

## **Three Acts of Trauma News**

### **Frank M. Ochberg, MD**

*This essay will appear in a new journal, Sacred Bearings. It was first presented at The National Writers' Workshop in Oklahoma, April, 1999 and was accepted for re-presentation at the 15th annual meeting of the International Society for Traumatic Stress Studies.*

For nearly a decade, trauma experts and journalism educators have explored the interface of their professions. The clinician who treats post-traumatic emotional wounds and the professor who trains young reporters share an important goal: understanding the impact of human cruelty.

After a murder, a rape, or the bombing of a building in Oklahoma, there is a story to be told. The way we gather the facts and broadcast the news has important implications for all concerned. Survivors of near death experiences may be stunned into silence or may seek a wide audience to hear their tales of terror and relief. Next-of-kin of the injured and killed may be grieving, perplexed, or enraged.

Victims of newsworthy events have no privacy and are vulnerable to revictimization. Reporters may unwittingly or callously inflict the second wound. They themselves may be overwhelmed or emotionally insulated by professional armor. Readers and viewers have been known to consume endless hours of "live news" then blame the media for excessive reporting. ("I didn't overeat; the cook and the waiter did it!").

Why do we, collectively, overdose on some elements of trauma and fail to digest others? Is there a better way to communicate facts and feelings after a horrifying event?

### **Act One**

A true tale of horror begins with violent loss of innocence. For an event to horrify, the witness must experience fear and disgust. It is a visceral response, involving primitive pathways that connect the eyes and the ears to internal organs. Often, the stomach churns and the heart accelerates before the mind begins to think. However, we are prepared and "programmed" from childhood to move toward these sensations, in fact to seek them out. Fairy tales tell of children stuffed in ovens, ogres who snatch babies from princesses, giants who eat boys and girls. Comic books and cartoons continue these themes, eliciting laughter rather than revulsion. Our early encounters with fictional horror are arousing but safe and entertaining. However, they may be more than expressions of custom and culture: they may be a species-specific way of incorporating vital images. Perhaps, as Jung suspected, there are some loathsome imprints in the collective unconscious -snakes and dragons that are in the mind's eye before birth. But other representations must be incorporated throughout our development and these are consumed with alacrity. We take in pictures of predators and predation, of monsters and mayhem, so that we have templates in the brain when real danger strikes. Our method of introjection depends upon paradoxical emotion: we experience both attachment and relief as parents and peers accompany us during fiction and fantasy. It is not inhuman and not depraved to have an appetite for violence. The Bible, the plays of Shakespeare, the great Russian novels have frightening and furious themes.

My point is not to defend the overabundance of violent fiction, but to observe the historic fact: Our species moves toward violent images and the incorporation of these images serves our

struggle for survival. We need mental representation of extreme events. We are self-reinforced with positive emotion for assimilating these images. The acts of horror-digestion begin in the cradle and continue through formative years.

Therefore, we should not be surprised when editors say, "If it bleeds, it leads." The TV news reports that show crime scenes and ambulances -- hot images rather than cool commentary -- are expectable subjects at six o'clock. Competition for audience attention is part of media business, and we the audience attend to violence. We always have, always will, and MUST. Act One of any factual story about crime, cruelty, violence or trauma will create arousal, interest and paradoxical emotion. The only time a trauma story is pure horror is when it is about us. And even then, there may be ironic relief: The truth is out. Others know. Healing can begin. But we wouldn't laugh and feel exhilarated, as we might at the cinema or as some might during news reports from alien cultures.

The "Local and State" section of my hometown paper has six headlines on page one. Here are three: "Son is charged in assault on his mom," "Neighbors mourn deaths of six children," and "Girl killed while crossing the street." The lead paragraphs of each column are straightforward and not embellished, but they evoke strong images. "A 30-year-old Lansing man was arraigned Monday in connection with an assault of his mother that possibly caused her to become paralyzed, police said."

"Deborah Jackson brought about a dozen children Monday to the house where six of their playmates died in a fire."

"A 7-year-old girl was struck by a car and killed late Monday afternoon while crossing Martin Luther King, Jr. Boulevard."

Each story proceeds to inform, explain, and, by implication, to warn. A sidebar with the "six children" column has tips on fire safety.

When I first read these stories (glanced at and skimmed would be more accurate) I had little emotion. The case of the 30-year-old who allegedly paralyzed his mother was unusual and therefore piqued my interest. But like most jaded readers, I need more novelty, immediacy and consequence to be riveted by a trauma story. However, now, using these accounts to illustrate a serious point, I find myself drawn in, identifying with the parents of the children who were killed, seeing my children and grandchildren in their places. This empathy with the aggrieved is unpredictable. If we expected to feel pain while reading the newspaper, we would be less inclined to attend. But having experienced the Act One allure, we often are captured, and afflicted and emotionally educated. At that point we enter Act Two.

## **Act Two**

If Act One is about the traumatic event, Act Two is about the victim. Those who are violated in violent acts are, by definition, victims. Nobody likes that word. Our culture declares that at best, a victim is unlucky. At worst, a victim is a loser, a "chump," a careless or reckless or chosen object of wrath. We who treat survivors of cruel encounters must deal with that unfortunate prejudice. Too often, the victim herself (or himself) is full of shame, self-blame and fear of ridicule. "If this happened to me I deserved it, earned it," said one of my former trauma patients. She still had flashbacks of torture and rape.

Reporters can and do "profile" the victim. But they do it on page 19, after the news is cold. Portraits of survivors may be profiles in courage, and may be tastefully, eloquently told.

There are times when trauma doctors help the reporter find a willing victim who can describe details and enlighten those who care to learn. Unfortunately, there still are crass reporters who ask, "How do you feel?," when a mother has just learned of the death of her child. This is not Act Two, but a ritual at the end of Act One: the trauma is still hot; let's get the compelling image of grief.

Act Two, well told, includes all of the stages of trauma and recovery. The lens is the individual who, through time, experiences every scene. Early in the continuum there must be shock. These violations are seldom expected, even in war zones. "This is not happening." "This can't be real." "Not me." Or events are reported as though they were movies or dreams. The unreality of extreme reality is well known to the doctor who treats victims. For this reason, victims are often poor reporters of extreme events. The physiology that helps us fight and flee also distorts perception. Trained soldiers may be different, but untrained victims of combat often enter altered states of consciousness (called dissociation), and act as though in a trance. Actually, trained combatants may also enter trance-like states. But when their actions are effective they are not considered victims. Years later, they may agree to reveal deep wounds.

Paul, aged 25, sat in my office, silently recalling a night in the Gulf War. He had never told the story. He hadn't remembered the story. Suddenly his eyes filled with tears and his body shuddered. Minutes later he spoke. "I don't know why the Lieutenant chose me, but he said I had to go into the bunker and kill the sleeping Iraqis. I had night vision goggles. That much I always remembered. But what I just felt for the first time was stepping on something on my way out. I t had to be one of the men I shot."

Telling me that piece of personal history was part of his recovery. He was numb when that trauma occurred. "Unnumbing" is a painful aspect of post-traumatic health.  
Act Two, Scene Two: The trauma history unfolds.

In the newspaper or on television this phase of media reporting is done best by specialists. They have documentarian skills. Their art is a blend of journalism and historiography. The camera work is artistic.

Allan Deitrich won the Dart Award for Excellence in Reporting on Victims of Violence. His still photography captured the haunting fear of "Children of the Underground." These are youngsters in hiding from abusive fathers who have been awarded visitation or custody rights in judicial proceedings. Mothers and children are therefore fugitives from justice as well as potential prey to exploitative men. Deitrich photographed post-traumatic survival, not crime scenes.

The Act Two treatment of victims describes predation from the perspective of prey. Prize winning reporting may even ignore Act One. That is, the conventional media treatment of crime and catastrophe is turned on its head. A reader is introduced to a human being who suffers and survives, rather than to a calamitous event that screams for attention.

The later scenes of Act Two have a sadder, wiser tone. A person reflects upon loss but is thankful for friends. Spiritual themes emerge. The survivor considers the meaning of life. People note their attachments and their desire to help others. The first Dart Award winner, *The Anchorage Daily News*, explained how three women who were sexually abused as girls found one another and maintained an enduring, supportive friendship. Reporter Debra McKinney entitled the series, "Malignant Memories," but her theme was recovery from abuse, not abuse itself.

At a conference in Seattle, Ms. McKinney and crime writer Bruce Shapiro (assistant editor, *The Nation*) and I discussed "putting Act Two on page one." Could the conventions of news presentation be modified? Could the survivors' story lead? We realized that a sea change in media method would never be imposed by a handful of reformers. But many journalists agreed that disaster news could be expanded to include reflections by survivors of similar incidents. Readers are interested in the whole story, not just in the opening salvo. Page one news, and six o'clock TV, could cover the drama of escape and the ordeal of recovery. Some editors and reporters have already discovered how to create such coverage.

Act Two is not necessarily better or more important than Act One. It is just harder to find and more difficult to format. Act Two is every bit as compelling and newsworthy as Act One. But tradition and temporal sequencing and human biology conspire to place Act One on page one of the paper and the collective mind. We have short attention spans. We are gluttons for violent news. We overdose on Act One. When Act Two is buried in the feature section, or relegated to a TV magazine, we lose the message. And the message of Act Two is often one of hope and patience and resilience. The Act Two story interrupts a cycle of violence, because Act One alone elicits emotion and behavior that we need for fighting and fleeing. Endless Act One precipitates bestiality. Act Two reinforces civilized contemplation.

It has taken those who patrol the border between trauma treatment and violence reporting a decade to clarify the Act One/Act Two challenge. And now, to our utter consternation, we discover Act Three.

## **Act Three**

Sometimes there is no healing after horror. The search for meaning in certain aspects of the Holocaust, the Rwandan massacres, the annihilation of a family by a depraved psychopath may be utterly fruitless. To attempt an Act Two treatment is to miss the point: Absolute evil has no redeeming value.

Therefore the journalist may find situations that must be recorded, but that extinguish hope. This is Act Three. It is a dark Act, with no purpose other than to announce its existence.

"This occurred. It was living Hell."

" Abandon hope, all ye who enter here."

Some survivors and philosophers of the Holocaust resent attempts to impose dramatic significance on that singularity; that unequaled epoch of institutionalized cruelty. They ask for Act Three: unexaggerated, unmitigated truth. Nothing more; nothing less.

Others believe that havoc wreaked by Nazi Germany was not the only and not the worst recorded world depravity. To some, there are many examples of extreme cruelty, and these examples illuminate certain important elements of humanity -our ability to become evil and our ability to overcome evil; our frailty as individuals but our resilience as a species. For them there is no Act Three. Every piece of human history has a purpose and a lesson.

I believe there are Act Threes, but they are rare. Act Three is an idea rather than a set of scenes that follow Acts One and Two. It is the idea in the mind of a witness (a direct witness or one who "witnessed" the recorded word) that a destructive act was so extreme, so complete, that no light escaped. Nothing good came of it, or came out of it. It made no sense and left no helpful legacy.

Lawrence Langer elaborates in *The Atlantic Monthly*, November 1998. “The unshakable conviction that the Holocaust contains a positive lesson for all of us today unites the three figures - the intellectual, the artist, and the cleric-whose ideas I plan to examine here.” His examination includes concrete and brutal examples of atrocity: a baby torn in half before its mother; Jews marched into a pit of boiling acid. His conclusion asserts “there is simply no connection between our ordinary suffering and their unprecedented agony....we learn nothing from the misery...”

Shortly after reading Langer, I learned a lesson from an older friend and veteran of World War II. He railed against Spielberg’s masterpieces, *The Saving of Private Ryan* and *Schindler’s List*. Not having seen either film, he asserted that no dramatist should attempt to recreate that war. Only “real” images (raw documentary film) should be shown. He made his points with passion, despite vigorous opposition from four companions.

I opined that Spielberg created perfect vehicles for transmitting historic horror. The fiction allowed the fact to be received. No viewer could deny the Holocaust nor romanticize the Normandy landing. Another veteran agreed, “Both films should be mandatory in public school.” (He was a WW II Marine and recent member of a city school board.)

Our heated but friendly discussion reached no common conclusion. Clearly, we all wanted truth preserved. But how does one generation inform the next? Is Spielberg telling bedtime stories for grownups? In my search for the Act Two antidote to Act One, I applauded fact-based-fiction that enabled average viewers to absorb genocidal images and remain optimistic about humankind. I agreed with one friend and opposed the other.

But the one I opposed has a powerful point: Act Two, as told by a storyteller, be that teller a journalist or a dramatist, may be too optimistic, too moral, too artificially ennobling. It may even seem blasphemous to a survivor.

In Act Three there is no meaning, no moral, no transcendent truth.

## **Balancing Acts**

Psychiatry is a healing art, applied to individuals who suffer. There is no common path to healing after enduring human cruelty. But most individuals who do recover enough hope and worth to enjoy existence find meaning in their lives -and meaning in life itself. They escape Act Three -that literal, factual and shattering treatment of personal reality. Most find the creation of life-enhancing myth a preferable alternative to existential despair. Many employ denial, delusion, and dissociation along the way. Therapists often help victims avoid intolerable memory.

Journalism is not a healing art, but rather our best effort at undistorted perception of reality. Journalism is neither psychiatry nor myth-making. Act One, the lurid and alluring traumatic event must be told. Act Two, the hard but hopeful path from victim to survivor, must be told. Act Three, the unmitigated destruction of humanity, must be told.

How we recognize and address our distorted balance among these Acts is up to us. We have become addicted to Act One and ignorant of Act Three. We dismiss Act Two as saccharine or simply “not-newsworthy.” While journalists cannot substitute a goal of social and political reform for a goal of undistorted transmission of news, the media professions can attend to the evidence that trauma news is skewed and distorted. Readers and viewers are not receiving a

balanced account of human trauma and recovery -- and while the fault is in ourselves, the audience, the remedy is in the owners and users of the presses and the airwaves.

Act Two belongs on page one. Act Two can lead the evening news. The impact of trauma and the endurance of survivors from similar events are part of a balanced account . The redress of imbalance need not be radical. A relatively small correction will add missing elements. This will require reporters to become familiar with recovering victims and recovered survivors. Journalism schools in Michigan, Washington, Oklahoma, and Brisbane Australia are currently making those connections and training students how to use such sources effectively.

Act One need not be overstated nor sensational. There is a clear contrast between crime rate trends and fear of crime. As local examples of Act One diminish, journalists seek Act One drama from distant sites. The public perception therefore becomes one of ever increasing danger. This is not due to reportage of newsworthy events, but to a perversion of journalistic values. Energy devoted to merging of Acts One and Two in interesting, accurate accounts is better than energy spent widening the search for telegenic crime.

Act Three, the rare extreme unmitigated tragedy, deserves coverage and will get coverage. The existence of Act Three in human history need not divert our attention from breaking the habit of under-reporting Act Two. However, there are examples of deliberate suppression of Act Three journalism, such as *The Rape of Nanking*. That is a different issue, for a different treatise.

When we, the audience, tire of the formulaic, repetitive treatment of trauma in the news, the formula will change. But we may not tire. We may be destined by biology to feed endlessly on other peoples' horror, distorting our perception and understanding of reality. And if that, indeed, is true, a new journalism and new journalist is needed to help us overcome ourselves.

Frank M Ochberg, MD  
February 22, 1999

*Content may not be reproduced on websites without express permission. Please link instead.*