an Officer in a 'watch your back' culture. I took immediate action to tell my superior, who, unbeknown to me, failed to inform his boss, the County Officer. Though Scott had tempered her article, its publication caused him to fly into a rage.

Nearly two years of great confusion followed along with behaviour I could not comprehend from my superiors that. Later, I heard the radio programme that raised the issue of bullying at work for the first time and recognised my manager's behaviour (the talk was based on research later published by Adams & Crawford, 1992). My hopes for promotion seemed at an end when I was told my application for a senior post would no longer be supported. I experienced prolonged periods of deep despair in which I suffered loss of hope, confidence, motivation and energy. I felt I wasn't the person I thought I was and my sense of identity seemed in tatters. My innate trust in people I thought were caring was destroyed. I internalised everything they said about me. I believed my senior manager's threats that he would ensure I had no further career anywhere, thus the loss of financial security loomed. I became angry and bitter and dearly wanted revenge. I was cynical about the organisation and everyone in it and soon became paranoid, seeing every action and communication as a personal attack on me and counter-attacking with cynical remarks. I had lost hope and wouldn't allow optimism in anyone else.

I was marginalised at work so much that I felt totally disconnected and disempowered. I felt odd and believed my reactions must be different from those of others involved in the disaster. The isolation and sense of shame was so complete that I did not feel I had the right to make contact with anyone else I had worked with in Hungerford. Stress-related sick leave was not part of the culture and I feared that any 'mental' condition on my records would end my career for ever."

From this point of despair and worthlessness, I began to find a different way and I now turn to the story of how I transformed my experience into my own theory of recovery, the foundation for my future professional practice.

How I reacted to this experience

The repercussions of the Hungerford shootings left me in a state of great confusion and personal crisis. Though I was heavily embedded in the experience with very negative perceptions, there were brief periods when I could galvanise my resources to reflect on myself and make wider connections. I used the questions I had learnt in organisational development work with Peter Hawkins a few years before, asking: *"What did I represent in this organisation and what were the underlying values and behaviours that were being played out in it?"* I also asked, *"What happens to those who do not fit the accepted mould?"*, *"What happens to those who are willing to think for themselves and dare to express it?"* - noting that the use of the word 'dare' implied a great deal about the atmosphere of fear I had discovered amongst Berkshire Youth Service Officers. These questions represented my first interpretation of my experience and the first indications of how I was framing it in terms of the experience of a 'scape-goat'. Gender issues were also dominant. My observations were as follows:

> *"I was still a recent arrival in the organisation and my career path was different from other Officers. I was a married woman with children, not trying to deny my gender by assuming a macho stance or by playing any of the other roles that made women more acceptable in the organisation. I had witnessed the downfall of another female Officer who had dared to challenge the status quo. I had a sudden insight that the next scape-goat might be me. I had been appointed to 'rock the boat' by the County Officer, who had not realised that if I succeeded, he, being in very strong control of the boat, would also be rocked. My role and fury in the aftermath of the shootings was the giant wave that had threatened to turn the boat over."*

My first interpretations gave me enough insight to release myself from self-blame and believe that I was worthy enough to seek allies. Desperation also fuelled my resolve and my second-person enquiries began. The results brought about action and more allies in a wider disaster community:

> *"In this frightening and chaotic period I had to deal with a self I hardly knew. I was in a very strange land, full of scenarios I had always sought to avoid. I set out to find allies who could help me regain my power. One taught me about different kinds of power, reminding me that personal power and experiential power could effectively counter power gained from status and delegated*

authority. She taught me to use established organisational systems to by-pass individual managers. I had a perfect opportunity to test it out. The article written about my Hungerford work (Scott, 1988) resulted in an invitation to Lockerbie after their disaster. My boss banned me from accepting this invitation. Taking my mentor's advice, I made the system work for me and took action to have my invitation sent from their Chief Education Officer to ours, thus by-passing my line managers. This worked and I went to Lockerbie. A few weeks later I was invited to assist Merseyside Education Authorities after the Hillsborough disaster as part of a team of consultants. I was again barred by my boss from going. The same process using Chief Officers was put in place and I gained a secondment to Merseyside for several weeks."

- taken from my records, 1989

Meeting other disaster workers was a breakthrough experience. I quickly found that my experiences were not uncommon and as much part of the aftermath of disaster work as any personal pathology or weakness I had been accused of. I also became aware of the term 'vicarious trauma' experienced by those working alongside the primary disaster community. The vicarious trauma was a mirroring or 'parallel process' (Talbot, 1990) for what was being experienced within the disaster community itself. Now I had peer disaster work colleagues and we were all learning together from our very similar experiences at work. This support became even more important for me when I returned from Merseyside to my job. I had something else to experience and learn:

"On my first day back at work, I was met with incredible anger from several members of my own staff team. A woman only very loosely connected to one of the youth centres had died during my absence. I was blamed by the youth leader and other staff for being away in Liverpool dealing with other people's grief when, they said, I should have been supporting them in theirs. I could just about cope with anger from my bosses, but this was too much."

– my records, 1989

I was continuing to learn about the unexpected and strange nature of the ripples and repercussions of disaster work. The response of my staff felt very immature. I could cope with attacks from my managers, but not my staff. I was now sure I did not want to stay in this organisation.

THE CONCEPTION OF THE TRAUMA PROCESS MODEL

I could not make sense of my predicament alone, so I paid for personal consultancy with a long valued mentor, Dr Peter Hawkins. Having heard my story, he suggested I read the work on betrayal in *'Loose Ends'* by the Jungian Analyst, James Hillman (1975) and a book called *'Living your Dying'* (Keleman, 1974). As I read, I recognised my own painful experiences and had an inkling of a wider meaning. My creativity was mobilised and I began to integrate my new insights into the embryonic mental maps I was already plotting. I struggled mentally like a dog with a bone to find a cognitive framework for my chaos and confusion, sensing in my gut when my thoughts matched my experience. The overpowering emotions that I could not contain by will or existing thought patterns began to be controlled by this new framing of my world. Now I could see choice was possible in how I reacted, even in the depth of despair when it seemed as if fate was in control and the world was determined to crush me. Betrayal, scape-goating, revenge, and what forgiveness really demands appeared to be issues at the heart of my exploration

I used my Geographer's skill of synthesis, bringing together many different elements in, above and below the landscape of my crisis world, touching on many different disciplines in my search to understood its interconnected whole. How can this territory be organised, resourced, used and sustained? How can this living system be depicted, lived with and transformed? The answers resulted in a dynamic map through which I could channel my own insights and integrate them with learning from theories and the experiences of others. It was a personal map and therefore, I believed, not particularly transferable or useful to other people so I used it only for myself to guide me out of my crisis into the future. I did not think of exposing it to public view as I had neither an audience nor the belief that I, as an individual without any particular status in the professional world of trauma, had anything worthwhile to present. My experience felt far too insignificant compared with the 'real' trauma of people engulfed in flames in a rail crash or living through civil unrest, so I kept it to myself.

I rediscovered my model when my daughter became ill and shared it with Ian Gordon-Brown, the founder of the Centre for Transpersonal Psychology in London, who encouraged me further. When my daughter died, I wanted to tear it up and throw it away. I hated the title, *'Trauma - an opportunity for growth?'* How could I ever suggest such an idea to anyone feeling this level of pain? But then I found myself using it as a guide and thus another cycle of learning that developed the model further began.

THE BIRTH OF THE MODEL

The model was finally given birth at a seminar in 1994. I was a member of an action research group, funded by the Joseph Rowntree Foundation (see section B4). Our task, to produce a book on the integration of our learning from disasters into our professional practice, became stuck and as we struggled to find a way through, someone mentioned circular paths. It reminded me of the circles and spirals of my map, so I showed it to the group. It immediately galvanised them, acting as a cog that moved the writing process forward and forming the central fulcrum from which the stories hung (Mead, 1996:.3). Since then it has often felt as if the model has taken on a life of its own. With time, I saw how it shone a light down the path of others trying to make sense of their traumatic experiences and became their guide and inspiration. Thus the map became my basic tool for transforming my experience into useful practice. As Scott and Straddling found, in times of emergency, orientation is important:

> *"…mapping out for the client the sort of difficulties that might be encountered*
> *and the directions from which means to resolve the problems might be found.*
> *The goal… is to help the client get their bearings."*
>
> - Scott & Stradling, 1992, Appdx. D

This exploration has been a living enquiry and major part of my life since 1987, learning from the inside of the experience while casting an enquiring and reflective eye from the outside. It concerns the transformation of my post-Hungerford crisis into a strategy of sense-making and survival. As I struggled to find my feet in the strange territory of my crisis, I began to map it as I walked it. It was a cyclical development reminiscent of the ebb and flow of career paths of the female managers described by Judi Marshall (1989:275-91) where periods of 'stagnation' were, with hindsight, re-framed as important times for incubation and regeneration.

A reflection on the methods by which I developed the model

The process by which I developed the model places it within the action research mode through several characteristics (Reason, 2001), including its timeliness and practical use, its participative and empowering approach and its validation of many forms of knowing. It is rooted in my moment-to-moment action and reflection on my experience and acts as a guide for enquiry and action, both professionally and personally. Its development required my own in-depth and critical enquiry into my experience as I lived it and demands this of others who may use, adapt or be inspired by it.

When I began developing my model, I was working essentially from experience though it was experience grounded in a strong professional practice in other fields. I have gathered my data by operating personally and professionally with an enquiring mind, living my ideas and feeding my learning back to myself and outwards to others, since I had no resources to undertake systematic research This practice of living ones learning (Marshall,1999; Whitehead, 1993) bridges practice and research, and often makes them indistinguishable.

As I developed the ideas, I interwove and moved through the four forms of knowing (Heron, 1981b), beginning with my lived **experience**, building on many previous experiences. I already had strong images of voids and whirlpools (phases of my model) from meditations at a Zen Retreat in Wales a few years before. From my first disaster experience, I began to share my struggle with others and was guided towards books that increased my **cognitive** understanding of my experience and inspired me to search further and deeper. From this I made sense through the **presentationa**l form of a map. As I refined this map, I explored its connections with the experiences of others, directly and through biography and research studies. Once my map surfaced in public, I gathered more insights around it, thus tapping into knowing through **practice**. After that I used it more and gained more uses for it. By this time, all four styles of knowing were interweaving and feeding into each other, as I added more experiences and more types of practice. Writing about my model for this thesis, I have returned to a deeper study of theories and philosophies to see where they lie in relation to each other.

CLAIMS FOR THE MODEL

My claim for this model is that it has been useful to me and useful to others trying to find their own path through uncharted territory. It is a holistic working model about the subjective relationship with the objective reality of our disaster, and how its impact can be changed as it is lived. It is a personal construct, so rises above many external current debates in this field about how disaster and trauma should be defined, as well as the arguments about whether it is predominantly about negative suffering or growth and transformation. It is inclusive of many views of traumatic incidents and reactions: social constructivist (Summerfield, 2001; Papadopoulos, 2001, Davis, 1999), medical-psycho-biological (APA, 1994), spiritual (Hillman, 1975), political/social justice (Scraton, 2000, 2002, 2003; Davis, 1999, 2001) or medical-legal perspectives (Summerfield, 2001) – all can be accommodated as contributory aspects and the journey contains

both growth and suffering. It is up to the person living their post-trauma process whether they define it by a medical diagnosis, their search for meaning or justice, or changes in their social position.

The model is definitely not a tablet of stone to be used in any fixed or rigid way and it is not an absolute truth about the trauma process or a method which can be generalised and standardised. If I try to use it prescriptively or try to make it fit different situations, it loses its usefulness. When I use it lightly as a guide, it begins to work for me and many more options and ideas open up. The model thus has catalytic validity (Kvale, 1983) and experiential authenticity (McLeod, 1994) and meets other validity criteria discussed in B3, such as encouraging human flourishing in a democratic, respectful manner. For those in crisis after a traumatic event, it can provide either a map where none exists or a model of how to set about surveying and triangulating their own reference points and paths in order to construct their own maps of their own unique journeys. It has also acted as a guide to those who walk alongside trauma as caring professionals, friends and volunteers. Many of my training courses are guided by it or use it as the basis for deeper experience and learning. I have tried to find what Wendell Holmes called 'the simplicity on the far side of complexity' so that it is flexible enough to accommodate many different stories, like a hologram that can be used over many time and spatial dimensions. The value of the model can perhaps best be judged by the fact that other professionals have used it in training, in their post-disaster plans (for example, after the Omagh bomb, Bolton, 1998) and books (Mead, 1994a). In July 2003 it was used by consultants to the Middle Eastern Children's Association of teachers developing joint programmes in Israeli and Palestinian schools at Herstmonceux Castle, Sussex.

Now it is time to describe the map. I present it in a form that has emerged over many years. To readers who have never experienced a crisis that has shaken the core of their being, their self-image and their proven ways of coping, it may have little significance. But I would predict that many who have lived through such life-changing events will be reading this through their own experience, agreeing strongly if it resonates with them and reacting strongly if their experience took a very different path.

C 2

THE TRAUMA PROCESS MAP:
A PERSONAL CONSTRUCTION OF EXPERIENCE

Having described the conception and birth of the model, I shall now present it in its most up-to-date diagrammatic form. I then give an account of the complex and messy growth of the model from its birth to its current form through the following interlocking cycles of enquiry, which I list below with the questions they sought to answer:

- an enquiry into my primary experiences – *"How were these framed by the model*?" (I explain the model by referring to these experiences)
- an enquiry into how I turned the experiences into the form of the model – *"How do I make sense of my experience?"*
- an enquiry into the links between my model and other propositional models – *"How can other theoretical models inform my practice? How does my model contribute to theirs?"*
- an enquiry into how this learning has influenced my practice – *"How can I use my model as an essential part of my practice?"*

THE TRAUMA PROCESS MAP

As my cognitive knowledge grew, I feared that the power of my experience, the essence of the model that touched people, might become lost in the need for academic rigour. I therefore decided to present my model in different ways according to the purpose. In this thesis there is an academic purpose so the academic references will be retained, while the booklet I have prepared for training courses has a bias to practical issues and the booklet I am planning for people in crisis will be a work-book designed for use when energy and concentration is poor. In the end, my model is for such people, the people who are in a similar place from which my model grew, when most of my resources were immobilised and I could not read complex texts. My message to them is, *"If I can do it from that place, then there is the possibility you can too. Here's a map to help you start and some methods for constructing your own."*

The early diagrams were very simple 2-D representations of spirals, limited mainly by my limited computer graphic skills. The later version (Diagram 2, overleaf) is a little more complex but closeness to reality has been compromised by the need to give people an image they can remember and use in difficult times. I had difficulty drawing a 3-D spiral on computer (Diagram 3, p.117), but I had feedback that the 'plates' tipping all ways really did represent people's reality so I decided that imperfectly drawn representations could also be useful. Though I was not initially inclined to divide the model into phases, I decided to do so for the sake of clarity. Some phases actually do feel very clear-cut in reality and the move from one to the other can be quite sudden. However, they may also overlap considerably and several spirals may be operating together at different times and speeds, for example I often felt that I was in separate emotional, physical, spiritual and cognitive spirals. A survivor of the Berkshire rail crash, 2004, has told me exactly the same – her head is far in advance of her body and emotions.

When communicating the model in workshops, I often reveal the model on the floor using a rope. I ask the group to add images from art and literature to each phase. Metaphor and pictures are used when time is limited and with people from different cultures and abilities. Using metaphor, acts as a buffer that absorbs reactivated distress and makes learning easier. The labels in the diagrams are simplified for use in lectures and workshops.

DIAGRAM 2: THE TRAUMA PROCESS MAP (2004 version)

There is no specified time-scale. Micro-cycles taking minutes co-exist with macro-cycles over months and years. Complex patterns may operate within each other, spiralling up and down to make up the whole journey.

INTEGRATION
New life and reality
Transformation

PRE-CRITICAL INCIDENT
Existing beliefs
life-style,
strengths and
vulnerabilities

CRITICAL INCIDENT
Potential to overwhelm
coping & trigger crisis
**New incidents &
repercussions**
may trigger new cycles

THE VOID
Shock, disbelief,
confusion, known
boundaries gone
Internal disruption
External dislocation

INCIDENT REVISITED
Reminders

HEALTHY COPING
Insight, learning
Empowerment
Grief flows
Useful action
Reconnection
Forgiveness

Re-emergence

FULL IMPACT REALISED
Intense emotions
Physical impact
Behaviour change
Impact on life

THE WHIRLPOOL
Life stuck in the incident
Grief is blocked
Cumulative social,
Economic & psychological
problems

PTSD
Suicide

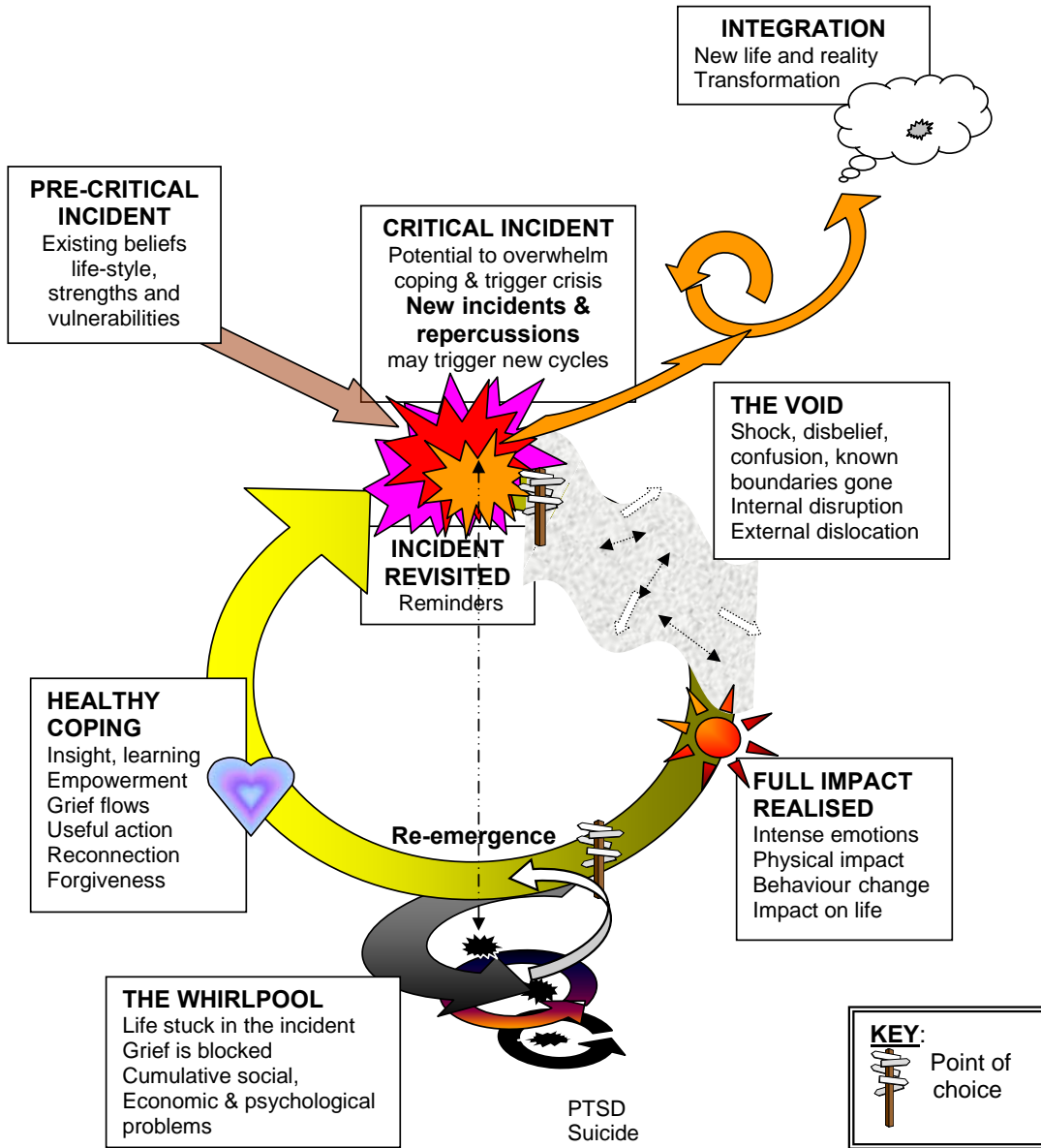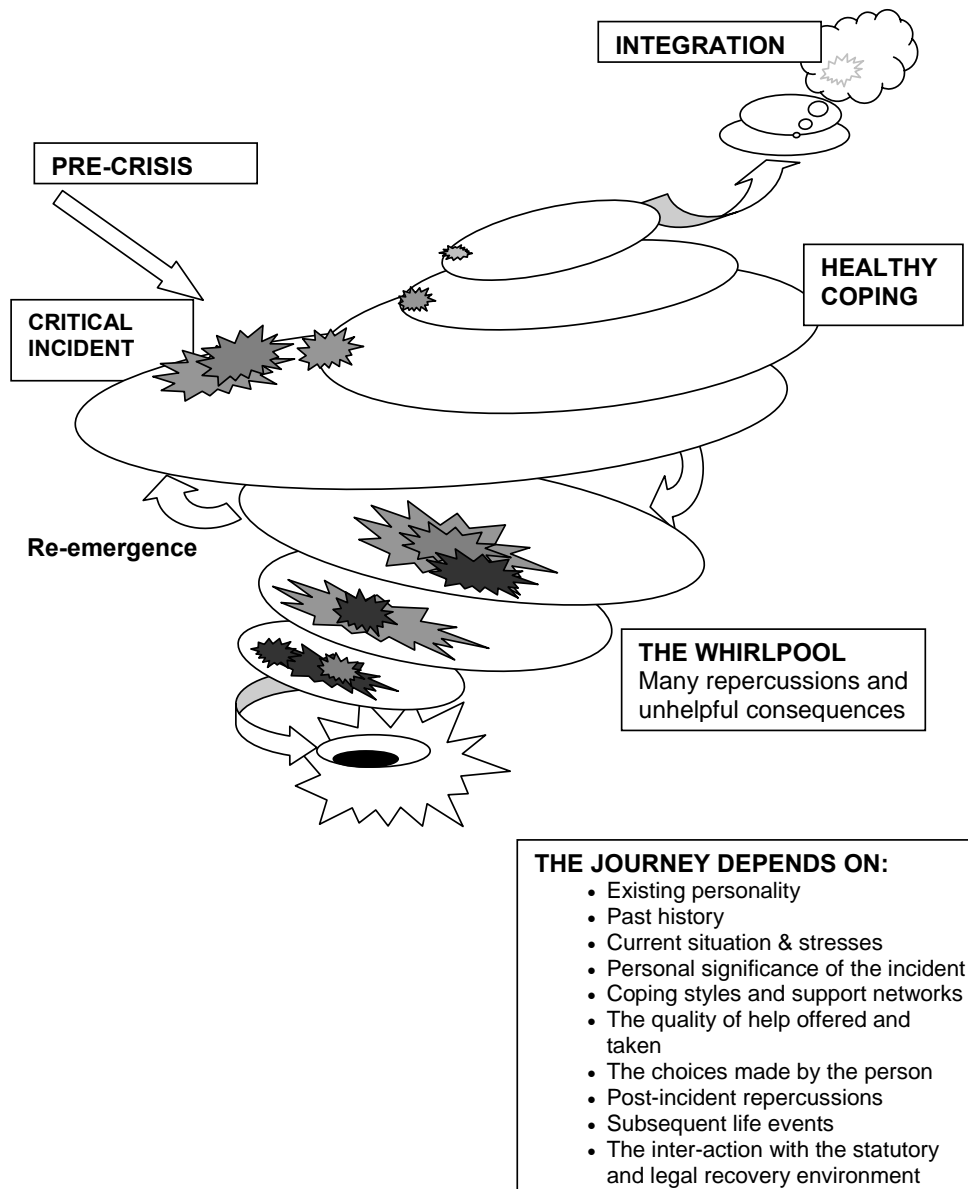**KEY**:
Point of
choice

DIAGRAM 2 cont'd: <u>THE CCME TRAUMA RESPONSE CYCLE: A SYNOPSIS</u>

This model is a simple representation of very complex dynamics. There is no time scale for each phase or for the whole cycle. Several cycles may operate at once at different time scales. People cycle round many times before moving beyond their trauma. It will not fit every experience **- it is a map to be used as a guide and one manifestation of a method to help people draw their own maps of recovery**.

- **PRE-INCIDENT BELIEFS** - the fixed or mistaken beliefs about self and the world that are likely to be challenged by disaster. People are thrown into crisis when disaster challenges core beliefs, the lynch pin for their stability. Not everyone is thrown into crisis even if the incident is traumatic - it depends on the strength and variety of their coping and the personal significance of their losses.
- **THE CRITICAL INCIDENT** - challenges all aspects of a person - physical, emotional, spiritual and can affect their family, social and economic context. It is defined here as a betrayal - It shouldn't have happened like this, why me? Why did <u>they</u> let it happen? It may feel like a betrayal of life.
- **'THE VOID'** - the world feels as if it is turned upside down, nothing makes sense, people are in shock and the feelings underneath are intense. Others may try to 'move people on' or be over-protective. The emptiness and confusion may be masked by distraction, avoidance, keeping busy and alcohol. Offers of help may be rejected, but some are at their most receptive to help, if it is given sensitively. They need 'permission' and safe places to 'gather their thoughts and feelings' and reduce the risk of unhelpful coping or activity. Methods include: Listening, quality presence alongside the distress, practical support, mobilising local support and self-help, finding a place for reflection, group support, getting the facts straight, supportive rituals. When the shock and numbness subside strong feelings begin to be felt, as the full impact is realised.
- **THE FULL IMPACT EMERGES** in terms of intense feelings and the impact on all aspects of health, relationships and life. Help can be given to reduce the risk of reactive reactions and actions that may cause further problems. The choices made will influence which of the next two phases are chosen.
- **'THE WHIRLPOOL'** – Life is defined by, & stuck in, the incident. **F**eelings are turned into actions against self or others. Unhealthy coping creates more stress as an avoidance of the primary distress. Guilt is turned to blaming and scape-goating, anger to bitterness and revenge, sadness to self-pity and depression. These routes impact on family, health, work and society, creating secondary trauma. This downward spiral is difficult to leave unaided, some choose suicide or develop full PTSD. Medical treatments may be needed and families and friends need good support. But the 'pit' may be a turning point leading to growth.
- **RE-EMERGENCE** from the whirlpool needs good support and may take several attempts.
- **HEALTHY COPING – The r**eality of the incident is accepted, but there is choice about perceptions and actions. Control of life is resumed. Life has more colour and love, trust and fun are again possible. Pain is transformed into positive actions, learning or projects. There may be an aspiration to explore forgiveness.
- **REVISITING THE CRITICAL INCIDENT -** reminders of the incident re-trigger emotions and physical sensations – the most characteristic feature of trauma reactions. They can be a physical or symbolic such as location, reminiscent sounds, smells, sights, tastes, TV programmes & people. Anniversaries and festivals remind what has been lost. The task: to identify triggers, prepare, manage and review them. The aim: to make reminders less troublesome by defusing their emotional charge and stimulating the brain to store them as memory. They may plunge the person into another cycle of the process,
- **MOVING BEYOND THE INCIDENT (INTEGRATION)** - the incident is no longer the main focus of life, with room for new interests. New dimensions of life and living have been discovered and realities about what the world really is, not what it 'should be', are accepted. There is often a change of direction, values or life style.

Link to: http://www.bath.ac.uk/carpp/publications/doc_theses_links/ea_capewell.html

DIAGRAM 3: <u>TRAUMA PROCESS MAP</u> (1999 version)

THE JOURNEY DEPENDS ON:
- Existing personality
- Past history
- Current situation & stresses
- Personal significance of the incident
- Coping styles and support networks
- The quality of help offered and taken
- The choices made by the person
- Post-incident repercussions
- Subsequent life events
- The inter-action with the statutory and legal recovery environment

PLACING MY PRIMARY EXPERIENCE IN THE FRAMEWORK OF THE MAP

Doing this was an iterative process, a conversation between my experience and the map I was creating. The process was deepened as I gained greater insights about my first disaster experience from my work and when I began showing it to other people. This is how mapping and these experiences shaped each other and became the Trauma Process Map.

PRE-CRISIS PHASE

Mainly through therapy and personal reflection, I worked out the factors and underlying personal beliefs that undoubtedly played a part in my future journey. I can discern certain beliefs I carried about my work situation that did not stand the challenge of my crisis. These are a few of the many that I discovered as I progressed through my journey. Others have already been referred to in sections B1.

- managers in a caring organisation will care for staff
- managers in an Education Department would be interested in learning and passing on learning to others.
- my observations and intuition, backed by experience and information, would be believed.
- I was a quiet, hardworking, highly motivated and professional employee who avoided conflict and would therefore never be involved in a major conflict with my bosses.
- If I worked hard, and especially if I took on the challenge of a disaster response, I would be noticed and rewarded

THE CRITICAL EVENT

The Hungerford disaster was the traumatic incident that precipitated the repercussions which, when brought into relationship with the complexity of myself and my context triggered my personal crisis. My 'Hungerford' story has already been told and I will only repeat here that the work was challenging but I was not overwhelmed by it. I had worked out my role and had an action research attitude that said, 'I can to work out what can be done using the skills I have and will seek information and advice about what I don't know from sources I shall set about finding.' I was back in my old familiar entrepreneurial, community work style.

As the weeks went by and I became more involved, I was increasingly hearing the anger of local people towards the police, God and other authority figures. I began to identify with them and began to mirror some of the reactions and behaviour of the primary disaster community. I was exhausted by hearing horrific stories, the unbelievable extra work created by the response and trying to keep on top of my usual work-load. I found it hard to concentrate, read and write reports. I had invested trust in my organisation that I would be understood and supported. They did not meet my expectations. When their actions moved beyond my comprehension, I felt deeply betrayed. Lack of understanding from colleagues and bosses and negative responses, not just lack of support, on top of this finally overwhelmed my capacity to cope and confounded my existing belief system. I felt as if the rug had been pulled from under me and my crisis was precipitated with the belief: 'I cannot cope with this, it's so unfair, everyone is against me, there must be something wrong with me. I cannot see any way out of this.' Thus I chose the way I would appraise the situation and react.

'THE VOID': The immediate aftermath

A period of emptiness and confusion, 'the Void', was brought on by my crisis. The usual signposts and frameworks making sense of self and life had gone. I felt I was odd, 'going crazy' and completely on my own, not knowing how to deal with the intense pain, sadness, anger, loss, fear, and guilt. For a year after the shootings, the repercussions resulted in loss of energy and motivation, trust and, the worst loss of all, hope. I trusted few people and no one at work and I felt silenced and immobilised.

A drawing of how I felt at the time, showed me as a lost figure, head bowed, weeping and hung out like washing on a clothes line. I was enclosed in a circle of stakes placing barriers between me and the outside world. I felt unworthy to receive contact from outside. I neither knew who I was nor knew the world I was in. I felt too afraid to move and to start exploring. I felt I had nowhere to go for comfort, or permission to do so since I had not been bereaved or injured and I wasn't even in Hungerford at the time of the shootings. When I asked for support at work, I was labelled as weak. I did not trust the counsellor they offered and I lost trust in finding alternatives. At first I filled the void with illness and depression. I continued to work but without energy and motivation. The first turning point came with the interview for the Youth Journal article (Scott, 1988) through which our experience was at last articulated. Its publication acted as the force which brought my crisis to a head and created more stress and betrayal, but also took me out of the numbness of the 'Void'.

THE FULL IMPACT EMERGES

The lifting of the numbness and depression of the 'Void', aided by the additional attacks by my bosses, was marked by a change in physical reactions. Whenever a brown envelope arrived from my boss, my hands began to shake uncontrollably. Anger, with an intensity I had never before experienced, erupted as the full realisation of the impact of the shootings and its repercussions hit me. I could see very clearly how my future at work would be changed and this added to my pessimism and anger. In any case, a cycle of anger and counter-anger had already been set up with my bosses and I felt I did not know how to shake off the labels I had been given.

The disruption of our relocation from Bath gained significance as my old personal and professional supports had not been replaced. Creating new ones in Berkshire had proved difficult and now became almost impossible after the shootings as I trusted no one including myself. I became consumed with grief over my lost life and rage about my bosses. Another point of choice was reached when I was faced with the question, 'What do I do with this rage?' I was so consumed by it that I could not stand back and reflect on it. I felt I had no choice and I began to tumble into the route that sucked me into the whirlpool.

THE 'WHIRLPOOL' (or Downward Spiral)

I turned my rage into bitterness, cynicism and paranoia and I could not comprehend that I could have taken any other route. I was driven by the wish to take revenge. I noticed that in work meetings and training events, my anger and distress was easily triggered and my cynicism would be immediate and sharp. Once, an external trainer recognised and acknowledged the real person and hurt behind my actions, and I felt immense gratitude and relief, but mostly no one understood. Like those who glimpsed the Gorgon's head, they were either immobilised by how I ranted or they reacted angrily to my displaced reactions. It all went beyond my logic. I could not make sense of them and I could not tolerate the situation any more than others could tolerate me, so I tended to withdraw further. Social situations became very difficult and real enjoyment of anything seemed to be a thing of the past as the cloud was always there. An Afghani engineer from I met in Jordan said, "God never comes to those who sit on their sorrow". At the point of greatest despair and hopelessness, no help seemed to come from anywhere – and I probably wouldn't have recognised it if it did. This was what was meant by being stuck. Every part of my being was defined by and related to the shootings and its repercussions.

I had a glimpse into a deeper abyss when I finally resigned from my job and the drop in our income, on which our mortgage depended, meant that losing our home was a reality. This fear and my guilt added to the periods of deep immobilising despair which of course could have made the fear a reality.

Being in the whirlpool did not mean an absence of active attempts at more positive coping, as this is not a simplistic cycle of well defined phases. Coping strategies were still to be found in my despair, but were easily destroyed. I was lucky that I stayed in the upper reaches of the whirlpool. In fact I felt I never had sufficient courage to break completely and surrender to the abyss. However, I didn't find a way out completely for about six years after the shootings, though I had made several false attempts.

RE-EMERGENCE

The false alarms, when I believed I had left the 'Whirlpool' and re-entered the healthy coping phase of the cycle, were among the most depressing features of my journey. My belief that I was 'better' and back to 'normal' lacked substance and, with this realisation, I plunged back into the 'Whirlpool'. Here I found empathy with Old Testament Job, but not his patience, and solace in Psalm 88, recommended by an Anglican priest to be shouted from the top of the stairs to a God big enough to take anyone's anger. I remember despairing that after all my efforts I was back where I was before and felt all hope was lost. I had mistakenly believed that effort deserved reward and was under the misapprehension that my bosses might recognise the efforts I was making and so be a little kinder while I felt my way back to 'normality'.

The first move out of the 'Whirlpool' came from meeting other disaster workers from the Lockerbie and Hillsborough disasters, made sweeter because this had come from my 'victory' over my boss's obstructive behaviour. It was then aided by my stand against his ban on me speaking to the media after an unplanned sequence of events led to my story being included in an article in the Sunday Times (June, 1989). I left Berkshire with my head held high after an empowering leaving speech, based on the fairy story of the *'Princess and the Frog'*, fuelled by my anger at his attempts to stop colleagues give me a leaving present. The post I was moving to also felt like a vindication of what I had done at Hungerford - a part-time post with a newly formed Disaster Consultancy run by people I had met in Lockerbie and Merseyside.

But I re-emerged before I had really consolidated my position and I soon found myself in another crisis with another boss whose behaviour towards me and other female staff

could only be described as unreasonable and at times bullying. I was however wiser this time and escaped within four months. His actions afterwards, delaying benefits and the start of my Government Business Enterprise Allowance for nearly a year, took me right back into the whirlpool to a deeper level than before. With no job and no income of my own, my past learning and in-built tendency towards action research came to the fore and three questions emerged, two related to my disaster experience and one related to gender issues in the workplace. These questions gave me a purpose and focussed my search for answers, motivating me to make contact with people who could help. This networking reduced my feelings of isolation and low self-worth. My gender questions led me to Bath University to meet Judi Marshall, who I had met a few years earlier at a conference for Women Managers, and this was an early stepping stone to joining the CARPP programme seven years later. Reflecting back, I realised my move into active coping was rapid, just a month after my latest critical experience and in spite of the intense despair I felt. This also shows how my map cannot be seen as a simple journey of separate, sequential phases. Healthy coping was present from the start, working away in the background.

Back in the 'Whirlpool', I fought shame and isolation to re-build my confidence and strength, slowly but more surely. Receiving the Churchill Fellowship was a significant breakthrough, as was my visit to the Community Stress Prevention Centre in Israel. I suddenly found my voice was being heard and my experiences were being affirmed as I went around the world to Australia, New Zealand and California. I met people involved in a wide variety of disasters and traumas who had similar experiences involving managers who did not understand the impact of disaster work. I also found many others who shared my concerns about the denial of children's needs and my thoughts about the role of schools and Education Authorities. In Israel and Australia especially, I found an openness to different ideas that was refreshing and I no longer felt an oddity. Re-connecting with the place where I grew up in Sydney and people from my childhood gave me the feeling of belonging. I recognised how that place had left its influence on me and it became another step forward...

My business also began to take off and by 1993 I had undertaken a series of workshops in the UK and New York with Dr Kendall Johnson. I was preparing to leave to be a keynote speaker at conferences in Australia and New Zealand when my re-emergence received its heaviest blow. My 16 year old daughter, Ann, died just 40 days after her diagnosis from a form of leukaemia that was very rare in girls of her age.

The complexity of my post-Hungerford journey was no less complex than for many others I have met, whether disaster workers, bereaved or direct victims. Lightning can strike twice and more. Ann's illness and death came during one of my 're-emergence' attempts so I shall interrupt my account to take you briefly on a tour of the cycle that this triggered and which intertwined with my post-Hungerford journey. If this is confusing for readers, it is only a mirror of my confusion while living this reality.

Another trauma cycle within the main spiral

This much more personal traumatic experience stopped me in my tracks and all the clichés and ingrained thoughts flooded my brain –"man proposes, God disposes", "cruel fate"', "why our family again?", "I am being punished – for being a working mother, for being away on my Fellowship the summer before, for being so engrossed in my work, for being so affected by the Hungerford shootings over the last years of her life" – and any other illogical reason I could find. I discovered how, in moments of intense fear, rational beliefs are overturned by more primitive fears and perspectives.

*My new **pre-crisis state** was different from my pre-Hungerford state, changed by the disaster work experience. My threshold for dealing with stress had been strengthened in some ways, but in others it had been weakened by cynicism, exhaustion and the feeling that I did not deserve more stress so soon. The **traumatic incident** was composed of the initial shock of the diagnosis and then her unexpected, premature death. After Ann's diagnosis, **the void** was filled with numbness and fear but also masked by the necessary frenetic activity of illness. It was a rollercoaster of endless waiting (for appointments, for results, for decisions, for free beds and finally for death) interspersed with dashing from hospital to home. Ann filled her void, when she had the energy, by keeping a check on her medication and the results of her various treatments, pointing out when they were incorrect. Eventually, exhaustion pushed me into finding a time and place to gather myself and I escaped for a few days to a colleague's house on Dartmoor. There, I unknowingly prepared myself to face the unexpected next point of **traumatic shock** the sudden turn of events and the horrendous journey back to Oxford just in time for her dying. Following her death, **the void** was filled with all the activity of the rituals and bureaucracy of death and dealing with other people's reactions. How I longed for a place of safe retreat, not alone but without the need to engage; with gentle occupation but no stressful demands. Maybe my*

ideal was unattainable, but I never really found it, except in brief moments I created for myself.

*The emergence **from the void** after Ann's death and the **realisation of the full impact** happened haphazardly. The full extent of the pain was revealed with increasing intensity as the numbness subsided and reactions were re-triggered by certain pieces of music, family events and other sensory reminders. The pain could only be handled for short bursts of time. The impact on work, relationships and health was realised over a much longer time-span in subsequent journeys round the cycle. The impact on me has been prolonged by watching the impact on our other children and Ann's friends whose grieving was put on hold to deal with growing up, exams and leaving home and can be seen in different forms, a decade later. However, I had learnt the dangers of falling into **the whirlpool**. Though I felt anger and despair about many things to do with Ann's illness, death and the repercussions, I knew I had choices and did not want to fall into the self-destructive force of the whirlpool again. I looked back at my despair since Hungerford and felt guilty about the fact that I had not been my cheerful self for much of what turned out to be Ann's last years. Depression and cynicism seemed such a waste of time and this realisation finally shook me out of the Hungerford whirlpool and I resolved not to take this path of self-destruction again. Ann was annoyed at any suggestion that I might let her illness stop me from working and she told me this experience might enhance it. Not to carry on would have felt like a betrayal of the horror of her experience. I dipped into the 'whirlpool' occasionally, but never for long, though I found myself in it again during the 10th anniversary period.*

I now return to my main account which is now a combination of my Hungerford and my personal bereavement journey.

I survived each of these set-backs by believing in my ability to be persistent and survive. I found comfort in the word 'endure' and stories of endurance when hope had gone. I remembered how I used to train as a hockey player and athlete, perfecting shots by practising over and over again and building up stamina and speed through the rituals of regular training. I was propelled into recycling the pain of her death into something useful rather than being sunk by it.

THE HEALTHY COPING CHOICES

When explaining a personal model, it is tempting to over-simplify. The reality is often very different, and the phases are more like trends or dominant themes at different times. In my own experience, I believe I was making healthy choices about the way I coped from the start, but often the range and nature of them were insufficient to cope with what I was experiencing from external sources. This phase of healthy coping did not become dominant until several years after Ann's death and the model itself by this time was playing a major part in its emergence.

I did not really recognise that I had arrived at this healthier place until I got there and the world suddenly seemed brighter and more joyous than where I had just been.

Often the things that made a difference were small and simple. Just opening ones eyes and looking outward, whether at people or the simple beauties of a snowdrop or bluebell helped reverse the looking inwards into bleak despair. At other times the methods were tough and challenging. Through my personal consultancy sessions and later through therapy, I had to face my own contribution to my post-Hungerford situation, for example, how and why I repeatedly found myself in scenarios where I became the victim of certain styles of bullying management. At other times, I found the non-talking, physical therapies more helpful. The healing hands of a skilled cranial osteopath could deal with pain and trauma embedded deeply in my body more gently and effectively than talking. When the body was stronger, my capacity for dealing with emotions and other issues was increased. I have since gained cognitive understanding of this from the research of Bessel van der Kolk (1994, van der Kolk et al, 1991, 1996)

The path was never simple, however, and there were still issues that I had to work through over many years. For instance, in the case of the betrayal issue, I learnt that however much responsibility a person takes for their own recovery, others also have a responsibility for their actions towards them. I noticed that the mention of the two bosses who I felt had treated me so badly, aroused such an intense anger that I would degenerate into a rant which was neither professional nor good for me. I recognised it in others who had felt betrayed by these people and it helped that I was not alone in my rage. I realised that neither men had any idea what their management styles had done to us. Until my pain had some recognition from them, no amount of therapy brought a sense of healing. It helped a little reading a former colleague's MA research about the discontent that former colleagues had felt over the way they were managed (O'Keeffe, 1999).   In 1999 I wrote just after meeting my Berkshire manager again:

"Now he (one of my bosses) has retired with an enhanced redundancy package and pension, bitterness can easily creep in. Yet forgiveness has been more possible as the benefits of the 'salt of wisdom begin to outweigh the salt of bitterness' and if the 'remembrance of wrong can be transformed into a wider context' (Hillman, 1975). Being able to learn from the experiences and offer the learning to others in a wider context has been my positive and self-affirming way out of the darkness which has enabled me to build trust in self and others and to reconnect with the world. When I met X again, he seemed so sad and insignificant now he has retired that I wondered why I had wasted so much of my life, health and energy being so terrorised by him. But this is now, that was then. I must not deny my experience - and the learning has been fruitful."

At the end of 2001, I heard that this man had died suddenly. A month later, as a result of an unexpected sequence of events, the other ex-boss sent me an e-mail apologising for how he had treated me 12 years before. I felt that a great burden had been released and 'the ghosts' of the past had disappeared from the 'attic' of my mind. These events happened while I was writing my section on scape-goating. I felt light and a little strange about the empty space I no longer needed to fill with anger and resentment. Any resentment about the one who died, died with him. The experience of being given an apology by the other affirmed my belief that it doesn't take much from the 'betrayer' to release the betrayed from their grip – just a little recognition, a genuine expression of regret and possibly some recompense. In neither case did I receive recompense for my substantial losses, except the recompense in what I have learned and what I can offer practically to others.

This journey can never be idealised, however. An article on betrayal and forgiveness by Ben Fuchs (1997), also inspired by James Hillman's book, made me realise that some of my attempts at recovery were merely a form of self-betrayal and moral righteousness. They were disguised attempts to defeat my betrayers and prove them wrong. Thus I was kept tied firmly to them and the critical incidents they precipitated. If the purpose is not generative, then health does not result.

I conclude that all any human being can do is aspire to reach this stage 'as if' it were possible. I could be an active participant in my own recovery, but reaching this point and especially the readiness to forgive, could not be forced. It felt to me as if it arrived

as a gift, a sudden realisation that I was in this region of growth rather than being stuck. Maybe actions and rational thinking can only prepare the ground in which forgiveness can be recognised and received. Other survivors I have met have had similar experiences and often describe the process, like me, in terms of a spiritual experience.

REMINDERS: REVISITING THE TRAUMATIC EVENT

Reminders of my crises happened both unexpectedly and with full intention to remember. My previous experience of therapeutic work meant I was able to frame any unexpected distressing intrusions as useful testers of my progress, telling me what still had to be resolved.

Reminders in relation to the Hungerford events sometimes surprised me and I was less prepared for my reaction. For example, I experienced an intense tingling in my body, on hearing a radio play which mentioned the shootings and therefore acknowledged it as an event which was part of national consciousness and history. A similar sensation occurred for several years when I drove past the Savernake Forest, the site of his first murder, and along the route that Michael Ryan took to Hungerford after his first killing. I was interested in the fact that I had no reactions to being in the Youth Centre and school where Ryan killed himself, perhaps because I was there so often afterwards that my associations with the place had moved on from the disaster.

Much more intense and uncomfortable were the reminders reactivating memories of the denial of young people's reactions, the arrogance and disrespect shown to the Youth Service staff by other professions and the issues with my managers. They were the reminders of the most personal and direct experience of threat to my self-image, integrity and economic security. I had to be watchful of such reminders in later disasters and traumas, for example in the story in E3, and when dealing with some Health Authority officials and scientists during the Newbury Community Epidemiology study after my daughter's death (Capewell, 1998c). Official letters in brown envelopes and reminders of the shouting and verbal abuse of my Berkshire boss also reactivated enough fear to immobilise me. I suspect that unresolved issues from his bullying contributed to my difficulties with the second boss because he sensed my defensiveness and vulnerability.

Reading about disasters was exceptionally difficult, both because of poor concentration and memory and the emotions reactivated. I became excited and angry by writings that resonated with my experiences and affirmed that I was not as wrong as my bosses had

implied. I reacted to purely academic research without a hint of inside experience and to work that promoted narrow views of trauma. The constant reading, writing and revision of texts for this thesis have contributed considerably to the decrease of this re-activation. Re-reading and editing my own articles and sections of this thesis, including this one my writing about my model, has been a long and difficult process.

Events and experiences are revisited every time I run a seminar or workshop. It is healing to do so in that it gives me a platform for passing on what I have learnt, as well as developing my ideas and insights from having to think about what I say and reflecting on challenges from the participants. Doing this has an emotional and physical cost and I manage this by not working alone where possible, protecting my private space, having supervision and pacing my work-load.

Sometimes I am aware that the reminders are difficult and I either confront or avoid them. Working freelance rather than as an employee might in itself be a form of avoidance of the situations where I could again be made a scapegoat. Even though I know the signs and can anticipate when it might happen, having to take action needs more energy than I choose to give. Being independent and in charge of when and where I choose to work has many advantages that I would be reluctant to relinquish for the sake of confronting old wounds.

The seemingly illogical nature of some of my reactions was hard to tolerate, especially a professional with a reputation to uphold, and the fact that they seem so improbable can in itself be another trigger for feelings of shame and guilt about my reactions after the shootings. I accepted these re-stimulated feelings and reactions as part of my life and did not think of relieving myself of them until I mentioned a particular scenario during an acupuncture session about five years after the shootings. My acupuncturist was also a Master NLP practitioner and she taught me the visual-kinaesthetic self-help techniques used in Neuro-Linguistic programming for reducing distressing images (Andreas, 1989). The method helped what I call my 'peak' reactions, but they came too late to deal with the longer term issues. However, this method is one of my most effective tools in my work with people soon after a traumatic incident.

It was, however, the removal of my 'betrayer bosses' from my mind that really made it possible to revisit reminders of my crises with a detachment and distance that means they are properly stored memories rather than un-filed images.

MOVING BEYOND THE DISASTER FRAME

This is the phase where a person's life is no longer framed and defined by the disaster. Their experience has been transformed into something that takes them beyond it and they can truly 'let go' of this aspect of their lives without forgetting it happened. It may only be reached without too much difficulty by the most enlightened or those blessed with the pre-requisites for good recovery - a secure history, a minimum of other stressors and previous vulnerabilities, good coping skills, and good supportive relationships. Others may reach it via the depths of the whirlpool, finding their way out either through a long period of painful self-learning or with good professional help. Those who do arrive may find that the crisis/betrayal experience is the gateway to the profound spiritual experiences that accompany forgiveness and reconciliation and allow them to move to beyond the trauma.

I cannot be certain that I have fully completed my cycles around my Hungerford experiences and moved right out of its influence. I have certainly not completed the ups and downs of my personal tragedy of Ann's death. Though the moment of death has passed, the loss will never end as it is continually reassessed by new life events. I have had too many experiences of falling back into despair, though I find my escape more quickly now. Some of the specific sensory reminders and the experiences that caused my crises now have a sense of being in the past, properly stored as memory. The Hungerford shootings increasingly feel as if they happened as long ago as other events of that year, though I am still taken by surprise when others cannot remember their date. My daughter's death can still feel as if it happened yesterday and the thought that it happened back in 1993 feels weird and unbelievable. At times I cannot contemplate how we have survived that long without her and soon this will be as long as she was with us. I rebel at the thought - I do not want to be so far from her.

However, I do have a sense of what the task is about and that it is worth doing. I have gone beyond mere survival and coping. Inadequacies and set-backs are no longer a barrier to moving forward and acting powerfully, even when feeling small and insignificant. My words and actions have the credibility of being grounded in real and deep experiences, rather than in theoretical learning. Whether I have moved beyond coping to a deeper transformation in my everyday life, I am not so sure though I have had moments when I have glimpsed it. Much depends on how transformation is defined. One thing I notice. The more I progressed around the map, the more congruent all aspects of myself became and my different channels –heart, head, body/behaviour and spirit, were no longer in different parts of the cycle.

I believe I am over the threshold of having my life defined by disaster and death, though being so strongly identified by this work keeps me in the frame. Writing this thesis continues the processing of the experiences and, when it is complete, may mark a major turning point in my life where I can accept that disaster work is a choice but I am not a martyr to it.

I reflect on why I still work with disaster and trauma. Does it mean I am still held within the trauma spiral and am using it to resolve unfinished business? I feel that this is less the case now. The beginning of the transition out of my crisis frame came with the departure of the 'ghosts' of the people who I felt had treated me badly. Since the 'ghosts' left, I have a sense that I am released from any emotional need to do this work. I have other choices – a return to other areas of work, the development of new ones, or staying with disaster work and passing on my learning in other ways. Or I can retire without regret. I feel satisfied that I engaged myself fully in 'recycling the pain' (Craig, 1979) from the outset. Though the journey is by no means complete, by entering this process and persisting with all the ups and downs I feel I have been, in Dostoyevsky's words, *'worthy of my suffering'*.

Moving out of my trauma frame could be scary as I have gained much from my work, not least world travel and deep friendships. A subject that terrifies many gives status and power that can be addictive (Raphael, 1986). The loss of these ego nourishing benefits would create another crisis if the gains had not also been more lasting and internal. Moving beyond might also feel like a betrayal of those who suffered and died. I can also feel guilt for not relentlessly pursuing issues, such as our campaign about radiation and leukaemias, as some campaigners do to the detriment of their health and personal lives. But the alternative is to feel guilt for not being available to my family and living children. Sometimes a choice has to be made, even to the extent of following the Biblical injunction, *'Leave the dead to bury the dead.'* Watchfulness and action do not have to be completely forgotten, but they need not take up the whole of one's life. The baton can indeed be entrusted to others. As the great epidemiologist Dr Alice Stewart, who first discovered links between radiation and cancers and was marginalised for it, often said, *"Truth is the daughter of time."* (Green, 1999)

C 3

THE DEVELOPMENT OF THE MODEL BEYOND MYSELF

THE ENQUIRY

In this cycle of enquiry, I explore how I added knowledge to the development of the model gained in other places. These included other people's primary experiences, other texts of various kinds, literature and creative forms such as TV documentaries. I also added further practical knowledge from other disaster work and from running further training courses. It shows how the model that finally emerged, along with its applications, is a co-creation of all my inter-actions with these forms of knowledge. Space means I can only present the tip of a very big iceberg of explorations and learning about the variations and subtleties of application of the whole model and each part..

Committing my model to paper risked losing its living, organic and ever changing nature. The early task and stage models of bereavement (Parkes, 1972; Worden, 1982) suffered from being petrified on paper, taken too literally and disseminated too simplistically. I once again urge readers to remember that a map is just a representation of the territory. One can only discover its nature by walking it, breathing it and digging into it, either by oneself or working with others. As Jung once said, *"To know a cow is to experience a cow – not read about one."* It is impossible to understand the smell of a cow fully from a written description.

Several disaster survivors have told me they value my constant reminders that this a simplified map of a very complex journey. I therefore repeat them now. It resonates for others but may not do so for you, especially if you have never known the strange world of disaster and the strange head many feel it gives them. It is useful as a tool for enabling other processes to happen, even if only in a dialogue about where it doesn't fit someone's experience. It is not a universal truth, rather a gathering of knowledge for practical use. I now offer some reflections on how the model was developed further.

GENERAL REFLECTIONS

I have reflected on my model to discern underlying beliefs about trauma, crisis and bereavement so readers can be clear about the perspective in which it has been framed. Some of the most obvious are:

- the concept of **betrayal** is central to the model - the interpretation of the incident by the person or group involved as a betrayal has the capacity to turn the experience into a crisis or trauma and the power to produce intense reactions. The disaster sociologist, Horlick-Jones (1995), also frames disaster a '**betrayal** experience'.

- that humans are **geared to survival** – they are self-determining participants in the process and there will be an in-built move to adjust, thus making self-help possible and the ownership of one's own journey essential, even when professional help is employed.

- that humans **prefer balance and harmony** in their lives and feel discomforted by the impact of incidents which shake their equilibrium. Thus, even if they are experiencing *'normal responses to abnormal events'* and are not mentally or physically ill, they will usually want to change their situation and feel 'better' again, either by restoring enough of their old self-image and lifestyle or by readjusting to their new knowledge about their world.

- that people will be happy with **different levels of adjustment**. Some will do no more than is needed to get by while others will do no less than make major transformations either in their material or spiritual lives. Some of course will not find the energy or the will to do either or will go down paths which make their situation worse in other people's eyes.

- that people have **many different ways of coping** open to them, but most do not use them all, often because they are so traumatised. As helpers, our role can be to offer support and information to mobilise internal and external resources to as many people as possible. We may have to work at a systems level in society to remove the blocks which prevent many people finding support or having their needs heard.

- that people have the **right to choose** what they do with what help is offered to them. Mistakes can be a part of the process since they often open up unexpected opportunities for learning, just as time in the 'whirlpool' may lead to a deeper experience of transformation.

- whatever path people choose, they **do not have to do everything alone** and offering support and the benefit of one's experience is a worthwhile human activity. How it is done is crucial and my preference is for **collaborative, co-generative and participative styles of partnership and learning**.

- people who are open and prepared for change and have a **wide range of coping resources and flexible belief systems** have a better chance of adjusting well after trauma. Thus pre-trauma education is helpful, along with preventative support soon after an incident, to mobilise self-help resources reduce the risk of unhelpful reactions and repercussions.

- that people live in a **complex, interconnected system** where single variables cannot be separated and cause and effect cannot easily be determined. Disruptions to this system will therefore be complex and require **holistic, multi-dimensional** approaches to restore balance. Many worthwhile benefits of the journey cannot easily be measured or known in the short-term – it is a journey encompassing all aspects of life within society, not just the psychological response of an individual.

- in line with the early models of trauma and loss (Freud, 1917; Parkes, 1972), I accept the premise that moving forward out of the disaster framework cannot occur until there has been a **'letting go' of redundant attachments** to the past. without having to forget the deceased person. I do not believe this is counter to current ideas of continuing bonds or creating behavioural, emotional and spiritual links with the deceased or past if these contribute to well-being. (Wortman & Silver, 1989; Walter, 1996). In fact, once the attachment to painful memories of the past are cleared, there is room for memories of pleasant times not associated with loss to appear.

- there is a **time and place for all styles of coping** - each has their positive and negative application. If existing styles no longer work, then new ones need to be found or created.

- that there is a need to have general maps and models which can be used lightly to act as **guides to the process** while also encouraging the emergence of subjective individual stories to be heard and told in order to create a new model or theory that is alive for each particular traumatic incident and person

- being the author of one's own post-trauma story **does not mean it has to be done alone** or without the influence and guidance of other people's stories, from real life, the arts, literature and science.

SOURCES THAT CONTRIBUTED TO THE DEVELOPMENT OF THE MODEL

The over-riding influence on the framing of the model as a betrayal experience was the work of James Hillman (1975), with the work of Stanley Keleman (1974) influencing the representation of the model as a cycle and spiral. Their ideas acted as a catalyst for my own process because of their resonance with my own experience and were the first that helped me make sense of my upside-down world. Once my own ideas were in motion, I put their books aside because I wanted to discover my own articulation of my experiences. I also found that a large part of Hillman's Jungian framing too unfamiliar to grasp intellectually at that time, though I could feel its importance.

Since 1994, the concepts of Adlerian Individual Psychology have provided an integrated theoretical framing of my model. The Adlerian concept that behaviour is chosen, not caused, and chosen in a social context, not determined in isolation was especially enlightening. It also provided useful methods, such as the early recollection method (see B1), that enhanced the practical application of the model and it was firmly embedded in beliefs about the importance of community and social action.

Real-life stories of survivors continue to be most important influences because they already have all aspects of the trauma experience integrated. This is in contrast to many theoretical models that are usually framed within a particular subject expertise or therapeutic tradition that only cover parts of the whole experience. I have collected real stories from my clients, colleagues and survivors who I have met through, for example, Disaster Action, the umbrella group for disaster survivor groups, and the Edge Hill ESRC project. I have heard their stories directly and through their books (e.g. Campion, 1998; North, 2000), via press articles (Partington, Guardian 16th May 1996), and TV documentaries (e.g. BBC2, 1990b, 'Omagh One Year On', ITV, 1999 and many others). One survivor describes her journey in a similar way to mine:

> *"can describe my own experience over the last 3-4 years, not as a line, but as*
> *a gyroscopic pattern, like a pendulum swinging from positives to negatives,*
> *sometimes finding a point of balance"*
>
> - Newman, (2002).

In addition, the arts and literature have provided a rich source from which the real emotion and meaning of experiences can be glimpsed. These include the accounts by Samuel Pepys after the Great Fire of London (Cohen, 1991) and Dickens of his own

trauma after a railway crash in 1865 (Beveridge, 1996:4), novels, such as the story of a traumatised photo-journalist in *'Healing Flynn'* by Juliette Mead (2003), and the raw poems and stories by disaster survivors and witnesses (e.g. poems and stories in the Liverpool Hillsborough Centre newsletters, Interlink (1989-91). Many of these people now have a long-term view of their traumatic experience and can delineate their own patterns and points of choice, helped by my model in some cases. Others have used my map as a means of comparison or to inspire their own. I have used their insights to refine the map, without trying to cover every possibility, or to illustrate why there is never one way of viewing the post-trauma journey.

Non-academic sources have been important for developing the later stages of the model rarely touched by clinical researchers, where themes are the major issues of life, religion and philosophy, such as forgiveness and transcendence, discussed in more detail later in Part C. For example, I often spend time meditating on the dramatic Stanley Spencer murals, based on his First World War experiences, in the Burghclere Memorial chapel near my home. The murals depict the horror and banality of war, and include an image of a shell-shocked soldier, deep in the 'whirlpool' of my model, stretched full length obsessively scrubbing a hospital floor. Well known paintings, such as those by Edvard Munch deepened my tacit understanding of the void, intense emotions and whirlpool of my model. Proust's *'A La Recherche du Temps Perdu'*, in which childhood memories of his Tante Léonie were evoked many years later by lime tea and Madeleines, just like she used to give him, make more immediate sense to people than scientific explanations of reactivated sensory images. The poetry of T. S. Eliot was a source of great inspiration in my own walk through dark places and the following lines give the view that this is an essential part of the whole journey into the unknown:

'In order to arrive there,
To arrive where you are not, to get from where you are not,
You must go by a way wherein there is no ecstasy.'
- East Coker III, The Four Quartets (1940)

My model developed through challenges and affirmations from many sources. Some people challenged the underlying structure of the model and told me it should be this way or that. I noticed my resistance to some challenges and enquired of myself why this was so. My answer was that this was basically a model of my experience, not theirs, and if mine did not suit them, they needed to draw their own. My resentment

was about the dogmatic, non-enquiring nature of their challenges and the fear of my own experience being denied again by people who had not lived it and had not spent the years finding this form to frame it.

I will now explore some of the issues raised that set me off into further enquiry and also present some of the key experiences that helped me enhance my understanding of the model and how it could be applied.

PROBLEMS OF TERMINOLOGY AND SOCIAL CONSTRUCTIONS OF TRAUMA

An early problem in the development of my model was to clarify terminology in a new field where words have become laden with judgement or trivialised by over-use. For example, the words 'trauma' and 'traumatised' are now commonly used for any kind of minor disruption to life. At the same time trauma is increasingly being exiled into the territory of clinicians and psychiatrists as several writers warn (Herman, 1997; Smyth, 1998; Davis, 1999).

The terms are also used interchangeably to mean the event and the reaction to the event. It is often thus assumed that anyone involved in a traumatic event will be traumatised and thrown into crisis. An incident may be described as traumatic, critical, a trauma or a crisis because of its unexpected, horrific nature, but the state of trauma or crisis is what some people, but by no means all, will experience. The events in themselves are neutral; meaning is given through the relationship between the event and the person or group and is dependent on many variable factors – past experience, personality, current stresses, capacity to cope, resources for support. One event is usually made up of many parts of varying intensity, each experienced in many different combinations and ways by many different people. One isolated event rarely happens in one specific place at one specific time without a process being triggered.

Studies of the history of the trauma condition and its treatment (Herman, 1992; Black, 1996; van der Kolk, 1994; Teschedi & Calhoun, 1995; Davis, 1999; Papadopoulos, 2001; Baldwin et al, 2003) have helped me place current understandings and reactions to the word and subject in their social and political context. I learnt that the subject has always been controversial and appears to be tied up with the general difficulty of society with horror, their guilt and inability to prevent it or deal with people affected by it. The incidents and post-trauma reactions are a major inconvenience which society

therefore seeks to politicise for their own purposes, yet also deny and keep at a distance. Papadopoulos (2001) argues that the revival after the Vietnam War of the term trauma and the rise of the definition Post-Traumatic Stress Disorder was initially caused by the wish to fuel the anti-war campaign and then to distance suffering veterans by giving them an exotic label to separate them from normal society. Similarly, the shell-shocked of WW1 were distanced as moral cowards and shamed or shot to absolve society of any responsibility towards the cause and consequences of their situation. From the first rail and industrial accidents of the early-19th century, trauma could be said to be a medico-legal construction arising from compensation claims with reactions and treatments needing precise definitions that can stand up in a court of law.

My extensive study of trauma research and literature has shown how it has been influenced by early thinkers on trauma, even Freud (1917, 1920) who had a major impact on the subject as a result of the First World War (Lifton, 1993). For example, the idea of a 'protective shield to the ego' (cf. The Void phase of my model) and the 'compulsion to repeat' elements of the incident (cf. Reminders of the Event phase) as a means of integration, and (cf. the Whirlpool), the impact of victimisation (van Velsen, 1997). I also discovered the influence of Lifton's Psycho-formative Theory, via the teaching of others. His theory includes the concepts of survivor guilt, the importance of choice in the recovery process and the natural movement of people towards re-integration of the traumatised self into a larger self, though some may choose a destructive path of 'false' integration to become the next perpetrators of violence (Lifton, 1968, 1993).

Trauma is multi-dimensional but many researchers only consider it in relation to the channel of existence that is their professional concern. The psycho-biologist, Bessel van der Kolk is an exception (Sykes Wylie, 2004). Janoff-Bulman (1992:.164) suggests that there is a split between therapies which avoid or aim to minimise the trauma experience (behavioural, cognitive and pharmacological), and those which approach the trauma (insight, psychodynamic, art and hypnosis). This distinction reflects the alternation between avoidance and intrusion characteristic of the post-trauma process.

I have attempted to bring these splits together in this description. The **medical, biological** state of trauma is characterised by a person's inability to store the sensory images (S.A.M's – situationally accessible material) from their exposure to the event as verbally accessible memories (V.A.M's) because of physiological changes in the hormonal system (Brewin, 1992). This becomes intertwined with **psychological**

responses **(cognitive, emotional and behavioural)** with inability to integrate what has happened into existing systems of thinking (Horowitz, 1975, 1979; Foa et al, 1989, 1997; Janoff-Bulman, 1985; Ehlers & Clark, 2000). The adaptive responses are distressing and disruptive, often severe enough to overwhelm a person's capacity to cope, blocking their natural grieving process and pushing them into crisis. Central to these are the strong images imprinted on the brain during the incident (van der Kolk, 1994), also known as 'peri-traumatic hot-spots' (Holmes, 2001). They trigger the three characteristic groups of reaction: **re-experiencing** of reminders of the event, **hyper-arousal**, for example being always on alert for disaster, and **avoidance** of distressing reminders and reactions, (Turnbull, 1994). The predictable reactions to disaster are in constant inter-action with a person's subjective state and context so that reactions are also **socially and culturally constructed** (Quarentelli, 1998) and the underlying **religious and philosophical** beliefs of their context, as it is to do with the historical traumatic event. All of these interconnecting **biological, psychological and social trauma reactions** with all their varied **behavioural** manifestations, all then feed back into the system to produce further reactions, unless something is done to reverse the process (Turnbull, lecture, 1992). Some attempts have been made to construct integrative models of medical and some social aspects (Joseph et al, 1997; Yule 1999).

Trauma as a subject has been rediscovered and forgotten many times over the last few centuries, being given status in modern times through the needs of legislation and compensation (van der Kolk, 1991), first with the increase in industrial and railway accidents in Victorian times (Beveridge, 1996) to meet the needs of Vietnam veterans in the 1970's and again since the major UK disasters of the 1980's. The need for legal definitions, the need to establish causes and blame and tests to define degree of impact has all contributed in recent years to the medicalisation of trauma and a concentration on the impact on individuals, including victims of more everyday traumatic incidents such as road traffic accidents. The wider sociological issues are addressed in the highly praised studies of Erikson (1976, 1979), Lifton (1968, 1993) and Raphael (1986), based on the testimonies of survivors which 'identify a moral and humanitarian as well as social perspective'. (Hewitt, 1998:87) These issues are difficult to measure and research and have been overshadowed by medicalised models and the prediction and treatment of post-trauma clinical conditions. However, with the mass casualties of the attacks on America in 2000, interest in early interventions of a non-medical kind has are being revived (NIMH, 2002) even if some trauma professionals are loathe to accept that lay people and other non-specialist professionals have a role to play.

THE TRAUMA PROCESS AS A BETRAYAL EXPERIENCE

My choice of the betrayal theme in my model was challenged in a CARPP enquiry group. I realised how strongly I was attached to it and this led to further reflection. As already stated, Hillman's concept of betrayal (Hillman, 1975) made everything fall into place so betrayal became central to my model. At the core lay an experience that betrayed my trust in myself and my world. Hillman's concept of betrayal helped me frame my everyday experiences but it also led to a deeper exploration at a spiritual level, connecting trauma with other profound issues that disaster was raising for me, such as forgiveness and reconciliation.

Hillman argued, from the perspective of a Jungian archetypal psychologist, that the theme of betrayal was a strong theme in major religions because:

> *"...as trust has within in it the seed of betrayal, so betrayal has within it the seed of forgiveness"* and thus *"betrayal is the dark side of both, giving them both meaning, making them both possible. It is perhaps the human gate to such higher religious experiences as forgiveness and reconciliation"* (p.79)

Though difficult to grasp, I found the idea that betrayal and trust were different sides of the same coin were liberating, helping me to realise that trust was possible again without the need to be sure that the risk of betrayal was eliminated. Thus my model could contain a great deal of hope and possibility for growth from the experience.

The betrayal experience also fitted the view that traumatic incidents break the continuum of life. Hillman likened this pre-crisis time to childhood innocence before suffering and growing up impedes, the 'Garden of Eden' state of 'primal trust' where security and trust are based on the word of the father who is always ready to catch us when we fall. In relation to trauma, the protective nature of many parents towards their children means that many people live in the belief that if something awful were to happen, "THEY" will come to rescue them. "THEY" is the archetypal father/mother figure of childhood who could be relied on to make things better. When crisis strikes, these expectations are displaced on new authority figures such as the emergency and welfare services, doctors, clergy, employers, 'Fate' and God, especially if God is interpreted from an infantile viewpoint. (Scott Peck, 1990)

One reason for defining the trauma experience as one of betrayal, even if this is temporary, is the predictability of the pleas and statements made immediately after a tragedy. They are what I call 'gut responses', devoid of cognitive processing, delivered as if they come from the deepest parts of a person like the cry of Jesus on the cross, 'Father, father, why has thou forsaken me?'. Others include, "Why me/us?", "What have I/we done to deserve this?", "Where were 'they' when we needed them most?', "Why did 'they' let us down so badly?", "It's not fair". They give the lie to a person's underlying beliefs about what the world 'should be' and how it was found wanting in their hour of greatest need. The fact that this disaster has happened at all, and especially to them, is expressed as if it were a real betrayal by the world and 'God', even if the person claims not to believe in any god. Such perspectives placed on what has happened give the first indication of appraisals being made that will influence reactions and coping. They also herald the immediate post-trauma period, defined in my model as the 'void', where the person has to begin to understand this new world where things are no longer as they believed them to be.

Descriptions that survivors gave me of this period matched my own: "I feel I am going crazy", "It is as if my world is turned upside down", "... as if the rug has been pulled from under me", "I don't know who I am any more, all the signposts have gone!" The deepest parts of their being - physical, behavioural, emotional, spiritual and one's sense of worth and belonging are challenged, raising deep questions about life and death. A disaster sociologist has also defined 'modern' disaster as the arena of 'existential trust' or 'betrayal' by public institutions (Hewitt, 1995). The experience of many survivors was clearly an existential issue, reaching into the deepest fears of abandonment and loss of the innocence of the child who believes the father will also be there to rescue them, hence the cry of Jesus on the cross that can be so comforting to people in this place because it matches their feeling. As Hillman states (p. 69), it was not the expected acts of betrayal of Jesus by Judas and Peter but the third, by God, that shattered the core belief, the primal trust and led to the lament of Psalm 22:

> *"My God, my God, why hast thou forsaken me?' Why art thou so far from helping me, and from the words of my roaring? O my God, I cry in the daytime and thou answerest not .... there is none to help..."*
>
> – Psalm 22

VICTIMS OR SURVIVORS?

Part of the challenge from a CARPP member about the betrayal theme was that betrayal implied sufferers are victims, and this was not helpful or the only way people defined themselves. I was spurred into thinking more about this. I respected the important contribution of feminism in replacing the word victim with survivor in relation to rape and sexual abuse. The psychiatrist Summerfield (Summerfield, 2001) has also questioned 'invented' diagnoses such as post-trauma stress disorder because they legitimise, and thus produce, 'victim-hood', providing a certificate of impairment for disability pensions and compensation through a 'medico-legal pact'. I also remembered my meeting in Israel with a South African psychologist and her questioning of whether she was a victim, survivor, or both after being kidnapped and raped for three days (Friedman, 1993).

However, my personal experience included feeling victimised and being a victim, even of my own reactions at certain times. The model both described and stimulated my journey to become a survivor, though with occasional falls back into victim-hood. I have also been challenged by people angered at being called survivors rather than victims. They felt it was being used to deny their suffering for the comfort of society or to deny their further victimisation by bureaucracy or judicial systems, as commonly happens. Perhaps it is a matter, though probably a naïve hope, of neutralising the term victim to mean merely someone who was involved in an incident, though not necessarily a victim to it, and giving them the opportunity to define themselves in their own terms. My own experience tells me that it is possible to be a survivor in one circumstance and a complete victim of another at the same time. However long or short a time people feel a victim, the model is geared to helping people make choices about whether or not to regain power over the event and the aftermath to be a survivor. In the meantime, I use whichever term feels appropriate, and when in doubt revert to the cumbersome 'victim/survivor'.

THE SCAPEGOAT COMPLEX

Enquiring into this subject was a high priority because it was so intertwined with the choices I made and my entry into and sojourn in the downward spiral of the 'whirlpool'. Other disaster specialists have identified it as an important dynamic. For example,

Raphael and Wilson (1993) list it as a particularly destructive consequence of disaster in organisations, alongside political manipulations, splitting and blaming.

Being cast into the role of scapegoat by my boss was the most terrifying experience of my post- 'Hungerford' experience and kept me stuck into the 'whirlpool'. I was conscious of what was happening having seen the same happens to others, but I was not in a good state and did not have the capacity to prevent it. Yet it was the depth of that experience that forced me to discover the creativity that redeemed the experience, formed the foundations of my work and challenged me to enquire into other major issues such as betrayal and forgiveness. Understanding the experience was part of my own recovery and an important resource because of the frequency with which I come across people in my work who have experienced similar situations.

My learning about the Scapegoat Complex has come from several sources:

1. Personal experiences – retrospective sense-making through therapy and reflection along with personal Action Inquiry in order to influence experiences as they are lived.
2. Discussions with others who have been cast as scapegoats
3. Consultancy and therapeutic work with clients also affected by this complex.
4. Participation in experiential workshops which have touched on this subject
5. Reading literature written from different perspectives such as the Jungian (through the writing of Perera, 1986), theological and social science (Douglas 1995).

In my search, I posed questions to elicit factual information, to investigate the mechanics of the process, its goals and purpose for society and individuals and to differentiate scape-goating from other forms of behaviour. To include the full text of my findings (Capewell, 2002b) at this point will be too disruptive, so I have selected key points. Whilst writing this piece (Dec/Jan 2001-2) a parallel process (one of several as I have written my thesis) occurred in the outside world. Not only did my first scape-goater die prematurely, the second wrote an e-mail acknowledging that he had treated me harshly and offered an apology. The difference this makes to me and what I do with the space in my psyche occupied for so long by the ghosts of these 'betrayers' will be an on-going personal enquiry.

I found that discovering the ancient historical and archetypal roots (Idries Shah, 1969; Joseph Campbell, 1973, 1990, BBC2, 1990a; Brewer, 1978; Perera, 1986) to my small but powerful individual manifestation of the complex, placed it in a much wider context. This was empowering and took myself outside of my personal experience and released me from the 'whirlpool'.

The concept of the scapegoat is ancient with its origins in early polytheistic cultures and pre-Hebraic herding cultures. The term scapegoat was first coined by Wm Tyndale (1494-1536) in his translation of the Bible to describe the role of Azazel in Leviticus Ch.16.10: 21-22. The ritual was developed as a community participation mystique[1] to relieve people and communities of feelings they could not handle and that disrupted their functioning (Douglas, 1995). It was comforting to discover the powerful status of the scape-goat. Originally, it was not killed (in contrast to the sacrificial goat that appeased the gods) as it was needed to live to carry the guilt and burden of sin. Above all, the ritual was a healing ritual where the different elements of the world and human nature could be atoned and brought together again into a whole. Through atonement with the transpersonal source, the collective is purified and the carrier of the burden can be relieved to roam outside the boundaries of the original community but freely in a state of 'privileged banishment' under the divine protection of the desert god (Maccoby, 1982).

Over time, the sacredness and community base of the ritual was lost, replacing it with isolation and vindictiveness of the weak or unwanted. It has become a social behaviour played out by individuals, specific groups, governments and organisations as a conscious strategy to manipulate their position (Douglas, 1995). Scape-goating is often met by counter-scape-goating, complicated further by modern media. Resolution and redress for the scapegoats have become the realm and rituals of psychologists, conflict mediators and in recent years, the Truth and Reconciliation Commissions, courts of law, therapy techniques and group arts projects where rituals are enacted through dramatherapy or the creation of a symbolic object to take away distress or the disaster, as used after several Australian disasters (Wositzky, 1998; Beth Adey, Queensland, personal communication, 1992). Even fundraising after a disaster has elements of the ritual in that it serves to carry the guilt and shame of the on-lookers, as I discovered

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[1] A term coined by the anthropologist Lucien Lévy-Bruhl. Jung defined it as denoting '... a peculiar kind of psychological connection … [in which] the subject cannot clearly distinguish himself from the object but is bound to it by a direct relationship.' Quoted in Perea (1986: 111)

from a taxi driver who had witnessed the Hillsborough disaster. The media have perhaps become the definers of scapegoats and are instrumental in satisfying public demand for having them, ensuring the victim-perpetrator-rescuer dynamic (Karpman, 1968) stays alive with each role rotating around different agencies, as seen in the Cleveland Child Abuse case (Hawkins & Shohet, 1989). Perhaps the worst manifestation of the distorted scapegoat complex occurs where the choice of scapegoat is backed by institutional or cultural discriminations such as race, gender, and creed. Once established it can turn neighbour against neighbour as in the ethnic cleansing of the 1990s in the Former Yugoslavian states and Rwanda in 1994.

My enquiries also exposed the role of **sin-eaters**, paid to sit by a corpse eating bread and salt to take their guilt away and save the deceased from hell. People like myself perform a similar role as consultants paid to take away some of the distress that employees, the organisation or the community cannot contain. This is acceptable if we are well supported and our role is understood by the organisation, but dangerous if they turn to vindictive scape-goating and blame us, the messengers and carriers of the distress (or 'sin'), for causing it, instead of shouldering their own responsibility. Examples of this have occurred with traumas involving child abuse. In spite of steps taken to protect ourselves where guilt and shame are intense, one in the story told in B3 and in the stories at the end of the thesis about work after the Omagh bomb.

My action inquiry into what I could do on a personal level to reverse the process or manage it to reduce its consequences, has given me practical ideas to offer others in a similar position. Part of my task is to inform, warn and offer insights and strategies as I work alongside communities and groups, though all of these tasks are exceptionally difficult as no one wants to believe they can be the perpetrators or victims of scape-goating. The dynamic appears to be set-off as people collectively and individually struggle to grasp the meaning and consequences of the disaster and restore certainty by finding some to blame. Once caught up in the complex, victims find it hard to detach from it and perceive alternatives are possible. If positions become polarised and entrenched, the situation is difficult to retrieve without intensive work, will and funding.

The fact that scape-goats are most likely to be made of victim/survivors and people bereaved by the disaster is often too bizarre an idea to be believed. This denial distances them from distress they cannot bear, or from 'victims' who become more powerful and demanding survivors than can be tolerated. Groups initially deemed to be victims worthy of pity can fall foul to public fickleness, such as the bereaved parents in

Dunblane who were blamed for not letting the community move on when they took up their gun law campaign (North, 2000). Herman (1992/97) points to its frequency in rape cases where judges blame the victim for 'asking for it' to happen. Compassion fatigue (Figley, 1996; Ayalon, 1998) is another trigger for scape-goating. I have observed in clients and myself that people who have felt obliged by their role to show extra caring (e.g. as a teacher, colleague or relative), after a safe lapse of time, stop 'having to be nice' and re-balance it with what can feel to the victim like blaming for having been inconvenient and demanding. Because of the demands on victims to be 'grateful', they are unlikely to talk about this except to fellow survivors or therapists.

Similarly whole communities have been 'blamed' for their disaster or its impact– Hungerford for not being caring enough of a member who didn't fit in; Liverpool for their contribution to the Heysel Stadium disaster; America following the September 11, 2001 attacks for its superiority and greed. Some people inflate this process, for example the Sun newspaper and some police officers decided that drunken football hooligans were the cause of the Hillsborough disaster, while the victims of the Marchioness ferry disaster on the River Thames in 1989 were assumed wrongly to be rich 'yuppies' having too good a time.

The victims themselves may also off-load unbearable reality and suffering onto others. Examples can be found amongst the bereaved of Omagh who displaced more anger than they deserved very vocally on to officials and friends. From my observations I noticed some common themes that may have been a pre-condition for this kind of blaming as a pre-cursor to scape-goating:

- the presence of unacknowledged personal guilt or unresolved issue in relation to the dead person (at the time of death and before)
- very painful emotions that overwhelmed their existing capacity to cope with them
- inability to make sense of what had happened
- an unknown perpetrator who cannot be brought to justice
- rapid deflection of anger towards others in greater quantities and with more emotion than expressed by other bereaved people
- inability to distinguish between justifiable and irrational cause for complaint.
- a rapid succession of events and repercussions perceived negatively
- loss of personal control for their lives

The transition from blaming to scape-goating appeared to occur when it became a public act and a predictable response to every opportunity to attack particular agencies or figures, with little regard for a rational assessment of the situation. The behaviour and stance taken also suggested that nothing could be done or said to change the perspective. Moreover, there was a feeling that the scape-goater's need for the victim to stay in that position was so strong that they would not be allowed to act differently, even if it solved the scape-goater's problem. Positions became more entrenched when the actions moved from an individual to a group. The situation became very complex if either the agency being scape-goated or on-lookers discomforted by the attacks, then responded by scape-goating the scape-goaters – a dynamic that could twist and turn in many directions and be self-perpetuating. (as in Story Box 2 and section E3).

The need to create a **scapegoat** who can do no right after a disaster seems to be as necessary as the need to create **heroes and heroines** who did, and can do, no wrong. It then means that others are absolved from providing help to either. Scape-goats must not dare to ask for help which their guilt deems them not to deserve, while heroes must show no distress and thus need no help. The heroes/heroines can also become the next scapegoats. There may be an intra-psychic reason for this as many are given this role when they do not feel they deserve it, knowing that their actions were part of their automatic stress response when increased adrenalin focused actions and physical strength. The unknown actions of others may have been just as deserving. The young, beautiful or strong are the most likely to be placed on a pedestal, as in the case of a teenaged girl chosen by the media as the heroic survivor of the Omagh bomb or the young boy given a Child of Courage award. They were fêted by Presidents and made special by the material rewards and opportunities heaped on them by the media, celebrities and politicians, creating a dynamic of jealousy around them, especially at school, because others felt ignored.

Victims of disaster who are in fact culpable provide the easiest candidates for scape-goating and attract extra blame for things they haven't done. This also of course happens to perpetrators themselves. The scape-goating of child murderers (such as those in the James Bulger case of 1993) is one example. Here the perpetrators are made to carry all of societies sins against children and are treated more harshly than many adult offenders (Scraton, 1997). Others include medical staff found guilty of unprofessional conduct, such as the consultants in the Cleveland Child Abuse cases of 1987 (Hawkins and Shohet, 2000), who have to carry blame that partly belongs to the organisations that created the systems that allowed mistakes to go unchecked. It must

also be remembered of course that some of these people were also responsible for previously scape-goating the messengers who 'blew the whistle' on their activities illustrating the point that the roles may be passed from one to another.

THE CONCEPT OF THE GATHERING GROUND

The traditions of spiritual practice and non- westernised cultures have taught me a great deal about the human need to gather oneself after trauma and take stock of the new, strange world that has been suddenly emerged. Marian Partington, who has become a good friend and fellow enquirer, wrote about her own traumatic journey after the sudden disappearance of her sister, Lucy, to the discovery of her dismembered body twenty one years after her imprisonment and murder by serial killers, Fred and Rosemary West:

> *"Mourning requires time and ritual. Pure grief is difficult to articulate. Like rage, its sound is beyond reason, and strangles words. It needs to wail, and sometimes it needs to bark. It can be misinterpreted as insanity."*
> - Partington (2002)

These words well describe the need for time, peace and ritual to be provided in a 'gathering ground' and the insanity of some modern health service expectations that trauma be 'cured' in six one hour sessions of treatment.

I first heard the term *'gathering ground'* in 1992 during my training with Barbara Somers, Director of the Centre for Transpersonal Psychology in London (the tapes of the courses appear in Somers et al, 2002). It had a comforting sound that did not imply the 'shoulds and oughts' in the exhortations of people from many traditions, including alternative ones, of how you should be or cope after a distressing event. It required a stillness to just be, and from the being, more grounded forward movement could arise. It thus became my template for managing the void and a template that meant it could take many forms.

Gathering grounds can be created by the person themselves, but more often people need help to preserve a safe place and boundaries of various kinds. Creating such boundaries, were, I realised, also helpful to people when old familiar boundaries have been smashed by disaster and when they could not physically retreat from the world.

They give permission and preserve a time for nourishment and reflection, free from other stress, before the new boundaries can be recreated. Barbara Somers likens such places to the mythical Epidaurus, the place of healing and sanctuary of people in trouble. Here sleep was induced and dreamers left to dream near running water. On waking, the priest-healer listened to their experience of the dream and helped them enter their inner landscape and dialogue with the figures they met there so that they came back into the world to seek their dream and greater wholeness. (Somers et al, 2002: 166). A similar concept is promoted by Tedeschi and Calhoun (1995) who discovered that the struggle to endure and accept what is inevitable and cannot now be changed is what brings about growth. It required an ability to *'endure a significant period of rumination'* and *'search for primary control, a long time of not finding ways to manage or understand the event'.*

My task as a facilitator of the process is to translate such ideals into practical methods acceptable to all kinds of people and organisation, more important because I most often work in the early post-disaster period (the 'Void' of my model). I look for culturally appropriate means to create safe structures in which creative spaces can be opened up, the space and time needed to 'gather' resources, identifying feelings and sense-making before decisions about future actions are taken. In organisations, they make take the form of team meetings, rituals or types of debriefing, and the management of an individuals return to work, work load, or therapeutic support. In schools, it can be achieved by assemblies, class meetings, creative class activities and rituals. Sending people home or closing schools without any secure framework for people to be held together does not provide the safety vulnerable situations require. Managers especially need to take even a few minutes to gather themselves so that there is thinking between their immediate reactions and responses that may create further stress and problems.

In recent times, one of the best examples of how to provide a 'gathering ground' after a prolonged traumatic experience was the help given to the Lebanese hostages, Terry Waite, John McCarthy and their families. The protective and informed care of the RAF Wroughton team 'held that space' for them in the early days of readjustment away from the normal pressures of life. The subsequent time spent by Terry Waite at Trinity Hall, Cambridge and McCarthy in France gave them valuable breathing space before decisions about their post-trauma lives had to be taken.

Most survivors of trauma, however, do not have the luxury of such opportunities, either through economic necessity or cultural pressures. As Professor Wm. Yule said in a

BBC2 documentary, *'Disaster Never Ends...'* (BBC2, 1990b), a get-better-by or grieve-by date of six weeks after the trauma is a common experience, and a year if you are

lucky. Even if these strictures are not imposed by others, they are often self-imposed because the distress is too much to bear. Much of my practice is therefore involved in offering different ways of thinking that give people permission to take time for gathering themselves and ensure that onlookers do not stop them. For example, I find it important to emphasise that even though it is a time of stillness, it is not inactive and needs real participation by the individual. Attention to inner processes, behaviours, interactions and the external environment is important. Even sleep can be active if it involves the watching for dreams and working with them gently using them for self-help as described, for example, by Shohet (1985). Gentle physical action and occupation which supports and nourishes the body and mind is also essential, especially simple tasks like cleaning, knitting, chopping wood, and gardening that allows reflection and structure, along with basic self-help tasks that help the exploration of their new territory without any pressure to make decisions or seek solutions.

THE CONCEPT OF CHOICE

My model is unlike most others in that it shows a divergence in the routes that can be taken rather than implying every stage has to be passed through. However, choice is inherent in the approach of Judith Herman, who has been an inspiration to many of us uncomfortable with directive medical models of working with people. She wrote:

> *"The first principle of recovery is the empowerment of the survivor. She must be the author and arbiter of her own recovery. Others may offer advice, support, assistance, affection, and care, but not cure. Many benevolent and well-intentioned attempts to assist the survivor founder because this fundamental principle is not observed...Caregivers schooled in a medical model of treatment often have difficulty grasping this fundamental principle and putting it into practice."*
>
> - Herman, 1997:133

I was in no doubt that I had to be in charge of my own recovery – even if it meant I made mistakes. Empowerment of course means taking responsibility for one's choices as well as having the right to choose. However, the emphasis on choice in my model

was quite confronting at times, especially finding it hard to .believe that there were other ways I could have reacted to the external events compounding and creating my stress. I had not chosen the way my bosses behaved and I asked, "Why would I have chosen such a miserable path?" Similar thoughts arose again after my daughter's death. What choice, I wondered, do people who suffer mass horror have? I found similar objections from others who tried to apply my model to extreme situations. Others objecting to this idea tended to be people with a firm belief that behaviour was determined by past situations and events, or people overwhelmed by hopelessness about the social situations of their clients. Teachers especially wanted to know how children with a long history of abuse or social deprivation had any choice in the matter.

While of course all kinds of external factors have an influence and may influence the range of choices possible, there is plenty of evidence around that this is not the whole story. Victor Frankl (Frankl, 1959) observed in survivors of the Holocaust, that it was the different meanings people gave to the same experience that made the difference between survival and death. Similarly, children brought up in the same family or people exposed to similar traumatic events also deal with their experiences differently. Some transcend it, others wither. Moreover, if there were no choice, then there would be no hope of change. Lifton, in the second of his Ten Principles of Psychoformative Theory (1968, 1988, 1993) noted the dialectical nature of survival and the alternatives where survivors have to stay locked in numbing or use survival for insight and growth. As much as we all might like a magic wand or someone to make things better for us, in the end we can only discover our choice and that there are always alternatives for ourselves. We need to learn from Oscar Wilde:

> *"The definition of insanity is doing the same thing over and over again and expecting different results."*

It is often only when this insight is gained that people may consider external support to find new strategies (Caplan, 1964)

Discovering Adlerian Individual Psychology in 1994 provided the theoretical framing I required for my model. Adler's belief that behaviour is chosen, not caused was empowering as it made choice and change possible. Choices in reactions to an event will be made consciously or subconsciously according to the person's inner goals and needs, depending on the awareness and social skills they possess. In one notable

example, the artist, Stanley Spencer, wrote about the choice that came to him when contemplating the horror of his experiences in the First World War:

> *"During the war when I contemplated the horror of my life and the lives of those with me, I felt the only way to end the ghastly experience would be if everyone suddenly decided to indulge in every degree and form of sexual love."*
>
> - Robinson, 1991: 11

Though there is some evidence that this choice influenced his behaviour towards his wife, he mainly acted it out through his paintings, for example 'Beatitudes of Love'. He also wrote that:

> *"The Burghclere Memorial redeemed my experience from what it was; namely something alien to me. By this means I recover my lost self"*

The idea of choice a can also be challenging to those who believe that progress must be linear and smooth. The idea that certain interventions can be given like a pill and expected to have the desired effect does not allow for the self-determining nature of human beings. People often prefer to continue using methods of coping that are not good for their long-term health, bearing in mind that what is deemed healthy is laden with many cultural and social expectations. As a helper, all I can do is give the best possible information, support and alternatives to help the person increase their range of resources and offer support to the people around them, from families to politicians to help make the environment for recovery healthier. I have to respect the fact that people have their own paths to make and follow and, as I have discovered, often growth is found in the cul-de-sacs and pits of wrong choices.

It was of course not enough to mention the word choice. In response to feedback, I needed to spell out the different routes and consequences, especially on behaviour more specifically. I sought to clarify the difference between primary emotions, their indirect, unhealthy though understandable expressions found in the 'whirlpool', and their more positive transformations as adjustment and integration is achieved. I used my first-person enquiry, therapy and reading to discover how different beliefs could influence thoughts and how these could influence emotional reactions and produce different behaviours. For example, a belief that states 'the world should not be like this!' can produce intense anger that can be turned in to bitterness, revenge and harmful

actions, or it can be turned more usefully into action to make necessary changes or creative expression. Devastating results can occur if the choices include coping methods, such as abuse of alcohol, that lead to other unhelpful choices as the story in Story Box 8 shows.

The root emotions and direct expressions of deep sorrow and loss, fear and anger are distorted according to Hillman's analysis of betrayal (1975) into the bitterness, cynicism, raging, paranoia and loss of trust of self and others, with associated behaviours displacing unbearable emotions against or onto others or against self. This can then be linked to behaviour following on from the displacement or avoidance of certain emotions, for example alcohol abuse as a means of avoiding intense sorrow, domestic violence as a displacement for anger, and panic attacks as a way of curtailing unmanageable feelings.

Understanding the role of the disaster in such behaviour is important for anyone with a duty of care for victims, since behaviour is often the gateway to them becoming involved, as in the case of the policeman in the story in Box 8 below. They have no right to be the therapist, but they do have a right to deal with behaviours that affect them, the job or school performance, and it is more helpful if they do this in a supportive way that encourages self-realisation and learning.

STORY BOX 8

THE CONSEQUENCES OF DEGENERATIVE CHOICES

'I saw every dead body in the disaster. I was next to PC… (his friend and colleague) when he was shot dead. I got home at the end of his day, really shell-shocked. Can you believe, my flat-mate (a fellow police officer) just turned to me and told me I'd got to move out. I just went right into myself and consoled myself with drink. I got the offer of a half hour chat from my boss, but nothing really helpful. Drink caused my road accident on duty, they let me off because of the disaster, but I wish they'd given me some help instead. I couldn't continue like this so I resigned. Then I did a really stupid thing. I'd been drinking and I was short of money so I took it in my head to rob a bank. So I put a cucumber in a bag and held this poor girl up at 'gun-point'. I was surprised at the length of my sentence – I got 6 years. The judge said he realised I'd been badly traumatised, but that it was, after all, two and a half years ago.'

- Letter, used with permission, from HMP …., 1990.

Adlerian literature has been particular helpful in discovering how the same emotion can be distorted into different behaviours according to the dominant psychological goals of the person – to gain attention, power, revenge, and withdrawal, or to make a useful contribution (Lew, 1990, Bettner & Lew, 1990; Scarlapetti, 2003). Intense sadness can thus be converted into self-pity, emotional wallowing, morbid grief or depression, or it can be transformed by direct expression of the emotion physically (tears, exercise, meditation), creative activities (art, music), rituals and remembrance and sharing it with others so that it becomes useful action or learning for the self and then others. Anger can be turned into revenge, violence and, if turned inwards, depression, or it can be expressed directly and safely and used to fuel useful action such as campaigning or social action.

I have observed, backing the observations of others (Rose, 2002), that shame and guilt are nearly always present in clients who seem stuck in their trauma, fixed in destructive thoughts and feelings and resisting all alternative views. If they haven't already made a rapid descent into the 'whirlpool' with consequences for relationships and work, dealing with these issues is the priority before any other work can be done. Assertions from on-lookers that there is no logical reason to feel guilt or shame makes many people feel worse. I have found it necessary first to acknowledge the reality of feelings of guilt before doing a reality check to distinguish real guilt (requiring remorse and reparation) from the guilt that comes with wanting to have done the impossible (requiring an acknowledgement of the depth of the loss and adjustments in core beliefs about self image).

Paradoxically, as much as I believe in the concept of choice in so far as it is about taking full responsibility for one's actions and life, I have experienced the surrendering of choice as a choice I can make. At several phases of the model, notably in the darker moments and as I work towards moving beyond my experiences and occasionally myself, I have brief glimpses that choice is taken from us, as Barbara Somers writes:

> *"…the greatest freedom in life is to do willingly that which I must. ….One doesn't have to choose, one stands and is chosen through."*
> - Somers et al, 2002

SOCIAL ACTION, JUSTICE, CAMPAIGNING AND POLITICS

These are all major issues that can create trauma, block and promote recovery and pervade every aspect of the trauma journey. I have become interested in them partly because they are part of the fabric of any disaster and its aftermath and also because my work has taken me into areas of conflict, from Northern Ireland, to Israel, Palestinian refugee camps in Jordan, Croatia during the Balkan war. I have also come into contact with people such as my Israeli colleagues who are always working their own highly political context and often invited into others, for example by the Imam of Zagreb to work with all sides in the Balkan conflict. Further exposure has come from my association with the University of York's Post-war Reconstruction and Development Unit and Edge Hill's Centre for Studies in Crime and Social Justice. The latter has highlighted the reality of issues involving long drawn out legal proceedings such as the Hillsborough Inquiry (Scraton, 2000; Edge Hill, CSCSJ Disaster Archive www.edgehill.ac.uk/cscsj) and the Dunblane 'Snowdrop campaign' (North, 2000) to change the gun laws.

I shall leave a fuller discussion of these issues for another place and time, but here I just want to note my reason for my interest. These are issues that are often ignored with the increasing focus on the individual psychological experience of trauma. I regard these issues as important in their influence on the processing of traumatic experiences, in the choices that people can make and the level of change needed by wider social and political systems for individual recovery to occur. Practitioners can also be accused by politicians and people on all sides of a conflict for using methods that, for example, defuse anger, especially when it is this anger that may turn people into the next generation of fighters. There is a fear that therapeutic practice can be misused to control people and this had real implications in places like Northern Ireland where most psychologists and psychiatrists were from the dominant Protestant tradition. My Israeli colleagues have been criticised for working with Jewish communities in the Occupied Territories to prepare them for their potential re-location, and at one time they were criticised for helping to alleviate the trauma of children and thereby 'make it permissible for them to be traumatised as it is treatable', (Ayalon, personal communications).

Campaigning by victims and survivors as a reaction to and an integral part of coping with trauma and grief has also been largely ignored, yet is component of most major disasters and an increasing part of other deaths, especially where negligence is suspected as in the case of the child deaths at Bristol and organ retention controversy

there and at other UK Hospitals. Such campaigns cause polarisations in attitudes towards victims, delayed and cumulative reactions due to prolonged legal, medical Inquiries and intense and extensive media involvement. Our own Newbury Community Epidemiological Study and campaign (Capewell, 1998c) to gain recognition for the high incidence of deaths of young adults from leukaemia taught me about issues and aspects of campaigning and how it intertwined with the grieving process that I would otherwise not have appreciated so fully. In particular it showed me the type of support and encouragement needed according to which phase of the trauma cycle someone is in and to challenge those who, instead of offering loving support and challenge, make blanket accusations against campaigning survivors of the kind that Dunblane campaigners endured (North, 2000).

THE QUESTION OF FORGIVENESS

Developing my model has meant tackling major life issues and questions that are key themes in religion and philosophy. Forgiveness is one such issue. My investigations continue and I am again aware of how I struggle with the feeling that my own experiences are nothing compared to the stories of many people around the world who face these issues on a massive scale. Viewing the 'Forgiveness' exhibition in London, (www.theforgivenessproject.com), with stories of the struggles to forgive from around the world, including my friend Marian Partington's story, was a humbling experience. However, my story can perhaps relate more easily to the everyday experiences of many people and I settle my hesitation by realising that if we can learn how to do the everyday forgiving, then there may be less need for forgiveness on a dramatic scale.

In November 1987, Gordon Wilson came to prominence as the man who 'forgave' the Enniskillen IRA bombers, to the wonder of some and consternation of many. His daughter had just been killed and he was injured. I often reflected on this and wondered how he could do this so soon, when I was struggling so much to forgive my bosses for far less significant acts. Later, through my work in Northern Ireland, I met people close to Gordon and learnt that what he actually said was "I bear no ill will, I bear no grudge. Dirty sort of talk is not going to bring her back". As someone who knows the family said, *"This was not forgiveness, but, to use a religious word, grace". The media shorthand, "Gordon Wilson, the man who forgave his daughter's killers", created a straitjacket that was hard for him to shake off so he put his high profile to the best advantage he could do defeat the bombers through peace."* The concept of

forgiveness carries many subtleties and is a state of mind that goes well beyond the simple saying of the words, 'I forgive you'. People with the religious convictions of Gordon Wilson would actually believe that only God can forgive.

I was heartened by the realisations made from reading James Hillman's work that forgiveness is not about forgetting or denying that a wrong has been done. My feelings for revenge against my bosses had not abated, but I was beginning to realise its self-destructive nature and that forgiveness was not just some altruistic, selfless act. It was necessary for good health on all sides. Hillman's definition was encouraging:

> "Forgiving is not forgetting, but a remembrance of wrong transformed into a wider context."

or, in the words of Carl Jung:

> "The salt of bitterness is transformed into the salt of wisdom."
>
> - Hillman, 1975: 79

The wider context for me was finding the learning for myself behind the experience of betrayal, and then encouraging others to do the same. It so often felt like the betrayed person had to do all the work of forgiveness, so it was a relief to read Hillman's argument that forgiveness also needs the betrayer to recognise, remember and carry the wrong and their guilt too. I have heard others argue that forgiveness in its purest form is given without condition or even any involvement from the perpetrator, but Hillman's involvement of the betrayer in the process made it possible for me to start the process and overcome the intense bitterness I felt. Apology had also to be made real with reparation and restoration through acts for the common good that redeemed the wrong-doing and possibly the wrong-doer.

My friendship with Marian Partington has added considerably to my learning, especially the courage needed to undertake the journey to forgive, dealing both with inner struggles and reactions of those who cannot understand the aspiration to forgive. Marian says of the journey she chose to take:

> "I had a deep need to reclaim Lucy's truth [she was a 'refined, poetic girl'] from the dark mangling by the Wests and the media. The gap I needed to cross in order to be able to comprehend and forgive was vast."
>
> - Partington (2002)

My exploration of forgiveness has been a serendipitous process of keeping the issues open in my mind so that I pay extra attention to information, media programmes and stories that come my way. While I was absorbed by the subject of forgiveness while writing my first draft of this thesis, some old copies of 'Changes' Journal were sent to me unexpectedly. One Journal included the article by Ben Fuchs (Fuchs, 1997) with his tough challenge about a degenerative motivator for forgiveness. Fuchs makes the distinction between forgiveness as a state, that of being in relation to an event, rather than forgiveness as a verb, an act that can be used as a form of power game to gain moral superiority over the perpetrator and does not lead to healing. The delicate task of forgiveness requires the other not to be lowered or put down by being righteous. It is still a reaction, the other side of victim-hood and such patterns need to be given up for true reconciliation with what has happened.

Forgiveness thus viewed is challenging, since all kinds of well used survival strategies have to be given up if forgiveness is not to be used as a subtle, acceptable form of revenge. Fuchs believes that forgiveness is an individual, personal journey which cannot be done on the behalf of anyone else. He suggests that certain factors will help the process along:

- a willingness to give up secondary gains such as the power of feeling righteous
- placing betrayal in a wider context as described in Hillman's definition above
- understanding our own capacity to betray, thus leading to compassion for our own human nature and thus also to compassion for our betrayers. Compassion allows healing.
- a willingness to use betrayal as a teacher, a valuable part of our development whereby we move from primal trust to understanding that real trust can only occur where there is a risk of betrayal, even from those closest to us.

As stated earlier in the section named 'Moving Beyond the Disaster Frame' in the description of the model, this is a stage that not many people reach, and not all ever aspire to reach. It is the path chosen by those who have perhaps nothing to lose from taking the risks involved or by those with the vision and courage to explore dimensions beyond their current knowing. They can no longer be satisfied with just getting by or finding the comfortable normality that most of us choose that is not much different from their pre-trauma lives.

ADJUSTMENT, RECOVERY AND GETTING BETTER – What do these words really mean?

Some victims have reacted strongly to terms such as recovery, fearing it colludes with society's need to move them on and conveniently forget the impact. The idea that it is possible to recover from the loss of a child, for example, is offensive to some. Getting over the unhelpful reactions is confused with getting over the loss. The question needs to be asked, 'Getting better for whom, for what and by whose criteria?' - what is better for society or an employer may not be better for the person.

The term 'adjustment' is more acceptable to many. It can be done at different levels and in different ways. I have observed many levels of adjustment from 'just getting by', to practical re-stabilisation without major life or belief changes, through to major shifts in life-style and perspectives and transformations discussed in the next section. In the workplace traumatic incidents I respond to, all but a few adjust quickly with the speedy application of timely, skilled assistance backed by supportive management and friends. For most adjustment means a healthy return to full performance at work, managers may have to be persuaded that for some the optimum outcome is to resign even though reactions have been defused, as illustrated in Story Box 9 below:

STORY BOX 9

RECOVERY: WHOSE CRITERIA?

A young manager arrived at work only to have guns thrust in her face by three men who were holding the night cleaners hostage. She left for her holiday abroad the next day but she soon broke down when a noise reactivated her trauma. She stayed in the hotel for the rest of her holiday - just the sight of the company logo, even in a different place, reactivated intense fear. On her return home, she could not socialise or go out, her income was under threat and she could not bear to go near her workplace or another branch. At first she seemed very stuck and there was little progress until we adapted my methods to use metaphor that made her laugh a lot. Her face lightened as she finally managed to tell her story without the strong reactions. Her distress began to decrease rapidly after several sessions and homework. I helped her rehearse in her mind, and later in reality, her return to the store. After a month, she was able to find the courage to re-enter her work-place, the scene of her trauma. Even with the delay in receiving support, she still only took 4 weeks to move from immobilising fear and avoidance to reach what had seemed an impossible goal – to re-enter the store. She still resigned, but only because she had, for the first time since leaving school, realised there was another life beyond this company'

- Taken from my records, 2001

Recovery and adjustment is not guaranteed and the journey to achieving them long-term may be difficult, but the knowledge that alternatives and choice are available provides a good base from which the territory of healthy coping can be negotiated – with more joy and hope than the territories experienced before. There are often many set-backs, as I am sure the young woman above may still discover, but the possibility can at least be believed. The elements needed to promote healthy coping and healing include: finding one's power, especially through gaining a platform for one's voice to be heard, participation with others, a purpose beyond oneself as well as for oneself, resourcefulness and a social role. In reality it may also of course bring more trauma and attacks from others who are threatened by the voices of survivors, especially when powerful forces of the state and legal systems become involved as the Dunblane parents found (North, 2000).

In many therapeutic settings it may only be possible to build healthy coping, but this creates the foundations for the next stage of transformation. A psychologist, Mary Harvey, in her thesis *'An Ecological View of Psychological Trauma'* cited by Herman (1997) has defined 7 criteria for the resolution of trauma, experienced not in the simple linear order suggested by this list but in many circles and spirals of interconnectedness:

- The physiological symptoms of post-traumatic stress disorder have been brought within manageable limits
- The person can bear the feelings associated with traumatic memories
- The person has authority over their memories and can elect to remember or not
- The memory of the traumatic event is a coherent narrative, linked with feeling
- The person's damaged self-esteem has been restored
- The person's important relationships have been re-established
- The person has reconstructed a coherent system of meaning and belief that encompasses the story of the trauma

BEYOND THE TRAUMA: GROWTH, INTEGRATION, TRANSFORMATION, TRANSCENDENCE?

All of these words are used to describe what happens when a person feels they have stepped out of the control of the original disaster and its repercussions – it goes beyond adjustment, recovery from reactions and getting better. I wanted to investigate this last phase, the ultimate goal of my model, for personal reasons so I should have a better sense of what I was striving for. I often felt my account of this phase and the

hope it gives sounded hollow. I could sense growth and integration in my journey from crisis, even some transformation, but I was less sure about the higher goals of transcendence. This has been an exploration through experiential workshops and retreats, learning from other people on this path and reading a variety of texts which continues, and I suspect has no end. Such words can be meaningless at the start of the journey, when just getting by seems impossible, and it may be that they have no real meaning until the person has attained these conditions

My explorations fall into two categories: first, the views of trauma psychologists and psychiatrists and second, the views of people expressing a more creative and spiritual view of life beyond trauma. There is of course some over-lap as not all psychologists are caught in purely scientific models of growth, especially those who gain their expertise from the field, for example Lifton (1968), Kai Erikson (1976/79) and Herman (1992). However, it generally falls to literature, philosophy, religion and the writings of therapeutic traditions such as Jungian psycho-analysis to deal more fully with such issues, though the psychologists may provide the techniques that release the symptoms that might forestall the possibility for growth.

The views of trauma psychologists
The early disaster workers saw the goal of survival as the re-integration of the traumatised self into the whole self (Lifton, 1968, 1983). This could be taken on many levels, such as re-creating a continuous life narrative, to re-appraising belief systems to make room for the new reality or finding new ways to express emotion or behaviour. Judith Herman (1997) writes of the importance of finding a 'survivor mission' for a significant number of survivors of abuse who recognise the political or religious dimension in their suffering. By making it a gift to others, they transcend it. Some specialists emphasised resilience, coping and salutogenic approaches (Lazarus, 1977, 1998; Lazarus & Folkman, 1984; Ayalon, 1983, 1988; Lahad, 1993, C.S.P.C. volumes 1-5, 1988- 2003, Rosenfeld et al, in press).

However, many modern treatments concentrate on fast symptom reduction and research focuses on predicting and treating more extreme clinical expressions of post-trauma reaction, such as PTSD, and developing predictive tools (Brewin et al, 2002) since these are the areas of medical and legal concern. The emphasis on the negative aspects of traumatic experiences has led to a re-balancing with studies of post-trauma growth (Teschedi & Calhoun, 1995; Linley & Joseph, 2002). One of the newest trauma centres, in Northern Ireland, is called the Centre for Trauma and Transformation, at the

insistence of the Trustees, one of whom, the Duchess of Abercorn, was trained by Somers & Gordon-Brown (2002) at the Centre for Transpersonal Psychology. On asking what was meant by 'Transformation', the Director replied, 'Applied to conflict we mean changing how we manage anger, difference etc from destructive, primal approaches to more constructive approaches. It is also about hope and choosing' (The Director, personal communication)

One reason for looking in more detail at the work on post-trauma growth was my concern about press reports that implied that anyone who did not grow after a traumatic event had failed in some way or that professionals were exaggerating the distress of victims. Growth was also spoken about as if it was a simplistic process and everyone was capable of growth, though it was exceptional characters such as Nelson Mandela that were cited as proof of the assertions. Another reason for my interest was my question mark over whether anything more than re-appraisal and symptom change could result from relatively brief clinical procedures without deeper-level therapy or spiritual practice of some kind.

Tedeschi and Calhoun (1995) have researched growth in their clients over some years. They, like Judith Herman (1997), deal with more accessible forms of growth such as social action and writing about experiences. Tedeschi and Calhoun conclude that higher levels of transformation can only develop when changes occur in the foundational belief system guiding a person's life and probably require work at a deeper experiential level. Even the worst traumas, they believe, can result in transformation, but the process is 'long and perhaps with no end'. I suspect the worst traumas are actually more likely to result in the deepest transformations. Where most has been lost, there is less to lose and more to gain from radical change.

Supportive others may be helpful in this journey, but eventually, one's own peace must be made with the event. This peace involves giving up many things: old assumptions; hopes; belief systems; and, in particular, notions of invulnerability and personal power, and harsh judgements of self and others. Paradoxically a new sense of power must be nurtured by the determination to extract the good from living and to actively contribute to it. Confronting spiritual issues is nearly always an aspect of this process of transformation, and comfort has been found by many in decisions to accept and serve. Transformation cannot be forced and the lessons may have to be learned more profoundly again and again following subsequent cycles of experience.

Tedeschi and Calhoun do an admirable job in reversing the view of Charles Dickens, traumatised in a rail crash, that catastrophe must inevitably lead to the 'worst of times'. They recognise, however, that great sensitivity to the readiness of the person is needed before the concept of growth and transformation after trauma can even begin to be contemplated. This far, their beliefs matched mine but one aspect of their work concerns me, namely their assumption that a systematic assessment needs to be made of 'growth' and how it happens. They have developed research tools to test whether or not growth has occurred. They devote a chapter to examining many important issues around the difficulty of measuring variables which are hard to measure and are clearly committed to qualitative research and conducting research in a humane manner. In the end however, they are still firmly attached to scientific paradigms reflecting the interests of the researchers rather than the researched. Their Post-Traumatic Growth Inventory requires participants to place their self-assessed degree of change for each item on a scale. This and similar tests, such as Park's Scale Related Growth Scale (quoted in Tedeschi, 1995) and the 'Changes in Outlook' measure used by Joseph following the 1988 Jupiter cruise ship sinking (Joseph et al., 1997) reduce all levels of change from small behaviour changes to major transformations to mere numbers and it hurts me to think how this diminishes the struggles, the beauty and magnitude of what some people experience. It serves once more to deny people their voice. I am also concerned that from attempts to discover what helps people grow, future treatments will be devised that are too prescriptive and do not foster the person's own creativity.

I believe that transformation is a process drawing from many channels of being and knowing which cannot be done unto others. The kind of research that tries to dissect it, box it and possibly order and control it fails to appreciate the wholeness of the transformation experience that takes us beyond ourselves into a realm that is more universal, beyond space and time. I believe that the testimonies of real people expressed through the creative arts and literature, ancient and modern, fact and fiction will continue to provide the best evidence of transformation after trauma. The emergent, creative future looking nature of action research must have a place here and, though not designated as action research, the work of Gal and Ayalon with the survivors of the Ma'alot terrorist attack in Israel in 1974 has many of its core elements (Gal et al, 1996). They were concerned with encouraging survivors to speak with their own voices and to produce their own assessments of how they coped and what they wanted to achieve. They posed questions to stimulate responses and creative solutions

rather than defining what coping should be and measuring whether it had been achieved.

I shall now turn to perspectives that deal with growth at a deeper level beyond coping and recovery for oneself.

Holistic perspectives on transformation and transcendence

The words transformation and transcendence appear with greater frequency in this type of literature. Poetry, art and metaphor may be a more appropriate language for exploring higher levels of growth without destroying the experience by trying to describe and analyse it in terms other than itself. Transformation inhabits the world that Samuels terms the imaginal, the in-between state where images take the place of language (Rowan 1993), and what Hillman (Hillman, 1990) links with the place of soul-making full of images and myths, where the functions that humans construct are more important than literal truth. As Joseph Campbell wrote (1990):

> *"Myth is the secret opening through which the inexhaustible energies of the cosmos pour into human manifestation..."*

Action research can validate these non-literal truths and can work with metaphor and symbol, allowing what Rowan (Rowan, 1993) suggests is needed, exploration and action but abandoning control. Jung expressed it thus:

> *"The art of letting things happen, action through non-action, letting go of oneself, as taught by Meister Eckhart, became for me the key opening the door to the way. We must be able to let things happen in the psyche. For us, this is an art of which few people know anything. Consciousness is forever interfering, helping, correcting, negating, and never leaving the simple growth of the psychic processes in peace."*
>   - Jung, 1968 quoted in Rowan 1993

Holistic perspectives are also more likely to tolerate and even welcome, the slips back into the 'whirlpool' of despair, from which I believe well-grounded growth may come. Too often scientific trauma researchers dismiss such slips as 'harmful' and proof of that a method does not work. From reading real-life stories, the path to integration and transcendence is extremely hard with many pitfalls. Growth comes from facing these. I can think of times in my own journey where I thought I had 'recovered' or integrated my

experience, only to be knocked back and made to realise there was a lot more to be done. It is a life-time process that 'just is how it is', and while others may see your growth, the lived experience may be feel like decline. June Raymond, a Catholic nun and member of the Association of Creation Spirituality, writes:

> "The task of our lives is to transform the material into the spiritual. [Mistakes are part of that as they plunge us] into the shadow without which there can be no transformation. The transforming power is love… … The transformation goes on whether or not in our human terms we 'get it right'. …. I learnt from Julian of Norwich that every negative is part of an organic process which is life-giving. It is not something that went wrong. Negative and positive are both part of transformation, of creation."
>
> - Raymond, 2001: 145

The writing of the great spiritual leader, The Dalai Llama (1998) illustrates an element of transcendence by his ability to rise above the trauma of his people to see that:

> "... every phenomena has different aspects', describing how the tragedy of Tibet as also brought great learning, new contacts and opportunities as well as the sweeping away of out-dated rigid formalities."
>
> - The Dalai Lama, 1998

He also uses the stories of the 4th century Desert Fathers to emphasise that suffering and hardship alone are not enough to bring wisdom:

> "What is also needed is a shift in perspective, to view things from a different vantage point."

Herman (Herman, 1997) and Joanna Macy (Macy, 1991).both suggest the use of stories of transcendence as a method of reaching transcendence. Herman quotes the experience of Natan Sharansky, a prisoner of conscience:

> "Back in Lefortovo [prison], Socrates and Don Quixote, Ulysses and Gargantua, Oedipus and Hamlet, had rushed to my aid. I felt a spiritual bond …they accompanied me through prison cells and camps… The mystical feeling of interconnection of human souls... was one of the weapons we had to oppose the world of evil."
>
> - 'Fear No Evil', Random Books, 1988

This is similar to Macy's notion of the Ball of Merit, the collection of stories of the great heroes and heroines of history, from which inspiration and endurance can be drawn.

Jung outlines the conditions he observed in clients 'who, quietly and unconsciously grew beyond themselves' most conducive to transformation in his commentary on '*The Secret of the Golden Flower*' (Wilhelm, 1962):

> *"... I saw that their fates had something in common. Whether arising from without or within, the new things come … from a dark field of possibilities; they accepted it and developed further by means of it. But it was never something that came exclusively from within or without. If it came from outside the individual, it became an inner experience; if it comes from within, it was changed to an outer event. But in no case was it conjured into existence through purpose and conscious willing, but rather seemed to flow out of the stream of time"*

Hillman talks of the point of initiation as the movement from a state of child-like primal trust into the reality of adulthood with all its tragedy and joy. He sees crisis as the means of breakthrough into another level of consciousness where the true purpose of the betrayal experience – that trust and forgiveness cannot be real unless there is the possibility of betrayal and not being rescued (Hillman, 1975). This interpretation resonated with my Hungerford experience where I had to learn that trust and betrayal were two sides of the same coin.

Some of these concepts are not easily grasped by everyone, so I have also sought simpler ones that can be understood by most people. Three quotations encapsulate transcendence in accessible terms. First, the novelist, Reynold Price (1994), calls it:

> *"the next viable you – a stripped down whole other clear-eyed person"*

Second, Ben Okri captured the essence in 'The Awakening Age':

> *"When perceptions are changed there's much to gain*
> *A flowering of truth instead of pain"*

and third, Maya Angelou:

> *"History, despite its wrenching pain,*
> *Cannot be unlived but, if faced*
> *With courage, need not be lived again."*

My own current perspective

My own view is that the trauma journey is a complex mix of reactions, responses and repercussions. We can make choices about what we do and the path taken, but it is a dynamic process that can always bring surprises and unexpected growth or otherwise in the most unpredictable places. To get out of the trauma spiral, the mere picking up of the threads of pre-trauma life and carrying on as before may not be enough. The way the threads are spun and woven has to change and new threads and patterns introduced.

When I consider the real difference between coping and transcendence, it is the quality of attitude and purpose that seems to make the difference, in particular the quality of compassion that allows a move away from polarisation of people and situations. If social action or the search for justice contains hate for others and a need to demonise, however understandable, the person will still be locked in the trauma cycle and tied to the perpetrator. Those who can find compassion for those who do them wrong truly transcend the trauma. One example of this is Jo Berry, the daughter of Sir Anthony Berry, murdered in the Brighton bomb of 1984, who now works for peace alongside Patrick Magee, the bomber, in spite of accusations that she is betraying her father (www.theforgivenessproject.com). My friend, Marian Partington is also trying to transcend the pain of her sister's murder in similar ways. The route to transcendence seems to demand a world view described by Joanna Macy (1991), of the interconnectedness of all beings and *"seeing every person as your mother".* As one of Judith Herman's clients wrote, *"I have burst into an infinite world full of wonder."* (Herman, 1997), showing a feeling of complete oneness and integration with all sentient beings that is found in many accounts of transcendence.

Such ideals can seem too far beyond the reach of many 'ordinary' people, yet, Alison Leonard, in *'Living in Godless Times'* (2001) provides a useful collection of stories about the transformations of 'ordinary people, not saints or gurus'. Leonard lists the common strands she found in the contributors to her book:

- They were all seekers, often finding a way out of an existing family or community belief system which they could no longer hold for themselves.
- A key experience or event triggered the story
- There were key people who inspired them
- Their journey involved a letting go of ego and a vision of wholeness.

- The travellers did not ignore complexities and they had experiences of such quality that they could not be described in terms other than themselves or be broken down into components.
- All had a wider purpose, often known since childhood, creative ways of meeting needs and a desire to relate better to society and family.
- Most significantly, they are all LIVING the question rather than grabbing at answers.

I observe from the stories I have read, certain names and practices that recur as major influences on people reaching higher levels of integration:

- Some kind of spiritual frame or meditative practice, especially those of Buddhism, Quaker practice, Sufi traditions, and Christian mystics such as Julian of Norwich and Hildegarde of Bingen.
- The works of people such as Carl Jung and Jungians, for example, Joseph Campbell (1973; BBC2, 1990) and James Hillman (1990), who have tapped into the archetypal myths and legends from Greek myths to Star Trek, for their understanding.
- Literature , especially the visionary poets such as William Blake who can 'see the world in a grain of sand' and connect small everyday experiences to a much wider cosmos , and T.S. Eliot, especially in his *'Four Quartets'*.

Paradoxically, I also experience that in growing beyond oneself, one also comes back more fully to the essence of who one really is and always has been.

An experiential exercise I use in training courses has given me a metaphor of the various approaches to crisis. Participants draw something very dear to them which is then destroyed. Their task is literally to pick up the pieces of their pictures. Some try desperately to piece things together exactly as before, some get angry and sweep everything away, but I remember one who began to see everything differently and created a new and beautiful form, even breaking beyond the two-dimensional boundaries of the materials. She had accepted reality and gone beyond the bounds of her previous 'life' to move into a realm with other dimensions.

Researching and writing this section has strengthened my view that the world of trauma needs fewer interventionist obstetricians pulling and forcing 'results' and more midwives who will hold vigil alongside whatever is waiting to be born and who will nurture it until it can grow on its own.

HOW DOES MY MODEL RELATE TO OTHER MODELS OF TRAUMA AND GRIEF?

After the Diploma stage of my research journey in March 1998, I decided to explore how I could make better use of my Trauma Process Map as part of my practice. This became the focus of my M.Phil. transfer paper in 1999. During my viva, I was challenged to move beyond my experiential explorations and the literature that had inspired the original map to be more explicit about where my ideas fitted in relation to other academic models of trauma and grief. This led me to an exploration of the few existing models (e.g. Kubler-Ross, 1969; Parkes, 1972) that I had perceived (from secondary sources and training) to be too linear to help me explain and work through my own experiences. During my explorations, I also became aware of new models that were becoming public as I was developing my own. From 1998 to 2001 I was heavily engaged in more sophisticated experiential and practical developments of my map and its uses during my work in response to the Omagh bomb (1998-2001), the Paddington rail crash (1999), the Bahrain air crash (2000) and a fatal incident in Namibia (2000) as well as many workplace traumatic incidents.

The majority of this academic enquiry took place from 2001 when I changed my research priorities to give myself more time for exploring original sources and literature in more depth. I was by then able to read this literature without the emotional reactivity that I had experienced in the early years following my personal trauma and bereavement experiences. I could also read and critique the literature with greater discernment because I now valued my own personal knowing about these issues. This was the result of so many cycles of reflection and the comparisons I had made between my experiences and those of the people I had met in the course of my work.

During this phase of enquiry, I held the question: *"How could other models enrich my understanding; how could mine enrich theirs?"* I also suspected that my model could encompass quite a few of these models because it accepted diversity and acknowledged that different processes operated at different times and in different situations. I therefore ranged widely in my reading so that I would not be restricted by the boundaries of a particular discipline. I therefore studied academic accounts from different fields–from psychiatry, medicine and various branches of psychology; various therapeutic traditions from psychoanalysis to humanistic and transpersonal psychology; and accounts from sociology. I studied these in relation to different kinds of traumatic stress, general stress, coping and resilience; grief and bereavement. I give an outline

below of some of the connections I discovered between my model and the other models involved with disaster work –comma? trauma, coping, grief and bereavement, though many other models from sociology, human development and other medical fields feed into these.

Links with disaster recovery, trauma and coping models.

My model uses my story to facilitate the telling of other stories. As such it is linked to the concepts of disaster experts coming from a sociological stance such as Quarentelli (1998) and Hewitt (1998), Davis (1999) and Scraton (2002, 2003) who believe that everything about disaster and trauma, from terminology to allocation of resources for coping, must be seen in their sociological, cultural and political context and from a wide representation of voices. The influence of post-modernism is apparent but the participative world view of Skolimowski (1994) and Bateson (1976) is paramount, represented in my model by the interaction between individual experience and external realities and the co-creation of one's path. The l emphasis on creating one's own path is in line with Herman's view (Herman, 1992) that true recovery comes from empowerment and authorship of one's own narrative. Horowitz (1976) also recognised the re-iterative quality of disaster recovery and the never-ending effort to make sense of it. The fact that a multiplicity of stories is expected means that the quest that is often mentioned in scientific research papers (Rose, 2002: 64 & 66) to explain why people process traumatic experiences so differently is not relevant because it is the norm, given the subjective nature of people. A more interesting question is to explain the predictable patterns, not the differences.

I have discovered the degree to which, via my first mentors, the early disaster response models built by professionals from direct field experience with survivors influenced my thinking. Disaster work in the 1980's and early 1990's, and therefore my model, was based principally on the work of people such as Lifton (1968), Kai Erikson (1976) and Beverley Raphael (1986) who drew a great deal from the crisis intervention models of Caplan (1964) and stress models of Selye (1956). Additional influences came from the grief and bereavement models of Parkes (1972) and Worden (1982 based on the early work of Freud and Bowlby's attachment theory (Bowlby, 1980: 38-43), as well as the work by Elizabeth Kubler-Ross (1969) and her followers, such as Keleman (1974) who inspired my model's spiralling form. Occasionally the work was infused with insights from other traditions, such as the Native American rituals for those returning from the trauma of war (Silver and Wilson, 1988) which have resonance with the need for a 'gathering ground' in the 'Void' phase of my model, and the innovative camps set up in

Britain to deal with the trauma of soldiers and to prepare them for their return home (Adam Curle, a camp co-ordinator, personal communication).

The predominant psycho-social perspective in which my model was first developed can be seen in the books written in the UK in the early 1990's that emphasised the role of social workers and other community professionals such as myself (Newburn 1993a, b, c; Hodgkinson and Stewart, 1990) and the fact that the first Disasters Working Party set up by the Government was made up principally of social workers (Disasters Working Party, 1991). This was superseded by a Mental Health based report placing trauma firmly in the medical model of symptoms needing treatments in trauma clinics.

I learnt that my model is a small contribution to the long search to frame disaster response and recovery since Victorian times, when industrial and railway accidents began to create larger scale disaster. Other trauma process models have been stimulated by the needs of legal and compensation issues. The First and Second World Wars, and especially the Vietnam War, have provided the legal and political impetus for defining trauma and attributing blame – either to an external event or the existing vulnerabilities or 'moral cowardice' of the victims. In addition, the military health services and organisations have sought quick treatments for symptoms to get people back to the front. The motivation for my model was neither for legal, political or compensation purposes, but purely for my own well being and sense-making.

Most of the more recent research based models only deal with small parts of the whole trauma process, mainly about the early post-trauma stages and the prevention or treatment of the most severe problems. They are often geared to their own particular school of thought or practice and can only be fully understood and used by that sector. Some have attempted models of the whole process (Horowitz, 1976) and some have devised integrative models which take account of coping skills and social context (Joseph et al 1997), as well as the conditions and processes that contribute to growth and transformation (Tedeschi & Calhoun, 1995; Linley and Joseph, 2000).

I can slot other models into the different phases of my model. For example the multi-modal coping skills models (Lazarus, 1977; Lahad, 1992; Lahad et al, 1996; Palmer, 1992) are relevant to the pre-incident phase; those that include the smashing of core beliefs (Janoff-Bulman, 1992; Foa et al, 1989), the breaking of the continuum of life (Gordon & Wraith, 1993); neuro-biological changes in the moment of trauma, disruptions to memory and intrusive images (van der Kolk et al, 1996); fit the impact

stage. The cognitive- behavioural models to do with information –processing (Brewin et al, 1996); Ehlers & Clark (2000) and models of emotional-processing (Rachman, 1980) and van der Kolk's promotion of body-work (Pointon, 2004) are relevant to what can be done in the early stages of my model to remove blocks and encourage healthy coping. Many trauma processing techniques have arisen from them to deal with intrusive images, startle reactions, and narrative reconstruction, for example Eye Movement Desensitisation and Reprocessing (Shapiro, 1988), the 're-wind' method of Neuro-Linguistic Programming (Andreas 1989); narrative therapy (Bourne & Oliver, 1999). Specialist treatments relevant to the 'Whirlpool' experience in my model include various anxiety and depressive disorders, including simple and complex PTSD, arising from a failure to process the trauma (van der Kolk et al, 1996; Foa, 1997), and suicide prevention. Models of coping and transformation find their place in the later stages and movement out of the confines of trauma.

Links with loss, grief and bereavement models
Traumatic shock has to be defused before natural grieving processes can be released so these models are essential to trauma models and vice versa. I had to know how my model linked to grief models, especially as I developed mine as a reaction to what I perceived to be the linear grief models of Kubler-Ross (1969), Parkes (1972) and Worden (1982). More thorough investigation of these indicates that their authors had no intention that they should be linear and they have suffered from over-simplistic and poor dissemination. Kubler-Ross's work was also with the dying rather than the bereaved. These models also broke new ground and challenged the taboos surrounding death so their importance to the field must not acknowledged. Where my model differs is in its encouragement to people to value their own knowing and exercise their own choice in creating their own paths, however messy and mistaken.

I agree with Parkes (Parkes, 1998) that the old grief models have been challenged unfairly by more recent 'continuing bonds' models (Klass et al, 1996; Walter, 1996, 1997). These replace the concept of 'letting go' of attachments to the deceased with the building of narratives around them, often, I believe, with the danger of denying the finality of death. These new models can, however, be accommodated in the 'Healthy Coping' phase of mine and their concept that grief and bereavement journeys can be socially constructed to some extent resonates with my views. Another popular new model, 'The Dual Process Model', acknowledges the dual process of grief, whereby people move in and out of tasks to do with grieving and restoration, (Stroebe & Schut, 1999). This is an important recognition, but I still find it too simplistic for my messier

path that contained many multiple tasks that combined grieving and restoration, for example campaigning,.

The multi-dimensional nature of disaster, with its many repercussions, are accommodated in my model by its multi-spiral nature, where every time a new traumatic event erupts, then a new assessment of the new crisis state is needed which includes the consequences of all preceding primary and secondary incidents. Often the person rapidly descends further into the 'Whirlpool'.

Turning the map into a working model

All these investigations made me more confident about using the model in practice. In the next section, I give a brief account of the practical knowledge I gained by putting the model out to public use and scrutiny.

C 4

<u>PRACTICAL KNOWING: LEARNING FROM THE MODEL AS I USE IT</u>

I have experimented with different ways of using my model in lectures, in therapeutic sessions and in workshops. I have used it as a map for assessing where people are in their journey and making choices about the action they take, as a training device for illustrating the nature of trauma, as a planning guide for choosing actions and as a framework for experiential exercises. These applications provided opportunities for further first-person enquiry and enquiry with others in different situations around the UK and in other parts of the world. It also marked the movement of the model into public view and the possibility for third person enquiry.

Apart from briefly mentioning my model rather hesitantly in a few lectures and training sessions and its use in 1994-5 in the creation of the book, Journeys of Discovery which was published in 1996, it was in the aftermath of the Dunblane shootings in 1996 that, encouraged by my colleague, Paul, the model made its first real entry as a method and model of disaster response in its own right. That marked the first of many cycles of action and reflection with myself and colleagues in which these questions emerged:

- *"How I could use the model to improve my facilitation of other people's process at a very practical level?"*
- *"How could I fit my increasing range of skills in the model's framework?"*
- *"Could the model (as well as the method of mapping) be applied to different types of trauma and to groups and organisations as well as individuals?"*
- *"How could I use the model in the early post-incident period before people appreciated the full impact of the incident and when officials are resistant to the idea of preventative action?"*

While living these questions in the aftermath of disaster an din training sessions, persistent issues I needed to address at more depth emerged:

- *"How do I deal with pre-crisis denial that limits what can be done after a disaster?"*

- *"How can I explain the need for preventative work to be done early after a disaster to people who at that time are fluctuating between denial and overwhelming images that scare them?"*
- *"How can people be convinced of the need to try new coping styles and methods when old ones are inadequate, and to be tolerant of others taking a different path from their own*
- *"How to work alongside people in 'outcry', expressing strong emotions that can easily turn to anger towards helpers?"*
- *"How can I warn people about the dangers of inaction (by individuals and systems) and long term or delayed problems without suggesting problems are inevitable?"*
- *"How can I best use my model as a guide when it is most needed soon after a disaster without discouraging people from developing their own?"*

During the development and practice of the model, I also underwent training in various techniques and methods such as NLP (Neuro-linguistic Programming, Bandler & Grinder, 1979), EMDR (Eye Movement Desensitization and Re-Processing, Shapiro, 1995), various methods of critical incident stress debriefing (Mitchell, 1988; Gal et al, 1996), and multi-dimensional coping methods (Lahad, 1992) from the originators or best practitioners of the methods. I was therefore looking for links with my model and how everything could be fitted together.

I now turn to some very specific applications of the model in its early pre-CARPP development that influenced how I presented it publicly as I became aware of unforeseen interpretations and inconsistencies in my own thinking. Fixing complex and subtle personal experiences linguistically is open to many different interpretations from people filtering what they hear through their own personal meanings (Baker, et al, 2002). My concern always remains that in trying to communicate clearly, it becomes too neat and logical and so fixed that it stultifies and dies. It can only be useful if it remains a living idea whose form adapts and grows.

THE PRACTICAL APPLICATIONS OF THE MODEL

Personal applications (First and some second person enquiry)
The first personal application of my model in its embryonic state came in 1993 after the death of my daughter (Story Box 10 overleaf). I noticed that with this application of the model, I circum-navigated the map much more quickly than after the Hungerford

experiences, because a bereaved mother has the 'permission' of society and herself to be affected. The full use of the map is told elsewhere (Capewell, 1995). I also used, and continue to use the map for action inquiry 'in the moment' whenever I catch myself in negative cycles of thinking – I stop, notice my location on the map and ask myself, *"What can I do, think or feel differently?".*

STORY BOX 10

A PERSONAL USE OF MY MAP, 1995

"…two years after Ann's death I can plot my progress through the model and also understand how it has helped me review my journey and stop me being caught again in the more destructive traps that I fell into after my Hungerford work. It was MY model, so it had more meaning than all the books on my shelves about death, except for CS Lewis' "A Grief Observed". But at first I wanted to tear my model up. How dare I or anyone talk about finding growth and opportunities from crisis after tragic deaths such as this which hurt so deeply. The idea of moving forward seemed so impossible and unwanted. I needed the pain - it could pierce the numbness and connect me in a tangible way to the beautiful person who had been lost. But then, in spite of my anger, I began to realise I needed a 'Gathering ground', a place where movement may still seem impossible, but from where all routes are possible. Thus I found myself using my model and accepted it grudgingly. My crisis had created a major challenge to my model and self-esteem, but my model saved me.

- extract from Capewell, 1995.

As a map for locating positions and giving permissions (Second person enquiry). In this instance, I use the model to locate people tentatively on the map as a first clue to their needs and the approach needed. This application was important not only for my own work but also to improve the ability of lay people and non-specialist professionals, such as teachers and managers, to make supportive and useful inter-actions with pupils, clients or staff involved in traumatic situations. A particularly important task is to connect with a person soon after the disaster and offer preventative support before distorted facts and perceptions are acted upon and create bigger problems. If mishandled, a sequence of consequences can be set up that lead quickly into the 'Whirlpool' (as in Story Box 8, p.152)

I noticed how I used the key observable features of each phase as part of my 'in-the-moment' action inquiry when making choices about tone of voice, choice of language and metaphor, channel of communication and how directive I needed to be with different people. I could place them in context, overcome personal reactivity and find the courage to deal with the hurt and issues that could not be expressed more usefully, as shown in Story Box 11.

STORY BOX 11

USING THE MAP AS A CLUE TO NEEDS

"She was practically immobilised by shock, guilt and a possible charge of manslaughter in a foreign country. The jeep she was driving on a youth expedition in Africa had spun out of control killing one young woman and injuring three other passengers. She could hardly move from her bed and was too ashamed to be seen by the rest of the group. Her whole being was like paper-thin china. I used my 'map' for guidance and to overcome my fears of dealing with a new situation. I gently moved alongside her to build up her fragile defences so we could create a 'gathering ground' and unfreeze her speech and body, whispering snippets of hope for the future, acknowledging that she would not yet believe anything would change. My model kept me going in spite of the 'protective membrane' (Freud, 1920; Lindy et al, 1983) being cast around her by colleagues, until her distress was unleashed, another point needing courage to withstand reactions of on-lookers.
– Taken from my records, 2000

The model is similarly useful when strong emotions and behaviour indicative of the 'whirlpool' are observed, as shown in the last story in section E3. Such assessments warn me that extra protection is needed, through good contracting and supervision, as complex family or organisational dynamics have usually become established by that stage, for example in Story Box 2, 'Giving Myself Justice'. Re-emergence from the 'whirlpool' is another moment when the model can be helpful in reminding me that extra watchfulness is needed, in spite of the euphoria and aspirations of the person making the breakthrough that may be mistaken for permanent transcendence and growth.

Those of us who have to rely on observation rather than formal psychological assessment tests most often refer to the look in the eyes and body posture as signs of change in the people we work with, though of course this is not done in isolation. People who have reached the phases of adjustment and integration are full of life with

a posture that has none of the tensions or intense energy and adrenalin charged or angry person. The look in the eyes gives the greatest clues, moving from the fixed stare of shock or the ultra-alertness of adrenalin to the dullness of despair, sadness of loss or the haunted look of entrenched horror.

In some cases, I have returned to do the post-trauma follow-up session with a staff team and not recognised some members because their tension has been defused. Herman (1997) described people in this phase of healthy adjustment well:

> " [they have restored their] capacity to take pleasure in life and engage fully in relationships with others… more interested in the present and future than in the past, more apt to approach the world with praise and awe than fear."

As I began to apply my model, I spontaneously used it in conjunction with Lahad's multi-dimensional coping model (Lahad, 1992) to assess resilience and build rapport, and Ayalon's 'Empowerment model' (Ayalon & Soskis, 1983; Gal et al, 1996) for the client to map their own range of coping styles. These methods were especially useful as they encouraged self-assessments and joint problem solving, even in the very early post-incident phases. When I first used my model after major disasters, In Dunblane and Omagh, I found that people instinctively placed themselves on the map. The map also gave the forgotten disaster workers, the 'natural' counsellors working at the coal-face of community grief such as caretakers, cleaners, youth workers and librarians, permission to be affected and accept their right to have help. While in Dunblane, eight months after the shootings, I met a disaster worker who was suffering vicariously rather like I had done at Hungerford. I shared my map with him and he immediately located his position. He was so impressed, he gained funding for me to run sessions for other workers whose roles and reactions had been unrecognised. The practical learning I gained from these was:

☞ the model helped people reflect on where they might be in their journey, especially if they have no map of their own.
☞ to give 'permission' for them to be in this situation at all - by providing a cognitive understanding of the process instigated by a traumatic event, even for those affected vicariously

The model as a mediator for distress (Encouraging first person enquiry in others). The map enabled people to deal with their distress because they had something

concrete to focus on. It also encouraged them into self-reflection without being asked. As Ayalon (1996) found, a metaphor 'elicits curiosity and yet helps maintain a safe distance from the personal feelings of vulnerability.' I found the map acted as a metaphor and gave people safety, because, as Robbie discovered, *' metaphor is profoundly respectful of the person since it encourages them to produce their own solutions and it also works at an unconscious level that need not be exposed to others.'* (Robbie, 1988). The map became an aid to building bridges between the inner and outer realities of group participants. Hearing me tell my story through the model also enabled them to project their own experiences on to it and relieved them of the embarrassment or distress of having to focus on their own story. It also meant the group were not over-whelmed by raw, distressing stories of other participants and my story thus acted as a buffer between themselves and their distress. I therefore used it more for this purpose in meetings with staff immediately after the Omagh bomb and other traumatic incidents.

As a facilitator of self-empowerment (Encouraging first person enquiry in others, second person enquiry together and with some spin-offs for third person enquiry). This use can occur at a personal and organisational level. In relation to personal empowerment, a parent bereaved by the Dunblane shootings told me:

> *"What I really like about your model is that it doesn't tell me what I should be feeling or doing. You keep emphasising that the person themselves are in control. It accepts that people are individuals and it is up to them to choose."*
> - April 2003

This feedback meant a great deal to me since I had been anxious about sharing my model, drawn from a vicarious experience of a worker, with a person involved directly in such a horrific trauma. The comment had picked out the aspect I had most wanted to convey – that the model's main purpose was to affirm people's own experiences and journeys, and to encourage them to take control of finding their own way.
It was also the concept of choice found in the model that seemed to jolt people into mobilising their own internal power. After using the model as a focus for collaborative enquiry groups I facilitated during the AGM of the Compassionate Friends (the international support group for bereaved parents) in Birmingham, September 1998, I received this feedback:

> *'The pattern of the circle was reassuring to those newly bereaved who were there- to know that those powerful, scary and unfamiliar emotions are normal*

*and happen to us all. There was something there for everyone, [whatever
length their bereavement] and especially for those who are trying to help
others as contacts or group leaders without much formal training.'*
- Letter from Pat Neil, Editor of TCF Newsletter, 13.9.98.

I discovered that other people using my model had similar results. One piece of
feedback about this came unexpectedly in 2001 at a Conference on Health and Human
Rights in Dubrovnik. Someone who had heard me present my model at the 1 European
Society for Traumatic Stress Studies Conference in Paris 1995 came up to me with the
following story:

*"Soon after the Paris conference, some family friends had been involved in a
traumatic road accident in Belgium, killing the husband. I visited the widow in
hospital and she told me that her whole life had fallen apart. I remembered
your model and drew it for her on a scrap of paper. A few years later she told
me that in her moments of deepest despair, she went to the drawer, pulled out
my sketch of the model and reminded herself that she always had choice. It
gave her the strength to keep going".*

The fact that the teller of the story was a former Chief Psychologist of his national
Defence Force was particularly affirming because the work of people like myself is
often devalued by clinical psychologists. It is unusual to hear about the impact of my
lectures, but it is affirming when I do

Turning to group empowerment, I use the concept of process mapping in many post-
trauma group sessions, by asking the group to map their own journey, thus giving them
the message that: *"You can be in charge of your own journey and you can give it form
by presenting it in whatever way you wish."* The act of handing over a pen or a lump of
clay is also an act of passing over control to the client. I have also used mapping for
staff groups and organisations to research their progress over longer term periods after
the disaster to ensure the work continues after facilitators have left. Not only do they
gain confidence in dealing with uncharted territory, they learn that they can take
responsibility for their future. The basic teaching first undertaken in the hectic early
days after the incident can also be reinforced and expanded.

Other examples of this application will be found in Part E, describing my work after the
Omagh bomb and especially in the story recounted in section E3.

The model as a tool for planning a crisis response (Second leading to possibilities for third person enquiry)

I discuss in Part D how I used the model for schools and other organisations when helping them to plan before a crisis or immediately after. The model was also used in the planning process for the statutory response after the Omagh bomb and appeared in their planning reports (Bolton, 1998)

As a tool for training and education (Multi-dimensional enquiry)

I mentioned my model very tentatively in a conference paper given at the ESTSS (European Society for Traumatic Stress Studies) conference in 1995 in Paris. As a result other professionals asked if they could use it, for example Dr Reuven Gal, Director of the Carmel Institute in Israel, wanted to use it with disaster workers after the Kobe earthquake in Japan, 1995 (personal communication). I noticed how others used my model speedily without any of the inhibitions that made me cautious to do so. Many have used it since, for example to explain the strategies for the Omagh bomb response (Bolton, 1998). The Dunblane parent, a teacher, valued it enough to use it to train learning support staff in schools and in July 2003, Dr Ofra Ayalon, asked permission to use the model in a seminar for Israeli and Palestinian members of the Middle Eastern Children's Association because she found it to be the *'best representation of the trauma process'* that she has come across.

Though I use the model for disseminating information immediately after a disaster, it is best used in training courses well before an incident occurs. Using the model on these courses has several benefits:

- ☞ It is an invaluable aid for organising complex information on courses which are nearly always much shorter than I would like.
- ☞ It illustrates the concept of 'pulsed' response programmes advocated by leading practitioners (Pynoos 1988, Lindy et al, 1983) in which different styles of response are best offered intermittently at the most appropriate time after the incident. The need for a long-term strategic management programme is thus emphasised rather than a one-off application of one method (usually counselling or no response) to everyone regardless of need and readiness.

✎ It acts like a hologram that can be expanded to whatever time-scale is available, from a short lecture to a long-term training course. The longer the course the more I can employ practical and experiential training methods.

I have had evidence that the model has an empowering effect on the disaster workers I train. When I introduced the concept in a workshop at the Australasian Critical Incident Stress Association (ACISA) Conference in New Zealand in 1998, I asked the participants (disaster rescue and recovery staff) to draw their own maps before sharing mine. All the models produced had a circular or spiral element to them; none were purely linear. A Fire Officer in charge of the Melbourne Emergency Services Employee Support Team was especially excited by this exercise. He likened the actual traumatic incident to the place of most intense heat at the centre of a fire. From this centre, the flames and intensity of the heat fanned out and diminished, but always with the potential for re-sparking and re-igniting (like the re-triggering of reactions by sensory reminders of the incident). He had discovered a metaphor culturally congruent with his Service to which even resistant officers could relate. He was highly animated by his discovery and later used it in his training courses. I have borrowed it too. Another participant in the same group, a therapist, had used the idea of mapping with a client immediately after the workshop. The client was 'stuck' and had had made little progress in preceding sessions, but took to the idea of mapping her journey immediately and began moving forward.

As an experiential training exercise or therapeutic tool for embodied understanding, personal growth and transformation (Encouraging first person enquiry usually through collaboration with others)
This application goes much deeper than those used for cognitive and practical learning. I have started to experiment with its use for in-depth training of professionals and for transformational work with groups.

The model's use for experiential learning first occurred when I was asked to run a full day pre-conference workshop at the ACISA Conference in Perth, W.A., 1996. The workshop began in a similar way to the New Zealand workshop described above but I wanted to give people a more experiential understanding of what adjustment to trauma really means. I had planned an exercise for the intended small group in mind, integrating my model with an exercise I had used with Israeli colleagues when training Croatian and Bosnian psychologists during the Balkan War. Story Box 12 overleaf contains a brief summary of the event.

STORY BOX 12

A LARGE SCALE EXPERIENTIAL USE OF THE MODEL

'Over 65 participants arrived so I had to think quickly and adapt the workshop to make the session possible and safe. First, the whole morning session was used to build up group support and safety before using the model as a frame for the day. When I felt the group was ready I introduced the exercise that represented disaster. Pictures representing something of special meaning were drawn and then destroyed. Participants were asked to pick up the pieces of their drawings and do anything they like with them, making use of all the resources around them (scissors, glue, adhesive tape and other materials were provided). This represented the point of choice between the 'whirlpool' in my model and the more positive choices of creative reconstruction. The reactions ranged from numb despair and immobility to raging anger. One participant threw every piece of debris away, while others tried to piece their picture back together again as it was before. A few chose the path of quiet contemplation and 'healthy coping' before rebuilding the pieces using the resources available into a different form. Every aspect of my trauma process map emerged. Cognitive presentations of the model were used to contain emotions and frame what had been learnt.

– Taken from my records, 1996

This experience showed how the use of the model could create a realistic microcosm of the impact of disaster on a community, though I would never again take on such a task alone with such a large group.

Another opportunity for experiment came while working after the Omagh bomb. My associate, Lilian, invited me to an experiential workshop she was running in Dublin. On the last morning, the organisers asked if I would do something on post-trauma stress. I only had ninety minutes so I decided that the best way to communicate the subject was to do a living presentation of my model, especially as there was not even a pen and flipchart at hand. I had to be resourceful and use the only resource present - the people. I asked for volunteers to represent each part of the cycle and as I did so the scene began to come alive and turn into a moving drama. Many of the participants belonged to a self-help group of people with Hepatitis C and quickly became absorbed in the process. The exercise was messy and inadequately thought out, but none of that mattered because, in the rough edges, creativity could emerge and participants could both belong to a group experience and make it their own. I was well supported by the other experienced facilitators present and learning took place at a deep level. One

person related his own past experiences to the depths of the model's downward spiral, but he located himself very close to the traumatic event and seemed reluctant to move away from it. He wrote me a moving letter afterwards about the insights he had gained himself from the exercise. Leaving the traumatic experience to begin the journey into the unknown was too hard. The traumatic experience had become the known 'safe' territory, so he clung to the only anchor he had until encouraged by others to let go.

As a facilitator of my writing (First person enquiry using the writing as my collaborator)

I often speak of my model as if it is an independent, living being. It often feels that way, especially when I am trying to write. As mentioned in my description of the birth of the model, I saw this for the first time when bringing it into the public domain of the group writing the book, *'Journeys of Discovery'* (Mead, 1996) the model lubricated the stuck wheels of the group writing process. It formed a similar function in the following year with the writing of the Guidelines for School Crisis Management for the Irish Teacher Unions (Capewell, 2000a) and it often feels as if it has taken over and written an article for me.

The process of writing using the model as guide thus becomes a personal 'facilitator' that both helps me see where the model can be clarified and inspires new connections and insights. However, it is most useful in reminding me that the model is far more than the sum of its parts. It is only a simplified map of a very complex, contextual and individual journey that should never be used to neaten and control what is usually an illogical, messy and emergent process.

At the start of this chapter, I mentioned my reservations about the relevance of my model to people who suffer most in a major disaster. Just as I finished my thesis, I received an e-mail from a woman whose daughter was shot dead in the Dunblane school massacre in 1996, just six months after her husband died suddenly. She wrote:

> *"I think the model of trauma survival which you sent me was pretty much perfect."* – e-mail, 11th Dec. 2004.

That comment meant more to me than any other I have received.