

TRANSFORMATION & TRAUMA: WORKING FROM WITHIN

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Even though low income men are exposed to enormous trauma from multiple sources, there is little research about what men experience and how it impacts them. Trauma has emotional and cognitive impacts, and there are internalizing reactions (withdrawal, disassociation, depression, addictions, etc.) and externalizing reactions (anger, hostility, rage, lashing out, rapid escalation, triggering and acting out in various ways, violent assaults, etc.). One of men's problems is that we are socialized to avoid or deny painful feelings, suffering, and fear; it is deemed weak and unmanly to cry, to admit suffering or to acknowledge misery. Instead, men adopt the 'mask', the hyper-masculine façade of impassivity or stoicism, which is mistaken for real manhood. The more the deeply buried the trauma is, the greater the embrace of hyper-masculinity, which provides a ready-made identity that is powerful, invincible, deserving of deference and obedience by women, emotionally restricted, and oriented toward dominance struggles with other men. This leaves men fundamentally alone with their trauma. From this perspective, addressing trauma in a supportive, loving, and safety-oriented manner provides a healthy and connective alternative to the hyper-masculine façade.

How can facilitators address trauma in group settings, and support men in moving away from hyper-masculinity and loneliness?

- ◆ **Model & Illustrate:** if we want the men to take the leap into vulnerability, facilitators must show themselves willing to be open about their own trauma. We must be willing to disclose and talk about some of our experiences and illustrate our journey of healing. People should only disclose at their level of safety and comfort and avoid talking about things that are 'unfinished'. But showing we can be vulnerable speeds up the process.
- ◆ **Inquire & Identify:** ask in a group of men to define trauma. Arriving at a reasonable definition is crucial. The core issue is that it is an adverse event that a person undergoes or witnesses that leaves them feeling overwhelmed and helpless with ongoing emotional and cognitive disturbances. Do people think they have experienced trauma? Does anybody want to talk about it (always within their level of comfort and safety)? Also, ask people what they do to take care of themselves about trauma. Facilitators should have tools like breathing exercises available to share. Ask people how they feel about sharing their experiences. If someone cries, sit and witness their feelings as a group. People may hug each other. Remind people that sharing may make them feel they are not alone.
- ◆ **Build resonance:** deepen awareness by asking men about triggering. Many men cannot recall trauma experiences, but they can talk about big explosions (mostly violence, but can also include sudden profound withdrawal) that seem to be set off by small events: "someone yelling in my face", "flipping me off", "swearing at me", etc. The trigger event may be somewhat threatening, but the reaction is disproportionate. People may not recall everything that happened when they were triggered. Providing tools to help people cope with triggers is important, as well as referrals to knowledgeable clinicians.
- ◆ **Expand scope:** ask the men whether they think their children have been traumatized. How so? What happened? Do they think their own behavior has added to their children's trauma at some point? What do they think they can do as fathers to help children to heal from their trauma? Remind them that if they do not heal from their trauma, they will pass it on, and that they are responsible for what they do when they fall into their trauma.