

Beyond the surface: Unmasking the ubiquity of Trauma Normalization

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Major (Shalek'a) Dilo is in his middle adulthood and he is a dedicated warrior for his country. He has been a conscientious soldier since his early twenties. He has lost a recent heavy battle that ended amputation of his legs. His family is very concerned about his behavioral changes like sleep disturbances, excessive alcohol use, and impulsivity. He is very harsh with his kids and engages in violence easily. He is always antagonistic and contentious towards others. He sometimes discloses that life is meaningless and the world is empty and full of miscreant people. Whenever he visits the medical clinic for the follow-up of his hypertension and chronic back pain, his doctors recommend him to visit a psychiatrist. But he vehemently rejects their suggestions, asserting his identity as a hero unwilling to succumb to what he perceives as minor issues like stress. Instead, he takes pride in recounting his battlefield bravery and the enemies he has overcome. Major Dilo insists that his condition is normal; emphasizing that sacrificing life, body parts, or anything else for the sake of the motherland is acceptable. His self-perception aligns with being an unsung hero in the combat process.

According to American psychiatric association, traumatic events are listed as : exposure to war as a combatant or civilian, threatened or actual physical assault (e.g., physical attack, robbery, mugging, childhood physical abuse), threatened or actual sexual violence (e.g., forced sexual penetration, alcohol/drug-facilitated sexual penetration, abusive sexual contact, noncontact sexual abuse, sexual trafficking), being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war, natural or human-made disasters, and severe motor vehicle accidents (2). It's common to witness people to normalize these terrorizing experiences consciously or unconsciously.

Some people see the anguishing reality but they become reluctant to accept it. They might hear or feel the agony but they will not acknowledge it. Their life will become a fantasy and the reality will be strongly denied as Major Dilo has been denying his symptoms and internal chaos. It seems that he has the energy to live a life of fantasy i.e. his battlefield life by narrating it whenever he is asked to approach the ugly reality at the ground boldly. He spends his time, energy, and money on alcohol,

Merriam-Webster dictionary defines the word "normal" as "conforming to a type, standard, or regular pattern/ not deviating from a norm or rule/ occurring naturally and generally free from physical or mental impairment" (1). According to this definition, societal expectations shape the perception of normalcy, where individuals are anticipated to adhere to established norms. For instance, a soldier is expected to embody bravery, and a mother is expected to display care despite internal trauma or suffering. Surviving within societal constructs necessitates alignment with typical rules, standards, and patterns. It's natural to be normal, at least to appear normal or okay as Major Dilo despite the agony. The unpleasant reality is that the behavior of being or acting may be completely unconscious for the individual or the community. The human brain, intricately connected to the environment, is influenced by and influences its surroundings. Our minds are inherently structured to survive in communities that normalize traumatic experiences, thereby becoming prone to unconsciously normalizing trauma. Individuals learn, often unknowingly, how to normalize painful experiences in various ways.

violence and negativity. People avoid their visible traumatic reality and they live the new reality that we call as a reality of denial or fantasy (3). In our context, many people show excessive mastery in denying their external or internal realities. Antithetically, they show insufficient mastery of their painful life on the ground that they are facing moment to moment.

Other groups of traumatized people play the role of blaming the victims. Some accuse themselves as they have contributed to it and others hold the traumatized person responsible for the trauma (4). A common example of this is that many people blame rape survivors for their choice of clothing or physical appearance insinuating that they had somehow provoked their assailants. In addition to this, it is common to see traumatized people become abusers, impulsive, and explosive (4). Sometimes they develop a sadomasochistic tendency to enjoy inflicting psychological/physical pain or embarrassment on others. Their mind will make them to act as offenders, not powerless sufferers. They might also enjoy receiving the same pain or embarrassment (3). It is common to see women who were sexually abused working as commercial sex workers.

That is how their mind tries to get back control of their own body, that was lost during the rape incident via an experience that people claim as normal.

We need intentionally designed systematic approach to deal with this invisible epidemic, having negative long-lasting physical, psychological and social aftermaths. Trauma informed care has been implemented and appeared to be effective approach in different settings for the last two decades. It encompasses empowering patients, informing clients regarding treatment options, maximizing collaboration among health care staff, patients, and their families in organizational and treatment planning, developing health care settings and activities that ensure patients' physical and emotional safety, and creating clear expectations with patients about what proposed treatments entail, who will provide services, and how care will be provided. (5-7) Department of Psychiatry in Saint Paul's Hospital Millennium Medical College has been treating patients with trauma by psychiatrists and clinical psychologists. It has been also training residents about trauma as a part of general psychiatry. Currently, the department has started trauma clinic mainly focusing on assessment and treatment of trauma patients by using psychotherapy and pharmacotherapy outpatient level. It also aspires to expand the care to trauma unit and to start fellowship training on trauma.

Whatever the normalizing strategies i.e. forgetting it, minimizing it, self-blaming, rescuing fantasies, playing victim role that people use to avoid the agony of the trauma, they will not change the reality of the suffering. It will only delay the treatment and make it intergenerational, transferring it to the next generation. Trauma can affect anyone of any age, sex, religion, ethnicity, status, and geographic location. No one is immune

from trauma. The culture that normalizes trauma will destroy itself. A community that normalizes trauma will destroy each other. On the contrary, a society that has more insight into trauma will thrive, evolve, and flourish better. The only way out is just a shout for help. We need help and insight to recover. Let us work together to live here and now with full energy by facing the trauma. Let us build a nation that faces its trauma rather than normalizing it. Let us build a system that is trauma conscious! Let us build trauma informed school system, society, institutions, and government policies.

NB: Major Dilo is a fictional character!

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