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# A Moment Became the Season: An Exploration of Trauma Narrative within the Community Development Context

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**A Moment Became the Season:**  
*An Exploration of Trauma Narrative within the  
Community Development Context*

Lydia Berry

August, 2017

A Master's Paper Submitted to the faculty of Clark University, Worcester, Massachusetts,  
in partial fulfillment of the requirements for the degree of Master of Arts in the department  
of International Development, Community and Environment

And accepted on the recommendation of

Laurie Ross, Chief Instructor

**Abstract****A Moment Became the Season:  
*An Exploration of Trauma Narrative within the  
Community Development Context*****Lydia Berry**

This research explores current methods of psychological trauma intervention within the community development context, namely the understandings that bound the clinical and diagnostic side of trauma, and the more recent victim centered approach: the trauma informed care method. The shortcomings of these approaches is that they individually lack the ability to establish the victim back into their sense of self or community, accordingly. This research argues that a narrative approach, a process by which a survivor of trauma has full agency to express their experience, used in conjunction with existing practices can rectify the shortcomings of both methods. The researcher and author uses creative writing within this research to exemplify the power of using a combination of academic or clinical definition and creative expression to convey a fuller sense of the experience of psychological trauma.

**Laurie Ross, Ph.D. Chief Instructor****Mark Davidson, Ph.D. Professor**

## **ACADEMIC HISTORY**

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Date: August 2017

Baccalaureate Degree: Studio Art and Communications

Source: Clark University

Date: May 2015

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*“the moment becomes a season, the event becomes a condition.”*

*Kai Erikson*

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On an October evening in 2015, several friends and I all huddled around the T.V. watching politicians debate, throwing back sarcastic mouthfuls of wine whenever they mentioned drone strikes or women's rights. A friend walked in from the street and apologetically announced that the window of my car parked in front of the house had been smashed. Upon inspection I found that my backpack had been stolen from the car. I called the police while I sat on the front stoop of our house, surrounded by friends. A group of men I didn't know approached us and asked what had happened, upon hearing the story they told me they were sorry to hear about what happened, and smiled at me as they shook my hand saying that they hoped my night got better.

I gave the police dispatcher my address and as I waited for him to process the report, the group of men walked back up to us and started asking where the college parties were. As soon as we started to answer that we didn't know, they were landing punches on whoever they could grab. We all separated and my memory went dark until I was pushed into the house just before the door was slammed on four wriggling fingers belonging to one of the attackers who was trying to pry the door back open. I stood on the landing of the stairs up to my apartment feeling all of my boundaries physical and psychological blur until the warmth of a friendly hand stroking my face brought me back enough to realize that the police officer on the other end of the line was demanding that I calm down. A few moments after the fingers in the door finally retreated, I peeked out into the front yard, unsure about what I was going to see - because only 3 out of the 5 of my friends had made it inside. I caught the last glimpse of the attackers fading out of the orange glow of the

streetlight and meld into the darkness of the rest of the street. Voices saying “We’ll be back” echoed from the direction that they had run in. Moments afterwards, my partner, covered in bruises, emerged from behind a car as our other friend uncrumpled himself from the ball he had been beaten into. We all sat in the living room, the muted debate still lighting up the T.V., and waited for what was next.

Over the following weeks I was not myself anymore: my identity was fully drained and replaced with sharp pangs of high tension and paranoia against a numbed background of confusion and lethargy. I had stage fright in regular conversations with friends, and eye contact seared me and sent my body into high alert mode. I dragged through my classes, unable to focus because a new world of risks and threats was all I could see. I continually braced for doors and windows to be busted in, for gun shots, for friends to bear bad news. I now saw that everything I cared about hung by a thread; and I anticipated the moment when it would again be severed and all would come crashing down.

In time I came to understand these sensitivities and behaviors as symptoms of post traumatic stress disorder (PTSD), which became particularly fierce during the endless calls to the agencies and services I had to speak with to make sure what happened to me was logged and accounted for; the insurance company and auto body shop, meetings with the police and various offices within my university. While the new clinical language that was introduced to me by my counselor surrounding my PTSD helped me to get a grip on the fact that trauma was now part of my life, it didn’t help me cope with the entirely new set of demands that accompanies a life with psychological trauma. Within the first 15 minutes

of the event I found myself in a chain of meetings and phone calls that would be ongoing for seemingly weeks, every day sitting at a different person's desk waiting for them to pull up my account so they could report the facts of my encounter that were relevant to them, and it was these early moments of searing contact that the detached definitions meant to describe the experience of PTSD left me feeling the least equipped to convey any part of the strange world that I had just stepped into. The terms within our common understanding of trauma that I felt compelled to use to convey my experience stripped my trauma down to a few palatable but barren categorizations within the PTSD diagnosis. This discrepancy in translation was exhausting and painful; quickly I gave up on exploring the complexity of my feelings and instead learned to repeat a script of the event and a positive update on my recuperative progress so I could move on from the conversation as quickly as possible. My interactions with the related social and institutional systems following the attack compounded my symptoms of trauma by suppressing acknowledgment towards the gaping vulnerability that trauma had revealed to me. This suppression is facilitated to this day by the incapability of our societal institutions to comprehend and absorb the full expression of trauma within the narratives that they are told.

PTSD is formally recognized as a set of symptoms that occur after one's exposure to a traumatic event or stressor. These symptoms include: nightmares or flashbacks; moments of recollection that can become so intense that people believe that they are re-experiencing the event, and hyperarousal which is a difficulty in calming down or

falling asleep. Traumatized people might also actively avoid places of perceived danger: this could be the place where the event occurred or places that remind them of that place (Elbert and Schauer, 1). Traumatic events themselves are most commonly understood as sudden or prolonged episodes that smash through an individual's line of psychological defenses (Erikson). Examples of such events can range from extreme violence like rape or assault to prolonged exposure such as abuse or war. Traumatic events affect people differently due to the various levels of preexisting resiliency and life experiences leading up to the traumatic event.

These are the definitions and understandings that are most commonly used amongst social service organizations that are most often the frontline of contact with populations that are most vulnerable to traumatic stressors. While there are newer schools of thought developing that are less focused on the analysis of the internal symptoms of a survivor and more on examining their external "ecological" factors and consequences that give rise to a certain reaction to trauma (i.e. the Trauma Informed Care), the general approach within social services towards trauma tends to leave out the process of the individual survivor's raw expression of their experience and focus on the broad terms of PTSD symptoms (DeCandia and Guarino). This reductive understanding approaches trauma with a one size fits all framework that omits many of the nuances of the experience that are so crucial for fully hearing what the experience of psychological trauma truly feels like. Given that a majority of the population that have contact with public services also have histories of trauma (Strand), we must strive as community organizers for a more thorough

understanding of trauma that is more comprehensively engaged with the lives of populations we work with.

This paper aims to show the need for the acceptance of a narrative based approach where survivors are given agency within the community development setting to express the particulars of their experience that they deem important to convey in their process of recovery at that time. This approach relies both on the survivor and the listener, or recipient of the narrative to allow re-cooperative storytelling to happen. In conjunction with pre-existing methods, a narrative approach would help broaden the most common understanding of trauma from a defined list of symptoms to a critical engagement with the inherent incommunicable quality of the concept as a whole, with an increased emphasis on the role of listeners. I will make this argument by putting a formal academic exploration of Post Traumatic Stress Disorder in conversation with a series of creative writing pieces exploring the indecipherability of my own PTSD then conclude by analyzing my pieces within the analytical argument that I made. The dialectic quality of the structure of the paper itself (academic and creative writing side by side) puts into action the central argument of the content, which is that trauma should be analyzed, but simultaneously it needs to be told. As community developers it is our job to listen to the trauma we are told, but to be able to do that effectively we must meet the traumatized within this dialectic space between analysis and narrative for recovery to truly occur in a community setting.

## **Conceptual Framework**

The following section examines the prevalence of trauma in our communities, how we have framed this issue in the past and present, and illustrates the need for a new method for trauma intervention that is a natural next step towards more holistic support of trauma survivors and community developers themselves. The first segment focuses on mapping out which populations are most vulnerable to traumatic stressors and the long term impacts it has on people's lives to establish the pervasiveness of trauma. Next, the evolution of the framing of trauma is explored to better understand why we have the current boundaries around the topic that we do. With a phenomena that defies definition, this historical lens is especially important so we can understand how our mental construction around this concept has opened to different fields of study and ways of knowing over time. From these framings of the past, the current understanding of trauma is explored, showing how this step is progressive yet still lacking when it comes to recovery and rehabilitation from PTSD. Lastly, a new approach to trauma and narrative is analyzed to show how it can rectify the shortcomings of intervention methods from the past and the present.

### Populations Who Experience Trauma

In the general U.S. population, childhood and adolescent exposure to traumatic events and stressors are prevalent. "Between 25% (Costello, Fairbank, Erklani, & Angold) and 43% (Silverman, Reinherz, & Giaconia) of children in the United States are estimated to experience at least one traumatic stressor." (Ford et al., 697). Additionally, between

“50% and 80% (Finkelhor et al., 2009) of children and adolescents in the United States report some form of victimization.” (Ford et al., 697). Types of victimization include but are not limited to; sexual assault, physical assault, abuse, witnessing family violence or abuse, or murder of a family member or friend (Ford et al., 697). Within the youth service sector, even higher rates of exposure to traumatic stressors have been reported. Up to 90% of youth in the juvenile justice system have reported experiencing at least one traumatic event (Ford, Hartman, Hawke, & Chapman, 2008). “Of psychiatrically hospitalized adolescents, 93% have histories of physical or sexual and emotional trauma.” (Lipschitz et al., 1999). In addition, children in the homeless service system and foster care system demonstrate high rates of lifetime trauma. (DeCandia and Guarino, 10).

Interpersonal violence is considered a major cause of psychological trauma for women and is so prevalent that many consider it a normative experience (Report of the Federal Partners Committee on Women and Trauma, 2011). “In a nationally representative survey, nearly 1 in 5 women reported experiencing rape at some time in their lives, and more than 1 in 3 women have experienced rape, physical violence, or stalking by an intimate partner” (CDC, 2012; CDC, 2010). In the mental health sector, over 50% of women report experiences of domestic violence (Friedman & Loue, 2007; Mowbray, Oyserman, Saunders, & Rueda-Riedle, 1998). In the criminal justice sector, 96% of female offenders have experienced trauma, most often related to sexual abuse and domestic violence (DeCandia and Guarino, 10).

Low-income populations are disproportionately exposed to traumatic stressors. Research indicates that over 90% of severely poor, homeless mothers have a lifetime history of trauma, 81% experienced multiple traumas, and more than half were victimized as children (Hayes, Zonneville, & Bassuk, 2013). Similarly, low-income minority men experience high rates of violence in their lives, few social supports, and high rates of PTSD (National Center for Injury Prevention and Control, 2003). Homelessness also makes families more vulnerable to retraumatization by events such as physical and sexual assault, witnessing violence, or abrupt separation. The stress stemming from these risks comes in addition to the stress resulting from homelessness itself and can impede recovery due to ongoing traumatic reminders and challenges. (NCTSnet.org).

In regards to the long term effect of psychological trauma, The Adverse Childhood Experiences Study (ACES) conducted research on adults showing up for annual physical exams in 2008 who grew up in households where they were exposed to extensive trauma. The study found a positive correlation between early exposure to traumatic stressors and a range of lifelong serious physical and mental health problems (Corso et al.). “The cumulative effects of multiple adverse experiences occurring before the age of 18 years increased the risk of developmental delays, and children exposed to four or more cumulative risk factors had four times the number of psychiatric diagnoses compared to children with one risk factor.” (Strand, 3). Additionally, depression rates doubled in this population, and suicide rates showed an eightfold to tenfold increase.

### Historical Perspective on Trauma - The Clinical Approach

Given that so many individuals are impacted by psychological trauma in a lasting way, we must ask where our popular understandings of trauma come from so that we may reshape the conceptual boundaries framed around the topic going into the future. After the Vietnam war (before there was any established literature on the nature of trauma) soldiers returning from combat exhibited intense psychological symptoms that made it difficult for them to cope with civilian life. Many turned to drugs and alcohol, became violent with partners and family members, and ended up homeless or unemployable. Research on these veterans indicated 27 common signifying symptoms of “traumatic neurosis” (Ringel and Brandell, 4). These identified symptoms in the veterans correlated to previous documentation of “neuroses” done years before, related to abuse, violence, and combat that had been identified by researchers: Sigmund Freud, Josef Breuer, and Jean Martin Charcot (Ringel and Brandell, 1). While these symptoms had been individually catalogued in the past, never had they been united under the same diagnostic umbrella. The initial PTSD diagnosis addressed the immediate symptoms of psychological trauma displayed following an initial event or experience. These symptoms were organized into four groupings, similar to the categorizations we use today: intrusive reexperiencing, avoidance, hyperarousal, and hypervigilance. This view of trauma was revolutionary for its time but has proved to be an oversimplification due to the fact that it did not take into consideration past life experiences that may contribute to an individual’s traumatic response (Ringel and Brandell, 7).

### Limitations of Clinical Definition

Currently, as we develop more expansive and comprehensive ways to think about trauma, we are still limited in our understanding of the traumatized experience by the reduced clinical terminology we set as boundaries around the concept. Definitions in trauma study are constantly being debated by psychologists for what language is too narrow and what is too broad. In the past the PTSD diagnosis was reserved only for combat veterans, victims of rape and domestic violence, and child abuse. However psychologists soon realized that this definition was too narrow because survivors of auto accidents and victims of assault displayed the same PTSD symptoms, so the definition was expanded to address a wider array of physical and emotional violence (Ringel and Brandell). The concept still grows and contracts to this day; the American Psychiatric Association's guidelines define PTSD as a response to an event "outside the range of usual human experience". Since its publication this terminology has been heavily contested by psychologists and sociologists due to the fact that this definition leaves out individuals whose trauma is very much a part of their usual human experience such as prolonged abuse or imprisonment (Caruth). Trauma researcher Cathy Caruth explains that "the more we satisfactorily locate and classify the symptoms of PTSD, the more we seem to have dislocated the boundaries of our modes of understanding - so that psychoanalysis and medically oriented psychiatry, sociology, history, and even literature all seem to be called upon to explain, to cure, or to show why it is that we can no longer simply explain or simply cure." (Caruth, 4). Caruth's statement suggests that the more precisely we diagnose

what trauma is through one method discourse, the farther we push our boundaries of how we can understand what trauma is. The process of chasing this elusive definition has been pushed to the point where other ways of knowing must be incorporated to keep us relevant and critically engaged with what we come across in our study of the topic.

Along with the limitations of language and precise definition, there is a deeper root of miscommunication that inhibits our capacity as a society to relate to survivors of trauma (Brison). Within the simple act of retelling, the instability of trauma becomes contagious; it reminds us that we are not in as much control of our individual futures as we would like to believe. Facing trauma demands that we engage with “the reality and magnitude of violence and abuse in our society...often the feelings associated with this reality are too much to bear.” (DeCandia and Guarino, 9). We try to cope with this unbearable vulnerability that memories of trauma reveal to us by pressuring the traumatized to forget or stay silent. As a culture, “we impose arbitrary term limits on memory and on recovery from trauma: a century, say, for slavery; fifty years perhaps for the Holocaust; a decade or two for Vietnam; several months for mass rape or serial murder” (Brison, 49). Unfortunately, trying to forcibly erase traumatic memories does not make them go away; in fact the symptoms of trauma will very likely remain, and become even more destructive (Brison).

### Current Intervention Method: Trauma Informed Care

From these past understandings of symptoms of trauma that focused so intently on the survivor's internal reaction post trauma, it became apparent that more information concerning an individual's personal context both before and after a traumatic event was needed (Harvey). This need produced the Trauma Informed Care and Services movement within the larger development of Ecological Psychology. Trauma Informed Care embraces the concept of interdependence and has moved towards a comprehensive understanding of the manifestations of PTSD and its relationship to individual and environmental factors. These factors include "age of onset, number and type of traumatic experiences, social supports, and family and cultural context."(DeCandia and Guarino, 12). These elements individually contribute to an individual's overall response to traumatic stressors. The grounds for the central hypotheses of Trauma Informed Care derive from studies done on entire populations exposed to natural disasters or human inflicted violence (Harvey). The findings of these studies suggest that an individual's development of symptoms and the extent to which they persist can vary greatly from person to person. The individuals in populations who did show symptoms of psychological trauma differed in the duration and intensity of their symptoms while also varying greatly in their interpretations of their experience, and the ways in which they tried to get relief from their symptoms. Trauma researcher Mary Harvey notes, "these differences reflect a complex interplay of many influences, including: the nature and chronicity of the events to which they have been exposed; demographic factors such as age, race, class, and gender... and the influence and

stability of relevant social, cultural, and political contexts” (Harvey, 12). Additionally, cultural differences may change how individuals display symptoms and how their communities receive them as Harvey explains when she says: “cultural and community values exert profound influence over a victim’s willingness to disclose (or not) a particular incident of violation or abuse, for example, and cultural interpretations of the events to which they have been exposed shape survivors’ own understandings of these events” (Harvey, 12). Trauma Informed Care in its entirety represents a move away from a strictly medical model of individual illness towards a broader understanding of how environmental factors impact functioning and recovery.

While trauma informed care is considered our most progressive intervention method to date, a growing critique by trauma researchers and writers has been that the individual and variable nature of this approach can become too variable and end up furthering the disconnection between survivors and their communities. This disconnect occurs when a survivor’s resiliency factors or likelihood of previous exposure to traumatic stressors (i.e. age, race, gender) become the focus of their recovery which leads to a vision of the “self” that is characterized by “interpretation, variability, relativity, flux, and difference.” (Crossley, 529). When the survivor’s reaction to a traumatic event is chalked up as the result of several pre-existing factors of identity, it becomes increasingly difficult to claim any kind of universal or shared human experience because every action becomes dependent on a myriad of individual variables (Crossley). Without solid shared experience, survivors of trauma are disconnected from the full range of potential listeners within their

communities which can fortify distrust and misunderstanding between self-defined identity groups. The disconnect from community that is created within the trauma informed care framework of analysis is the entry point for alternative methods of trauma recovery such as the narrative approach.

### The Narrative Approach

The narrative approach is centered around the idea that there is an ‘order of meaning’ within human consciousness that is based out of one’s experience of time (Crossley). This order of meaning, or a recalling of a sequence of events, is necessary for humans to be able to define and interpret anything that has happened to them on a given occasion. From this we can see an inextricable connection between temporality and identity, where we rely on our experience of time to self interpret the sequence of events that make up our lives. In the context of psychological trauma: “traumatization often serves to fundamentally disrupt the routine and orderly sense of existence, throwing into radical doubt our taken for granted assumptions about time, identity, meaning, and life itself” (Crossley, 542). In the face of this level of incoherence stories become extremely important because they are the way cohesion is reestablished within an individual’s personal timeline.

Another feature of the narrative approach is the increased emphasis on the role of the listener or recipient of traumatic narrative. Psychoanalyst Dori Laub notes that “trauma is, in fact, a process that includes the listener” (Felman and Laub, 70). This listener

receives the narrative from the survivor, which at its core is a re-externalizing of the event. This process “can occur and take effect only when one can articulate and transmit the story, literally transfer it to another outside oneself and then take it back again.” (Felman and Laub, 69). This process of re-externalization to a listener in some form is the key to creating a narrative. Survivors of trauma forming their narrative can integrate the traumatic experience into a life with a “before” and an “after” and begin to gain control over intrusive memories. Building narrative can also help facilitate the shift from being the vehicle of someone else’s speech (i.e. through human inflicted violence), to being the subject of one’s own story (Brison).

The use of narrative, in the context of trauma, works as a complement to existing intervention methods (reductionist and ecological approaches) by reconciling the weak points of both avenues. The reductionist and ecological analyses serve to formally diagnose trauma (a necessary function), but their attempt to treat through categorization “fails radically to incorporate or address [the] hermeneutic dimensions of experience and thus loses any sense of the ‘lived’ nature of human reality and identity.” (Crossley, 533). Reductionist and ecological forms of analysis focus on symptoms and factors and lose the temporal aspect of the experience and deflates this “lived” quality of the story. Narrative works as an equal counterpart to these forms of analysis to restore the “lived” element by bringing to light the temporal dimension of trauma that is unable to be reached by reductionist and ecological ways of thinking.

On the reductionist end, narrative empowers survivors to externalize their experience to an audience thus exercising agency over intrusive re-experiencing. It ushers listeners, previously outsiders to the Trauma discussion, into an authentic conversation on psychological trauma by extending past the limitations of diagnostic terms and delving into the lived experience of a trauma survivor. This allows the narrator to assert agency over their own story, and works to reveal the reality of traumatic experience to listeners.

With the ecological approach the task is to thoroughly deconstruct and understand a survivor's context surrounding their trauma, while narrative acts to reconstruct the individual within that context. The variable and relative quality of the ecological approach that can disconnect survivors from their community is remediated by narrative. In this context, like that of reductive terms, narrative works to fill in temporal and contextual gaps, which breathes life back into the telling of experience and reduces the sense that painful PTSD symptoms are an inevitable product of factors. Equally important is that the narrative approach requires an audience “able and willing to hear us and to understand our words as we intend them.” (Brison, 46). We tell our stories and listen to others and through this requirement of an audience, survivors are reconnected back into some sense of community.

The result of using narrative in conjunction with existing practices is a dialectic space where a survivor’s narrative can be both an expression of individual agency and a connective story of universal experience simultaneously. Existing within this duality as a survivor and as a listener is crucial to recovery because it addresses psychological fractures

that occur within a survivor's internal sense of self and their external sense of community simultaneously while the established methods of intervention could only address one of these issues at a time. In a community development context this dialectic space is where we are fully equipped to help facilitate an individual or community's recovery and rehabilitation.

## **Methods**

In order to exemplify my argument and put it into action, I will switch roles from one area of expertise to another. From the researcher studying how we've come to our collective understanding of trauma, to the narrator of trauma, telling my own experience of coming to grips with the untellable pocket of this subject matter. The following section consists of 17 small vignettes of writing tracing my experience from the Fall of 2015 to the Fall of 2016. The analysis of the state of trauma study that started this paper, paired with my own narrative begins the integration of analysis and expression that I am calling for. Through these pieces I do my best to capture a cross section of my trauma as I was experiencing it. The point of these pieces is not to give an extensive and in depth exposé into my life during this time; rather these are the moments and feelings that I've deemed most important to express and have my community understand about my experience. This agency over form and language is what helps me, as the survivor, recover because I don't have to attempt to translate my experience into a streamlined or conventional version so

that it will be understood by the general public. This agency is described by Cathy Caruth as the “break” within a trauma narrative, or the moment where telling one’s narrative turns from a simple relaying of past events experienced to a re externalizing of raw psychological trauma, from which it can be reintegrated into an individual’s own narrative timeline. She explains that even within the most disjointed and non-linear narratives, a committed audience can receive an authentic expression of trauma through that breakdown of form. Within my narrative I use ambiguity and non-traditional writing form to create my own breakdown of formal communication wherein the transmission of my trauma lies.

## Vignettes

She said her name was Stacy and that the call was being recorded. Despite being southern and a telephone operator for the bank, her kindness shone through both of the scripts she was expected to adhere to. I told her I wanted to cancel my bank card, and she cheerfully led me through the paperwork over the phone. Name, date of birth, address, “reason for canceling your card?” she recited from the page. “I just got attacked” and I cried about it for the first time.

She let me cry, repeating my name and soothing apologies. When I could speak again she continued to guide me through the paperwork but even gentler than before. We finished canceling the card and she began to wrap up, asking if I had any more questions for her. I didn’t want to leave, but I knew I didn’t have anymore bank business and the call was being monitored for quality assurance. She wished me well and I thanked her then hung up the phone.

I know a copy of me is still out there, crying in 0’s and 1’s, lost in the digital backlog of the Worcester Police Department phone system. Part of me wants to find her and listen for the moment when she was divided from me and ended up where she still lives today; contained in a compact audio file. I’ve thought about her a lot since the call to the police ended. I imagine her still standing on that dim stairwell, staring at the closed front door; her face looks just like mine but has none of my memory or experience behind her eyes. She lives exclusively in this moment, and will stay there until the phone records are wiped to make space in the police database.

Since she was a little girl she loved lying in bed while it was being made over her. Given recent events however, she can’t turn her mind from the idea that the increasing weight from being tucked in, one blanket at a time, must feel similar to being buried alive by slow shovels full of dirt.

After the bed is made she’ll lay, just as a large bump under the neat bed spread, totally succumb to the weight and the darkness.

The longer this bump waits uncovered, the more fear and despair it collects from the thought of being buried alive.

At last, the sheets are always peeled back with one sudden movement and those feelings immediately evaporate as she smiles up at her discoverer.

It was the hysteric sobbing that burst me from my newly formed crust of sleep. I pulled back the floral curtain, wide enough for my eye. I knew from previous nighttime cat fights that the zig-zag of vinyl siding that bordered my alley made it hard to pinpoint exactly where sounds came from. "Please, please, please" came rolling through the corridor like tolling bells. I waited quietly as she had her fill, then waited a few more moments after she was done before moving as if to pay respects. I laid back down, understanding that I had been like her once and one day I would be again. I wished the rest of the alley a peaceful night and fell back asleep.

As I sit in my living room waiting for my high to sink in, I can see my neighbor picking up her room. Apparently she doesn't like when we park in front of her house, or so says my landlord who is tired of receiving angry phone calls.

She's a funny kind of threat, given the threats that I've known. I've only heard secondhand that she's neurotic, but every night I watch her slip into her grey sweats and turn on the t.v. Other than what I've seen through the window and that she bleaches her hair bright blonde I know nothing about her behavior or daily activities.

To think her days include calling my landlord because she hates the sight of my Corolla so much is silly. I would be interested to know who hated the sight of that little white car more, her or the men who broke into it.

Anyways, it's funny to see your threat in repose. I wonder if my assailants are relaxing right now.

Medical Emergency

Active Shooter

Fire

Bio Hazard

"Account Number?" She said starkly, startling me from my trance imagining all of the violent possibilities listed on the emergency handbook tacked to the wall.

I read that wearing a rubber band around your wrist, then snapping it when you get fixated on something can help obstruct obsessive thinking patterns. I use it when I spiral into believing that one of my roommates is using my toothbrush or all the fish that I eat has made me infertile or that I'm marked for death.

Another method, although I don't use it a lot is to answer anxious thoughts with three firmly rational thoughts like:

1. Hair will grow back
2. Everyone accidentally swears in front of children sometimes
3. Imagining fatal car accidents doesn't make them more likely

These tricks can work if you remember to use them, but it's easy to fall to the bottom of that obsessive hole where all thoughts come back to that unanswered email, driving through that school bus stop sign, and shutting the door on friends who were being beaten.

He might love the Patriots, and jogging, and not want to hurt me.

Or he might love the Patriots, and hates jogging but does it to satisfy his wife, and not want to hurt me.

Or he might hate the Patriots and it's just a sweatshirt he borrowed from his brother but he loves jogging because he hates his wife and just likes to get out of the house, and not want to hurt me.

I'll just cross here.

The ticking comes from somewhere inside of my closet. I'm fully moved in at this point, but there remains one box still packed and untouched. It is there that a clock resides. The clock is a part of a bigger award; a shiny plaque engraved with my achievement. While I don't believe that they gave it to the wrong person, I was surprised to get it. Since the photo op I've moved it around quite a bit, but in time I've decided that an outward boast doesn't match my decor, and so it ended up in the last box unpacked, surrounded by all the other leftovers of my life that I didn't know what to do with. On sleepless nights, which lately outnumber the peaceful ones, I lay, eyes open, listening to that clock with my name inscribed on it announce my former success with its gears and hard plastic. I don't talk back to it, despite having a very low tolerance for one-sided conversations. I understand that it's stuck, repeating a fixed moment in my past and I especially can't blame anyone for doing that.

Sitting in the waiting room, seeing the other patients shuffle in and out, she judges whether she is more or less healthy than them in order to rank herself in the room so that she can calm her nerves. While she is very concerned with her health, her concern doesn't seem to change some of her unhealthy habits until they accrue to an amount that makes her uncomfortable. At that point she'll eat a small salad or bike to work once or twice, then fall right back into the old habits.

On this particular Monday morning she waits to see an eye doctor about an extended eye twitch she's had for the past few weeks. She didn't think much of it until her boyfriend brought up to her how much she had been complaining about it and suggested she get it checked out.

Normally when people tell her to get things checked out, she resents the person because she feels like they don't know her life well enough.

When he tells her to get stuff checked out however, she trusts his judgement because she believes he watches her with care.

Sometimes when they're relaxing she lays in his lap and imagines that she's a child that he is holding. She doesn't tell him about this daydream because she thinks it will change the look on his face when he holds her like this, and that's her favorite part.

With her forehead pressed against the glass she lets her eyes blur against the fall colors and refocuses on the surface of the glass. A few spots of oily residue are illuminated by the overcast sky where passengers before had held their heads against the glass in the same position that hers is in now. She tries to imagine their height and the kind of hair they had judging by the patterns traced in the grease.

She looks down the row of seats, through the space between the chairs and the window and sees another resting head. She feels a kinship with this head and wonders what kind of day it's had. Inevitably she projects her feelings about her own day onto this swirl of thinning black hair and perceives that it too is frayed by its own neuroses and exhausted by the burden of being outside of the home.

As she beams messages of kindness into the back of this stranger's head, the man behind her admires her right hand with which she has been absently rolling her round keychain between her thumb and index finger. He likes how slender her fingers are and imagines them unbuttoning the first few buttons on his collared shirt again and again until he has to pick up his belongings and get off at his stop. On the sidewalk, he tries to catch a glimpse of her face, but the reflection of the cloudy sky is too much on the window so he can only make out the kidney shape of her forehead pressed against the glass.

As it grows dark, the light from my neighbor's t.v. becomes increasingly vibrant against the dark of his room and sky. The game on the screen had started when it was still light out, but by the final inning the streetlights had started to come on and all the cars in the neighborhood had come home to roost.

When the post-game press conference finishes, he'll get up to start making dinner and realize it got dark without him noticing. He's never liked the sensation of that realization. It makes him feel like he missed out on something that the rest of the world saw. He goes around turning all of the lights on in his apartment, including the bathroom, to assert his dominance over the night.

He peers out the window and notices in the house adjacent to his, a young woman reading in bed on the second story. He's seen her before, skirting around in a towel or smoking out the window. He feels satisfied that perhaps he had an accomplice in missing the sunset and goes back to oiling his pan.

What he is unaware of is that the young woman is sharply aware of the changing light, for the intruding darkness eats at the edge of her safety, shrinking her down to her brightly lit room where she can see all four corners.

People take notice of the emotional woman walking briskly through the store. Perhaps the contents of her basket contain the source or solution to her problem. When her red face meets my gaze, her identity isn't of much interest anymore because I've been made to remember the last time my emotions flooded their boundaries in public. Undoubtedly this will happen again to all of us, and it makes me wonder as I slide my credit card what life event in my future will bring me to tears in the checkout line next?

It's the first warm day after the winter and everyone's out. From my vantage on our second floor porch I can see a shirtless old man shaking out a floral tablecloth on orders from his wife, surveying his work from behind the screen door. He has the kind of skin that you can tell gets real dark in the summertime and a big bloated belly that probably seems to suit him regardless of whether he's a good or bad man. His shape could easily join the others like it that I've seen sweltering on the beach back home who lift their shades and ask "my room, or yours" when I walk by. As my neighbor bends over to catch the other corner of his tablecloth I catch a glimpse of gold around his neck and I wonder if it's a crucifix because that might help me judge him one way or another.

Down two stories and over the fence, three young neighbor boys are dueling in their small backyard with wiffle ball bats and a long hose attachment. I've watched the youngest one before from the window in front of my desk, and although right now he's blowing up his brothers with an impressive arsenal of imaginary explosives, I know that he's gentle from the way he scratches passing neighborhood cats and hums tunelessly while he slides over frozen puddles in his sneakers. On this warm day, after the others go inside, he walks to the swing and puts his belly in the seat and lifts his feet so that his face comes dangerously close to grazing the ground. He's back humming a tune with no melody, which seems to mean that his mind is in a different place because he doesn't answer his mother when she calls him for dinner.

Over a hedge and up some concrete steps, the woman perpetually wearing scrubs and a tired face stands in the doorway with her newborn son. She rocks him and introduces the new spring sunlight to his iridescent skin. It's clear that her world is in the small face she is beaming down at, but despite such affection I don't believe he will ever remember this moment. I'm comforted and disturbed by imagining that perhaps this early appreciation for the sunlight will spur him to take up coastal sunbathing later in life where he too will lift his shades at women like me.

Up on my porch the breeze floats in, bringing with it fragrances from the wet ground below. The fading sun warms the naked soles of my propped feet. Our little potted plants are starting to show signs of life and I can feel my winter posture cracking and flaking away. What is most amazing about this time of year is that it always feels brand-new, like we've never had a spring quite like this before.

A cooler wind blows through the corridor of houses as the last ridge of sun disappears behind the rooftops on the hill. The neighborhood lets out one sigh before heading inside, thankful that the violence of winter was over but hoping not to call it too soon. The estrangement of this time of day is fully set in so we all begin filing back into our homes where we will all try our own methods for shaking off the ache of transition.

## **Codifying**

Writing my experience through these narrative pieces has been crucial to my recovery. Before I started writing them, I couldn't grasp what was going on within myself using just the diagnostic concepts and terms. I found myself in a new plurality where language felt out of reach to translate my experiences, the repetition of communication failure following the event proved to be a frustrating and exhausting process within the first few attempts of recounting. The calm and exacting nature of clinical PTSD language was so far removed from the indecipherable and erratic actuality of the trauma that a significant communication and emotional barrier formed between myself and my community. During this time I formulated a digestible translation of my raw emotions into a quick social script, so that I could quickly explain why I was unable to engage or complete tasks in front of people.

Alternatively, when peers and professionals analyzed the experience my friends and I had through a Trauma Informed Care lens the conversation would eventually turn to why each member of the group was having the specific reaction they were. This made me feel disconnected from the people I experienced this with by making my reaction feel generic and inevitable, rather than part of me and my unique narrative. This analysis of factors perpetuated my existing sense of a fractured identity.

My narrative writing allows me to express nuances of my experience of trauma that analytical and diagnostic language can not. In my writing I focus on expressing these nuances using 3 key methods. The first is a nontraditional vignette style of narrative. I

chose to write in this style to keep my stories swift and unpredictable so that the reader's experience with the text mimics my experiences of quick fluctuations between states of nostalgia, anxiety, fear, and calm. Secondly, I flux between first and third person narration both between pieces and within some of the narratives themselves. I come to terms with the immense vulnerability that trauma presents by shifting some of the stories into third person narration. This technique bears this vulnerability by allowing the reader full access to the the subject's experience and internal processes, completely unbeknownst to the subject themselves. The subject's unawareness of this public view into their life creates an intensified feeling of vulnerability for the subject lacks agency and consent within the telling of their own story. By the last piece I blend the first and third perspectives by placing myself on a balcony, physically above my neighborhood community acting as their narrator, telling the lives of my neighbors below at sunset on the first warm day of spring. This synthesis of first and third voice represents a reintegration back into community and self. Lastly, throughout these pieces I maintained a veil of ambiguity over many of my subjects and their contexts. I did this to make the creative work as a whole resemble the quality of traumatic memory where large details can get blurred but some small details of the event are what get to us. These techniques allow me to immerse the reader into a strange sense of confusion, void of time or place, that attempts to match my true experience of psychological trauma.

Along with expressing my truth around trauma to the audience, writing my narrative led me to reclaim my sense of temporality and fit the trauma back into the

sequence of my life. By the end of the writing process I reflected upon them and realized that my path to recovery was progressing in tandem with the Winter to Spring thaw. This realization is the starting point for the title of the collective pieces; “A Moment Became the Season”.

Within the context of community development, we can analyze these vignettes from the perspective of the listener, or recipient of trauma narrative. This method of expression doesn't contain any specifics about symptoms of PTSD, or ecological factors that are classically the method we use to discuss the trauma of others. While these specifics aren't listed explicitly, the experience of PTSD symptoms such as hypervigilance and intrusive reexperiencing are described through first hand experience. Additionally, on the ecological perspective side, the context and subjects are vague but not invisible. The author of the writing still exists within the framework of factors that the ecological perspective examines such as age, race, class, and previous exposure to trauma. With a close reading of these pieces, one would be able to piece together what kind of person wrote them based on the details given. The narrative method allows us to discuss the things relevant in both trauma intervention methods while also giving agency of voice to the survivor of the experience. This allows us as the listeners of trauma to keep a fresh gaze on the unstable and indescribable quality that trauma poses, which in turn allows us to keep receiving what we are told as community developers in a way that holistically supports the recovery of the individuals and communities that we work with.

We as community developers can integrate this new approach to trauma systemically by starting in the college classroom. Students should learn about the most current clinical definition of PTSD and its prevalence within the U.S., particularly within the social service sector. This gives students a baseline understanding of the condition and its pervasiveness throughout an individual's life, and the population as a whole. Educators should recognize in their classrooms that trauma can be transmitted second hand through narrative read or heard in the classroom. While the "trigger warning" has been recently debated for good reason, explicit information about difficult material such as exactly what the content includes and the duration of the content can be helpful for students, experiencing PTSD or not. An educator acknowledging that a subject is difficult can help students to be more open about their own experience with the material, instead of wanting to appear like an already "seasoned professional". Additionally, students with PTSD can anticipate and take care of themselves as they deem necessary. This can open a space for students where it is ok to be moved or disturbed by material presented in class, which can be presented as a valuable learning moment within the community development field. Small working groups, or affinity groups can help support students who may not feel comfortable expressing their discomfort in front of a large group. It is important in this stage that feelings of discomfort or disturbance are recognized and validated.

Another part of integrating this method into the community development field while also keeping our conception of what trauma is malleable, is the recognition of self care amongst community developers and listeners of trauma as an important practice. Trauma is contagious, the instability of someone's traumatic experience can be transferred to the listener. This aspect isn't necessarily negative, but without appropriate processing and reflection, can result in numbness to a full expression of trauma, or burnout. We must take care of ourselves as we wish to take care of others to be fully effective in our work.

## **Conclusion**

A few days after our attack, a quick police report of my attack was sent out in a mass email to the entire student and faculty community of my university. In the description, the sequence of events were so vague that it seemed as though my group of friends and I had incited the violence through escalating a verbal exchange with the men. This misrepresentation, seemingly minor, came as another blow. My experience felt invalidated in front of every individual member of my community and again I felt as though I was the vehicle of someone else's speech. At this point I felt failed by both social and institutional systems I had previously trusted to keep me safe; a feeling that compounded my depression surrounding the event. The severance of trust in social systems is by no means unique to my situation either; with an incomprehensive approach to trauma combined with the staggering amount of people involved with the social service sector that are coping PTSD, we have a major disconnect of trust between our community developers and the populations they work with. As a field, this disconnect is a sign that we need to utilize more comprehensive ways to listen to this human condition if we want to remain at all relevant to the people we serve.

Through the use of existing trauma intervention methods, combined with the addition of a narrative approach, survivors can work to reconstruct the pieces of memory shattered by a traumatic event into a full narrative memory with a temporal order. To support survivors and retain trust, community developers should familiarize themselves with the formal definitions of trauma so they can identify the symptoms of PTSD.

Additionally they should utilize the trauma informed care framework to understand that everyone's exposure and reaction to trauma is different. Most importantly at this juncture however we need to be incorporating a narrative approach to address the ongoing limitations of these methods and validate that trauma is both an individual and universal experience. We must understand that it is not enough to diagnose factors and symptoms anymore; but meet survivors in a space where the dialectic instability of trauma is allowed to exist, then reconstruct our personal stories from there.

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