

SHOCK

by Jillian LaVelle, CSMC, CHt

On September 11th our nation collectively experienced a horrific shock. I have received e-mails and phone calls from many who shared their fears and feelings. One of my associates witnessed the destruction of the World Trade Center Towers while driving to work in New Jersey. Another on a ferry on her way into Manhattan itself. Even though I am in Florida many of my associates and friends who witnessed it on the television were experiencing the same cluster of symptoms.

I am used to working with people who have experienced trauma in my private practice. Their personal life stories were the cause of the posttraumatic or anxiety disorders that they are currently suffering. Some clients had been abused from their childhood. While others witnessed or encountered a traumatic experience first hand. A shock so overwhelming that it literally aged them. The event curled or grayed their hair, gave them an abnormal startle response, nausea, or gave them an additional personality.

This shock from the terrorist attacks on the Pentagon and Twin Towers was stunning. Many who witnessed it report these symptoms: a numbing of the body/emotions/mind, jumpiness, disbelief, fear, a feeling that reality has fragmented, or angry outbursts.

Therapists must use caution and not label clients immediately with posttraumatic stress disorder (PTSD). Bear in mind that people have to display the symptoms for a month prior to being given that diagnosis. There is another strong possible diagnosis: acute stress disorder. Most who suffer from acute stress disorder will recover after a few days or weeks and go on to lead lives not marked by PTSD. Initially use the less permanent of the two when diagnosing people. Clinicians can always change the diagnosis if the symptoms become long term. Based on the numbers from the National Vietnam Veterans Readjustment Study in 1984 indicated that PTSD sufferers were 15.2% of the 3.14 million men who served in Vietnam. To many people the New York City and Washington, DC events were and remain war scenes.

To have the terrible events played and replayed for us through the news media has deeply ingrained the event into our psyche. We empathize with the people trapped in the building, the rescue workers, those running for their lives, and those jumping off the buildings to escape fire. We cry in pain and anguish. We are outraged, demanding answers, and at a loss as to what action to take.

As we cry out that this is war, what can we as counselors or hypnotherapists do? Actually a great deal! We know how to help people process their worst nightmares. We help people face and deal with their fears. We assist in leading people to cope with the horrible memories of the past. The quicker people get involved with support groups or counseling the less impact of the symptoms. Encourage anyone so affected to seek out help through professional counselors or therapy support groups.

Everyone responds to shock differently. Some people may have a delayed reaction that may be months or even years later. There is no standard timeline on recovery either. Some have adverse effects and recover quickly while others have long periods of recovery, if ever. Both shock and denial are normal protective reactions. Denial involves a client not acknowledging something stressful has happened or simply not experiencing fully the intensity of the event. Temporarily clients feel disconnected from life itself. They might simply be walking through the daily activities, but not being there fully. This is a disassociated state that is a survival mechanism of the mind and one way that people cope.

Hypnosis and abreactive therapy was popular in WWI for working with soldiers in "shell shock." WWII brought out additional treatments for "war neurosis." When the Vietnam War was occurring the proper diagnosis was posttraumatic stress disorder. Use the same protocol for those who have been affected by this day of infamy-the worst terrorist attack to date in history.

I recommend using neurolinguistic psychology techniques to combat stress disorders. This has impacted our neurological system so deeply that to only treat the mind would be less effective. Many symptoms can be processed by utilizing a metaphor technique. Mentally have clients visualize gathering and throw out rubbish identified in their psyche; bury their pain into Mother Earth; blow up a balloon with their angry thoughts and let it go; or perhaps toss their fears and burdens into a blazing fire. Utilize any metaphor that will allow a feeling of release or a lightening of their spirit.

I use eye-movement desensitization and reprocessing technique. It processes the visual images, emotional centers, and kinetically releases the stress of the nervous system. By going over the information through the different centers of the brain you create new channels of dealing with the information. The desensitization of the material will lessen the emotional attachment formed to it.

Since emotional reactions are often common to people who have experienced intense stress clients often experience strong mood swings. Therapists need to be alert for signs of anxiety or depression. Sleeping patterns and eating patterns may be disrupted. Additional physical symptoms may include headaches or chest pain and medical attention may be required. Another problem is that of interpersonal relationships. Often the heightened emotions cause increased conflicts (arguments) in the family or in the workplace. Other people become withdrawn and isolate themselves by avoiding activities. Vivid memories of the traumatic event are common and can result in sweating, rapid heart beat, anger outbursts, and sleep disruption.

Most frequently I use a dialogue work like "parts therapy" or gestalt therapy to facilitate healing. The purpose is to explore the feelings of the client and work toward a resolution that allows them to function in our society. Sometimes this is done simply with the expression of repressed fears. Other times it is finished by pressing meaning into their suffering. Others need the grieving or forgiveness process.

There is no set "script" here of magic words. Treat each person individually. Deal with the presenting problem along with the persons particular cluster of symptoms. Assist them to find a strength or a more peaceful way to view the event. Assist them to find a sense of closure.

Biography of Jillian LaVelle

Jillian R. LaVelle is a certified stress management consultant and a clinical hypnotherapist. She is the CEO of the International Association of Counselors and Therapists in Bonita Springs, FL. She was appointed special Ambassador to China by the Citizens' Ambassador Committee in the field of hypnotherapy. She represented the United States along with a twenty-seven member delegation during May of 1994. She has accepted the honor of being a delegation leader in July, 2001. In 1999 she was the recipient of the Outstanding Clinical Contribution award by the National Association of Transpersonal Hypnotherapists. In 2001 Jillian was given the Award of Excellence for Counseling and Therapy Field by the International Hypnosis Federation.