

PAUL VALENT

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“It was like a film. I felt stunned, numb. But another part of me was terrified and helpless. My world was coming to an end.”

Someone watching — live or on television — the hijacked planes flying into the World Trade Centre towers? No. It was a Victorian woman describing how she felt during the Ash Wednesday bushfires.

Other tragedies in Australia, such as the Newcastle earthquake and the Port Arthur massacre, produced similar reactions.

Horror, disbelief and numbness are universal responses to sudden threats to life that we cannot counter. So are fear, a need to help, grief, anger, guilt and social cohesiveness. We see these raw feelings in the faces of the Americans on television and in the newspapers each day, and we feel them ourselves.

It is fraught to compare tragedies. However, the experiences of other trauma victims can provide compelling lessons for all of us as we deal with the catastrophic events in America.

I led a medical response team into Mount Macedon after the Ash Wednesday bushfires. The haunting images are still with me. Victims were sharing stories and coming together like never before. Heroic and altruistic stories abounded. Fear and anguish gave way to drive and commitment to rebuild and survive — individually and collectively.

I was impressed by the high morale and the spirit of determination. However, what struck my medical team at the time was the fact that some people felt guilty that they were alive and safe while others had died and lost their houses: “I wish it had been me. I wish my house, not theirs (a neighbor’s), had burnt down.”

Many people, especially firemen and rescue workers, felt guilty because they hadn’t saved enough lives. Some thought they had made the wrong choices. Others felt guilty simply because they felt relief while others were suffering.

Many who were traumatised during the Ash Wednesday tragedy kept revisiting in their minds the height of the disaster. They relived their efforts to fight the fire. They relived their narrow escapes.

Families came together. Children clung to parents. Across a scarred region, ~~people did not sleep well.~~

Initially, anger demanded that it was someone's fault. Rumors spread that someone had lit the fire. Others blamed negligence by authorities. Anger was transferred and shared as victims searched for meanings by comparing the tragedy with previous traumas.

Two weeks after the fires, community cohesion gave way to divisions and bickerings. Those who housed others out of generosity or guilt felt burdened. The world wanted to forget the victims' needs. Then followed depression. Some victims alternated between reliving the disaster and shutting it out of their minds.

Today, Mount Macedon is rebuilt and, for many, the wounds have healed. Many victims have recovered, but not all. Some of the toughest fell by the wayside. Almost all carry scars in their new world.

In the past 20 years, psychiatrists and psychologists have come to better understand human responses to many different types of disasters. The fluctuating and apparently contradictory physical, psychological and social responses that I saw in the bushfires emanated from a small set of strategies available to all humans — such as fight, flight, rescue, attachment, competition and cooperation. They can explain contradictory responses within the same person, such as altruism and selfishness.

We have learnt that it is better to acknowledge and share emotions, and to see these emotions as normal. We must talk. And we must talk to children and encourage them to talk to us — at their different developmental levels.

The unique nature of the events in America — the scale of deaths, the desire of terrorists to commit such atrocities, and the difficulty in apprehending the perpetrators — means that disaster is continuing. And so is the trauma.

In these enormously troubling days, anger and guilt, good and evil and human nature are insufficient concepts to explain this tragedy or to prevent similar events. As we recover, let us be mindful of the many who will still relive their traumas. Perhaps ultimately we can at least try to better understand each other. Then the deaths of the victims will not be in vain.

Dr Paul Valent is immediate past president of the Australasian Society for Traumatic Stress Studies.