



Encyclopedia of Trauma: An Interdisciplinary Guide

Victim, Survivor, Thriver

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Trauma is typically understood as occurring when a person's ability to manage events in her or his life is overwhelmed by a particularly challenging or unfamiliar negative event. Traumatic events can include, but are not limited to, natural disasters, acts of terror, rape, incest, gang violence, domestic violence, and sexual assault. In many of these situations, past coping responses are compromised, rendered useless, or perceived as ineffective. The effects of trauma can last over long periods, waxing and waning at different points. Assumptions of invulnerability, the world as meaningful, and the self as competent are challenged. Psychological needs of safety, trust, esteem, intimacy, and control are under assault.

The human reactions to extreme adversity, when plotted on a graph, produce a bell-shaped curve. On the left side are people who fall apart and are prone to depression, anxiety, posttraumatic stress, addiction, and relationship dissolution. In the center, individuals gradually feel less suffering and more moments of joy and normalcy. To the right, we find a large number of resilient individuals who show posttraumatic growth following the typical period of sadness and vulnerability. There has been increased interest in understanding the responses of those who thrive, challenging us to further differentiate traumatic responses.

Varied and wide-ranging, traumatic responses encompass emotional, cognitive, physiological, behavioral, and interpersonal areas of functioning. One can conceptualize the process as three distinct coping responses or as a transformative journey from victim, to survivor, to thriver. Both imply the task of resilience and may compel an individual to process, integrate, and categorize traumatic experiences. Understanding the breadth of traumatic responses has been helpful to aid healing as well as in identifying relevant and clinically or empirically sound approaches to treatment.

Victim

A victim is someone who is injured, destroyed, or sacrificed under any of various conditions and/or one who is subjected to oppression, hardship, or mistreatment. The National Crime Victimization Survey collects information from victims on nonfatal violent and property crimes, reported and not reported to the police, against persons age 12 and older. In 2009, U.S. residents age 12 or older experienced approximately 20 million crimes; 22% (4.3 million) were crimes of violence including rape, sexual assault, robbery, aggravated assault, and simple assault. These numbers do not account for the growing number of child victimizations.

When an individual is victimized, the feeling of being caught in the trauma is primary and is pervasive throughout thoughts, feelings, behaviors, and even identity. It is common for a victim to feel any or all of the following emotions: helplessness, vulnerability, defenselessness, shame, numbness, self-loathing, self-pity, fragility, anger, despair, and/or a "not-me" type feeling. Individuals in the victim stage feel as though they are still caught in the trauma, regardless of the time since the actual traumatic incident. They feel fearful, which often creates "tunnel vision" and cues the individual to run from the threatening object or environment. This tunnel vision limits the victim's ability to see options and to imagine having a lengthy future with plentiful opportunities. This negative impact on cognition may lead to little planning for the future and a preoccupation/reliving of the past. When fear is a predominant emotion in someone's affective experience, fear-motivated avoidance typically occurs. For example, some individuals try to avoid recognition of their trauma. Moreover, fearful people tend to make pessimistic judgments of future events and, therefore, may be less likely to positively reappraise a negative situation.

Neurobiological research shows increased activation in subcortical brain regions and significant reductions of blood flow in the frontal lobe when individuals experience intense emotional states. These neurologic findings complement clinical observations of victims in that they often have great difficulty organizing a modulated emotional and behavioral response when flooded with high levels of negative affect. When a victim cannot organize the cognitive and emotional components of trauma, somatization and/or dissociation is likely to occur.

In addition to somatization and dissociation, reoccurring thoughts (intrusive thoughts), images (flashbacks, nightmares), and numbed emotions are all symptoms of posttraumatic stress. Victims often describe feeling like outsiders or aliens. Healing is thwarted by self-destructive behaviors such as addictions or pervasive passivity. When victims do not move into survival mode, they may also be experiencing secondary gains such as love, support, or assistance associated with being a victim. These benefits can be entangled in the victim's lifestyle, family dynamics, and sense of self, adding an additional challenge to leaving the victim role. These hurdles impede recovery because vitality can only be achieved when victims have confronted their trauma and feel safe and removed from the original victimization.

Survivor

In the survival stage, there is a clear recognition that one has moved outside of the traumatic environment. The individual begins to rebuild strength and to reclaim personal choices and forward thinking. The survivor is often encouraged to approach life “one day at a time” to facilitate coping and the commitment to trust, healing, and rejuvenation.

Coping responses are informed by age, duration of trauma, type of trauma, and a wealth of protective and risk factors. Many factors are believed to affect survival, including internal and external resources, expressive ability, helplessness, locus of control, existential beliefs, socioeconomic status, psychosocial stressors, and family support. It is generally agreed that relationships with others greatly affect one's survival. Victims need a trusted person to be present, to reflect their feelings back so they can foster a new understanding. The importance of the trauma narrative is in the sharing and revisiting it with trusted others, as well as in creating it.

Putting the traumatic event into words and expressing the mixed emotions felt by the individual forces the event to be structured. There are two key components to the trauma narrative: first, the creation of an organized and coherent explanation or story about the trauma, and second, the importance of labeling and describing emotions, which helps reduce overall emotional arousal. The narrative involves changing a trauma's meaning in a way that alters its emotional impact either by transforming how one thinks about the event or about the victim's own ability to deal with the event in a manageable way. Individuals who reappraise their situation, on a whole, experience and express greater positive emotion and less negative emotion. This reappraisal is associated with better interpersonal functioning and well-being. Individuals who suppress their emotions feel and express less positivity and experience greater negative emotion; suppression is associated with a decline in interpersonal functioning and well-being.

Emotional disclosures allow individuals to integrate emotional reactions into their general understanding with less avoidance and intrusion into daily functioning. In other words, translating traumas and their accompanying images and emotions into language demands that all features of the experience be encoded and stored in a more organized, coherent, and simplified manner. A vague, disorganized account can be converted into an insightful,

cohesive explanation of events and feelings. Forming a narrative can facilitate a feeling of resolution and enable the individual to move past the event, with the traumatizing experience losing valence in conscious thought.

Thriver

The presence of protective factors (personal, familial, social, and systemic) enables resilience in the survivor. In the literature, four patterns of resilience emerge: dispositional, relational, situational, and philosophical. The dispositional pattern consists of personality and physical attributes such as autonomy, self-worth, and physical health. The relational pattern relates to the survivor's close relationships with family and friends as well as broader roles in his or her workplace and community. The situational pattern concerns the factors connecting an individual and a stressful environment, such as the individual's ability to evaluate situations and appropriate responses, problem-solving skills, and the choice of actions available. The philosophical pattern relates to an individual's worldview and existential beliefs. Values that promote resilience include the belief in a higher power, the belief that life is purposeful, the belief that positive meaning is attainable from all experience, and the belief in self-development.

In the past, when victims reported gains or benefits from a trauma, theorists assumed their reports indicated denial or maladaptive reality distortions. Finding benefit in adversity is (a) a form of selective cognitive reappraisal, (b) a coping strategy, and (c) emerges only later in the process of adjustment to adversity. Individuals have found benefits from a wide range of traumas including bereavement and breakups, infertility, childhood sexual abuse, adult sexual assault, tornadoes, mass killings, and plane crashes.

When individuals are thriving, they have reached an acceptance of their trauma and a renewed sense of joy, peace, and happiness. Those who thrive often exhibit increased productivity, leadership skills, mental strengths, renewed faith, and/or a deeper appreciation for loved ones. Rather than feeling trapped in a state of repetition, learned helplessness, or pain reduction efforts, life is once again meaningful and purposeful. Though it may seem paradoxical, traumas can often be looked at with positive regard, and it is not necessary to have great distance from the trauma to find benefits. An individual can find positive aspects even quite early on, suggesting that the perception of benefit does not evolve from the passage of time or a sense of resolution. A large number of victims show remarkable resilience and posttraumatic growth, which contributes to their ability to thrive.

Treatment Considerations and Future Directions

Trauma-informed, evidence-based treatment models have been tremendously successful in addressing the signs and symptoms of trauma and facilitating healing. They include, but are not limited to, trauma-focused cognitive behavioral therapy, relational trauma therapy, eye movement desensitization and reprocessing, and trauma affect regulation. However, these models do not appear to teach those skills that, at this time, appear unique to the thriver or fully explain the thriver's reaction to adversity. In the case of thrivers, posttraumatic growth may occur in the absence of formal treatment. Approaches to treatment should address what is learned from the thriver, with particular attention to the relationship between resilience and thriving. Studies of thrivers may fill in current gaps in the research.

Just as trauma appears to differentially affect individuals, factors that contribute to resilience

are likely to vary. For example, trauma disproportionately affects children, adolescents, and young adults. Trauma responses also appear to vary according to gender, age, race, and culture. This challenges us to consider factors to resilience along age, race, gender, and culture. Many assert that all people have a resilient nature; however, it is clear that not all individuals thrive in the face of adversity.

Resilience is sometimes described as a transformative power to envision the self and others in a new way. Whether posttraumatic growth is a transformative journey or three distinct coping responses, the role of resilience is an important treatment consideration. The lifelong advantages for those who thrive are striking. Thrivers seem to understand and have an ability to tap into their transformative power. Successful treatment interventions evolve from managing, treating, and reducing symptoms to building self-empowerment over time. This treatment course is likely to facilitate benefits to the emerging thriver and extend benefits to others who are beginning the journey or engaging in less effective coping responses. Resilience is often considered a relational concept, one that can be understood as referring to an individual as well as to families and communities. Fostering empowerment and connections with others repairs the disempowerment and dissociation from others that lie at the core of trauma. A relational approach to individuals, families, and communities is an important treatment consideration that may challenge clinicians to go beyond their offices. Bolstering skills such as proactivity, outreach, mentorship, creative or artistic expression, and connection in individuals is important in facilitating the transformative journey and thriving response. Furthermore, this resilient/thriver skill set will likely be most effective if individuals are provided with ways to apply these skills in their communities and families, and if clinicians work directly with communities and families to nurture and support thriving.

- trauma
- resilience
- victims
- somatization
- emotion
- survivors
- sexual assault

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See Also

- [Acute Stress Disorder](#)
- [Bearing Witness to Trauma](#)
- [Biological Effects of Physical and Psychological Trauma](#)
- [Childhood and Adolescent Trauma: An Overview](#)
- [Complex Trauma](#)
- [Culture and Trauma](#)
- [Evidence-Based Practice](#)

Further Readings

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