

Taking Control of Survivor Stress

The stress that homicide survivors experience can have profound negative effects on mental and physical health. This article tells about some effective ways to reduce stress and its dangers.

According to recent research on severe stress that can result from trauma such as the murder of a loved one, there is both bad and good news. The bad news is that severe stress is a very dangerous condition that can lead to long term health and psychological problems. For example the American Institute of Stress estimates that 75 to 90 percent of visits to doctors are for stress-related conditions, and diseases that research clearly links to severe and chronic stress include most of the worst ones, including cancer, heart disease, chronic immune system dysfunction, and cognitive impairment due to brain cell atrophy. The good news is that stress reduction techniques work. We know a lot more about what works than we did even a few years ago, and there is a lot we can all do for ourselves, or with the help of stress specialists such as some counselors and psychotherapists, or of our fellow survivors.

One of the most important things we can do to begin mastering the effects of post-traumatic stress is to recognize it and its effects in our lives. This is harder than it sounds, because reading and thinking about its typical symptoms and signs can make us anxious. To look honestly our own painful realities takes a special kind of courage, but it is a necessary part of gaining control over the forces that keep us stuck in feelings of anxiety and depression. Keeping in mind that everyone reacts differently to the trauma of losing a loved one to homicide, and that we are much more than collections of clinical symptoms and syndromes, here is a typical profile of posttraumatic stress disorder, based on recent articles and books, including *Shocks to the System* by Dr. Laurence Miller.

Posttraumatic Stress Disorder (PTSD) is a syndrome of emotional and behavioral disturbance that follows exposure to a traumatic stressor or set of stressful experiences outside the range of normal experience. It typically includes feelings of anxiety, the gnawing apprehension that something terrible is about to happen, perhaps with hyper-vigilant scanning the horizon for threats. There may be increased muscle tension, nausea, fatigue, stomach and bowel disturbances. People often have a pervasive chip-on-the-shoulder edginess, impatience, and loss of humor, all natural reactions that can get in the way of relations with others and make the typical insensitivity of friends and neighbors especially hard to take. When two spouses, or others in a family, are going through PTSD at the same time, the normal supports they expect from each other can turn into mutual frustration and anger. Avoidance and denial are usually part of the PTSD process: we try to blot out the events from our minds, even “forgetting” important details. The flip side of this is intrusion, painful images of the traumatic events during the day, or nightmares at night, sometimes in the form of flashbacks that can seem more compelling than current reality. People often complain of having a hard time concentrating, of feeling “spacey” or “ditzy”. Over 90% of PTSD sufferers report decreased sexual activity and interest. They often shun friends and family members, wishing to withdraw and be left alone. Less often, people try to break out of feelings of numbness and isolation by suddenly and impulsively quitting work, moving, taking dangerous risks, or developing some kind of addiction.

The worst aspects of the trauma response may occur in the initial phase, especially the first six months, but while things usually improve, people often settle into a seesaw alternation of painful intrusion with numbing denial. Certain roadblocks can prevent integrating the loss and regaining health and the ability to feel joyful. One of the worst ones is guilt and stigma, a sense that we should somehow have prevented the tragedy, and are forever cut off from others by a deep existential wound. Clinical specialists say that the more severe the trauma and the longer the trauma response persists, the more pessimistic the outcome in terms of future physical and psychological health.

Before we can do anything effective to relieve stress and its effects, we have to accept not only the possibility but the justice of feeling better. Again, this is not as simple as it sounds. Many people seem to feel that allowing true joy back into life, or even some small relief from anxiety, guilt and grief, would be disloyal to their missing loved ones. Some feel the world they once knew died along with their loved one, because it was an illusion based on a denial of evil's reality and our own vulnerability to it, plus an unrealistic faith in the power of love, family, and society to keep us safe and to enforce justice. I recently visited a mother who had a month earlier lost her only child to murder, in the company of a member of Survivors of Homicide who had found some peace in integrating her own tragedy. My companion told the newly bereaved mother that she owed it to her daughter not to let her own life go down the drain, because then her daughter's murderer would have destroyed not one life but two or more. Seen in this way, anything we can do to relieve our own stress and pain is not a turning away from who and what we lost, but a way of bringing new strength to the love that binds hearts and souls together beyond death.

Methods to reduce stress take many forms, and this time of year you're likely to encounter articles and commentary about dealing with holiday stress. Don't make the mistake of thinking that the tips and advice you find there aren't useful, pertaining as they do to "ordinary" stress, not the severe form you may be going through. Routine occasions for stress like holidays can throw us back into the destructive modalities of PTSD we came to know all too well when our grief was new. Many of the best things we can do to respond to all forms of stress are really very simple, matters of common sense. We all know we should get lots of exercise, eat well, and take time out to relax when we find ourselves getting upset, but do we always follow good advice? Of course not! The important thing is not knowing what to do to reduce stress, but making a firm commitment to follow through on the changes to daily routine that we decide to make. The more stressed you feel, the harder it seems to make changes in the way you live, but the more you probably need to make them.

I once ran a set of week-long retreats teaching stress reduction methods to people with cancer under the auspices of Dr. Bernie Siegel's Exceptional Cancer Patients. The retreats were based on findings by Dr. Siegel and others that cancer and its remission is highly related to stress and its effective management, and that learning to gain control over aspects of consciousness affects the body: meditative techniques that result in feelings of well-being, actually influence its reality. To help participants appreciate the ability of the mind to influence the body, we gave them each a small thermometer to hold between thumb and forefinger. After five or ten minutes with eyes closed, listening to instructions to move the attention systematically to sensations throughout the body and to allow the body to assume a more and more soft and relaxed condition, most people

found they could raise the temperature read by the thermometer by a degree or more. The physiological basis for this experiment is that deep relaxation dilates the capillaries, allowing blood to flow to muscle and skin tissue more easily, raising the surface temperature of the body and incidentally allowing freer circulation of white cells and other blood-borne immune system components.

Most non-Western medical systems utilize mind-based techniques like these to help the body mobilize natural defenses to physical and psychological distress, and I had the opportunity to study some of them in India as a medical anthropologist. Relatively recently, inspired by research showing that stress reduction workshops are among the most cost-effective means of reducing morbidity and mortality rates in managed care settings, many health care organizations are adding to conventional treatments “holistic” methods that teach people how to take more responsibility for their own health.

The question is not whether we can gain more control over the debilitating effects of stress due to severe trauma, but whether we will. Anybody who has the concentration to watch a game on television has mastered the prerequisites needed to sit quietly for fifteen minutes or so once a day, more or less, and achieve deep relaxation. Deep relaxation is a relief for all sorts of assaults against tranquility, and it feels wonderful. It is very healthy. You probably even deserve it. Kathy Jaeger and I offered Survivors of Homicide’s first stress reduction workshop last month, but only a few people were able to attend. We would both be happy to arrange stress reduction sessions for groups or individuals on a very flexible basis. Call the office (numbers listed elsewhere in this issue) for details. Also, many corporations, hospitals, clinics, and managed care organizations offer their own stress reduction training, and you may want to inquire where you work or receive health care. You may be very glad you did.

By Frank Blackford, Ph.D., from the Winter 1998 Survivors of Homicide Newsletter