



Witnessing: Understanding the Effects of Overexposure to Stories of Hardship and Trauma and What to Do About It

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MIGRANT CLINICIANS NETWORK



Conflict of Interest Disclosure

We have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers and/or other corporations whose products or services are related to pertinent therapeutic areas.



MIGRANT CLINICIANS NETWORK



A force for health justice

**Somos una fuerza dedicada a la
justicia en salud**

Our mission is to create practical solutions at the intersection of vulnerability, migration, and health.

We envision a world based on health justice and equity, where migration is never an impediment to well-being.

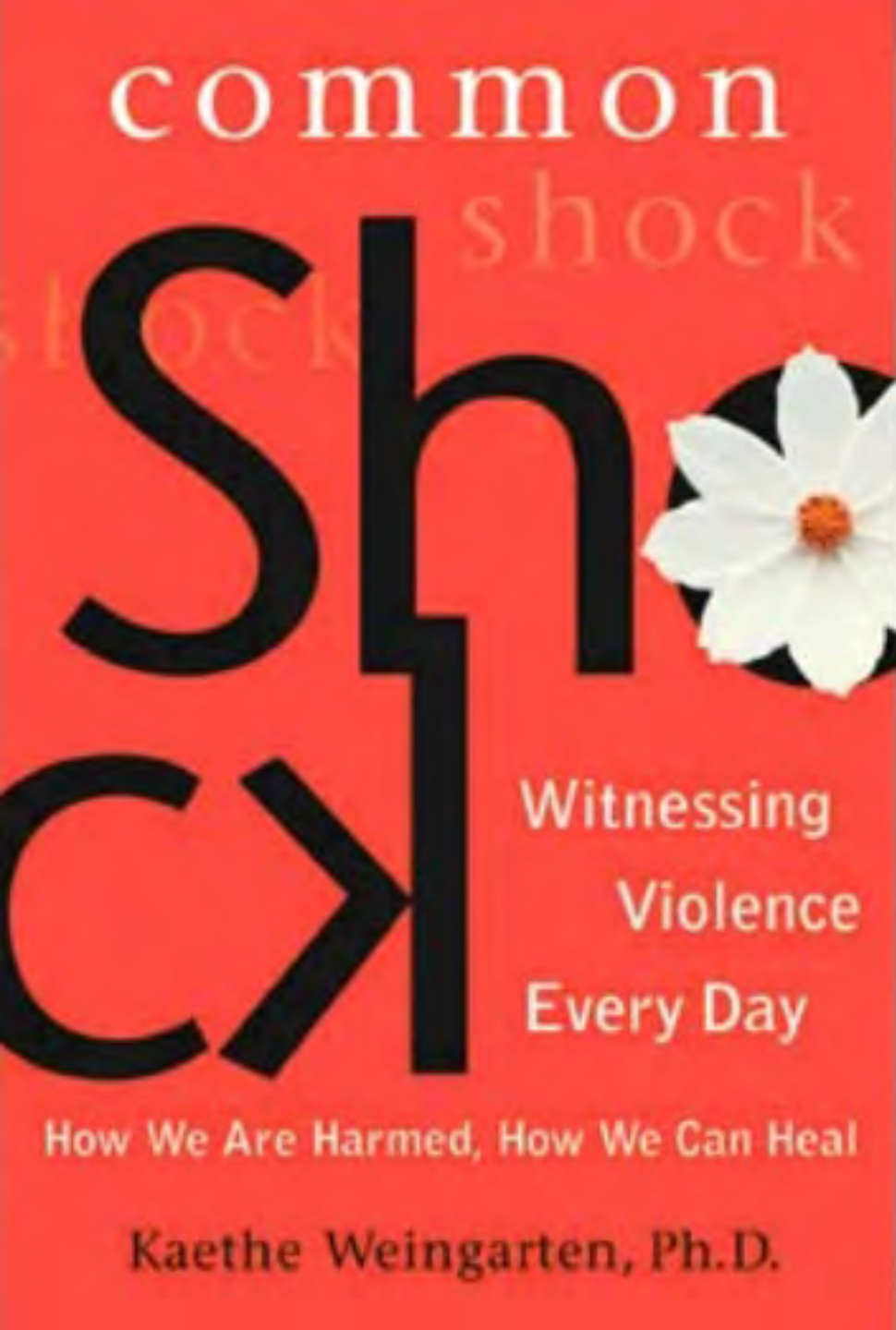
THE
witness to witness
שְׂמִימָה PROGRAM



Kaethe Weingarten, Ph.D.

Founder and Director of the
Witness to Witness Program

<https://www.migrantclinician.org/witness-to-witness>



Dr. Weingarten's Work

- **Associate Clinical Professor of Psychology, Harvard Medical School, 1981 – 2017**
- **Taught the Program in Families, Trauma and Resilience** at the Family Institute of Cambridge
- **Author of *Common Shock: Witnessing Violence Every Day – How We Are Harmed, How We Can Heal***



WHY IS IT IMPORTANT TO SET
THE STAGE OF OUR CURRENT
CONTEXT?

BECAUSE WE ARE
WITNESSES TO THE
SUFFERING AND
TROUBLES OF THOSE WE
SERVE



Take a Moment:

What has it been like for you when you have been truly witnessed...someone has listened to you with compassion

What has it been like for you when you have fully witnessed someone?

Two sides to the witnessing coin:

- One is compassionate witnessing
- The other is toxic witnessing



A night sky filled with stars, with the Milky Way galaxy visible as a bright, hazy band of light stretching across the upper half of the frame. The foreground shows a dark silhouette of a forest of trees against the dark blue night sky.

Overview of Where We are Now

Phases of Disaster

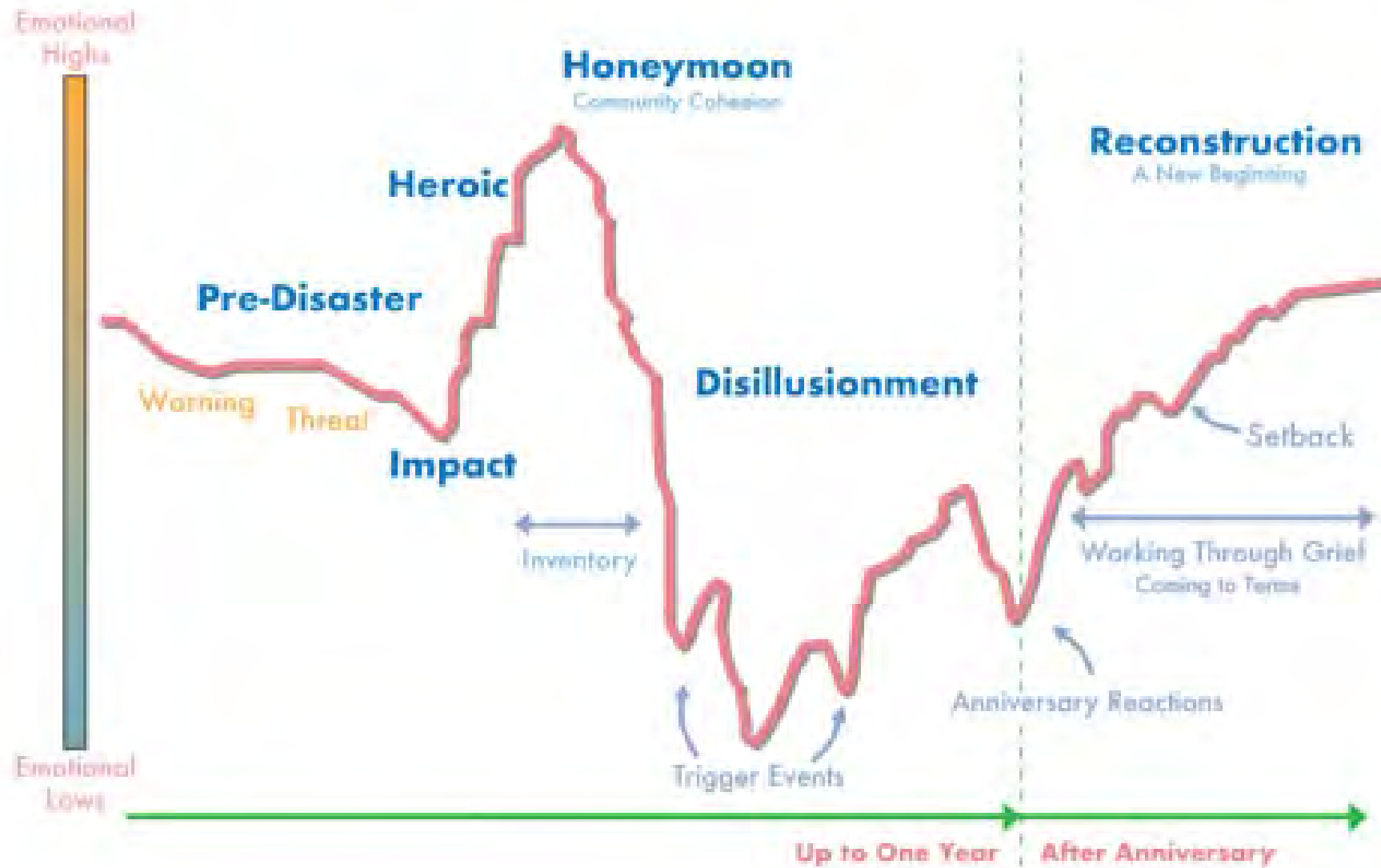
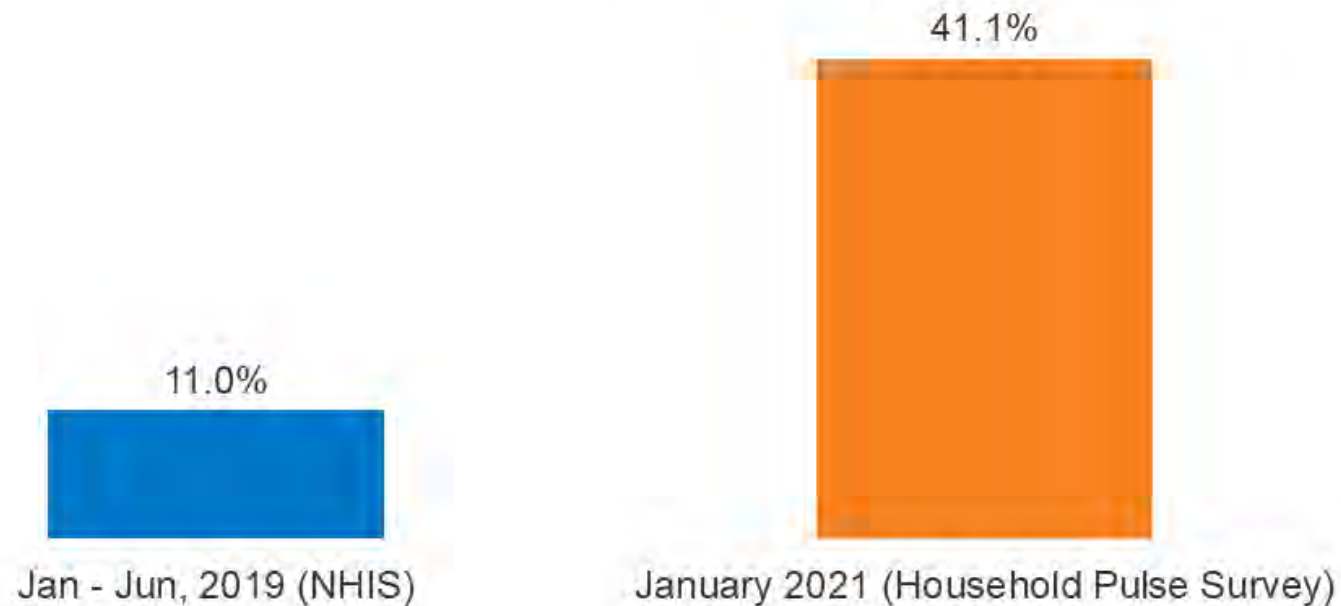


Figure 1

Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021

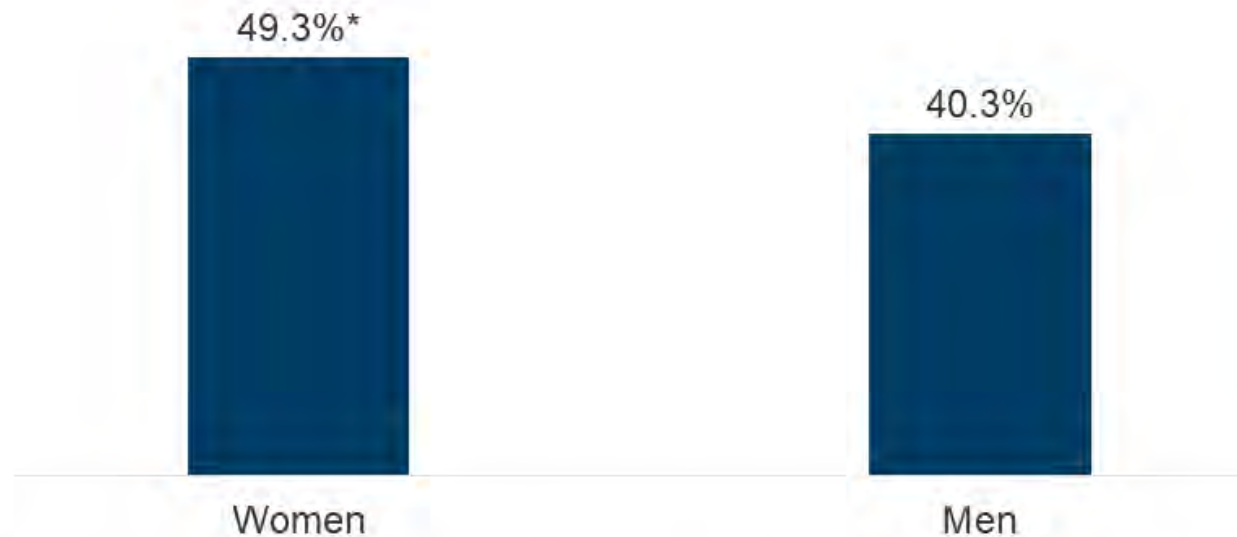


NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.

SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see: <https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>

Figure 6

Share of Adults in Households with Children Under the Age of 18 Who Report Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Gender



NOTES: *Indicates a statistically significant difference between women in households with children under the age of 18, and men in households with children under the age of 18, at the $p < 0.05$ level. These women and men, ages 18+, have symptoms of anxiety and/or depressive disorder that generally occur more than half the days or nearly every day. Data shown is for December 9 – 21, 2020.

SOURCE: KFF analysis of U.S. Census Bureau, Household Pulse Survey, 2020.



Figure 7

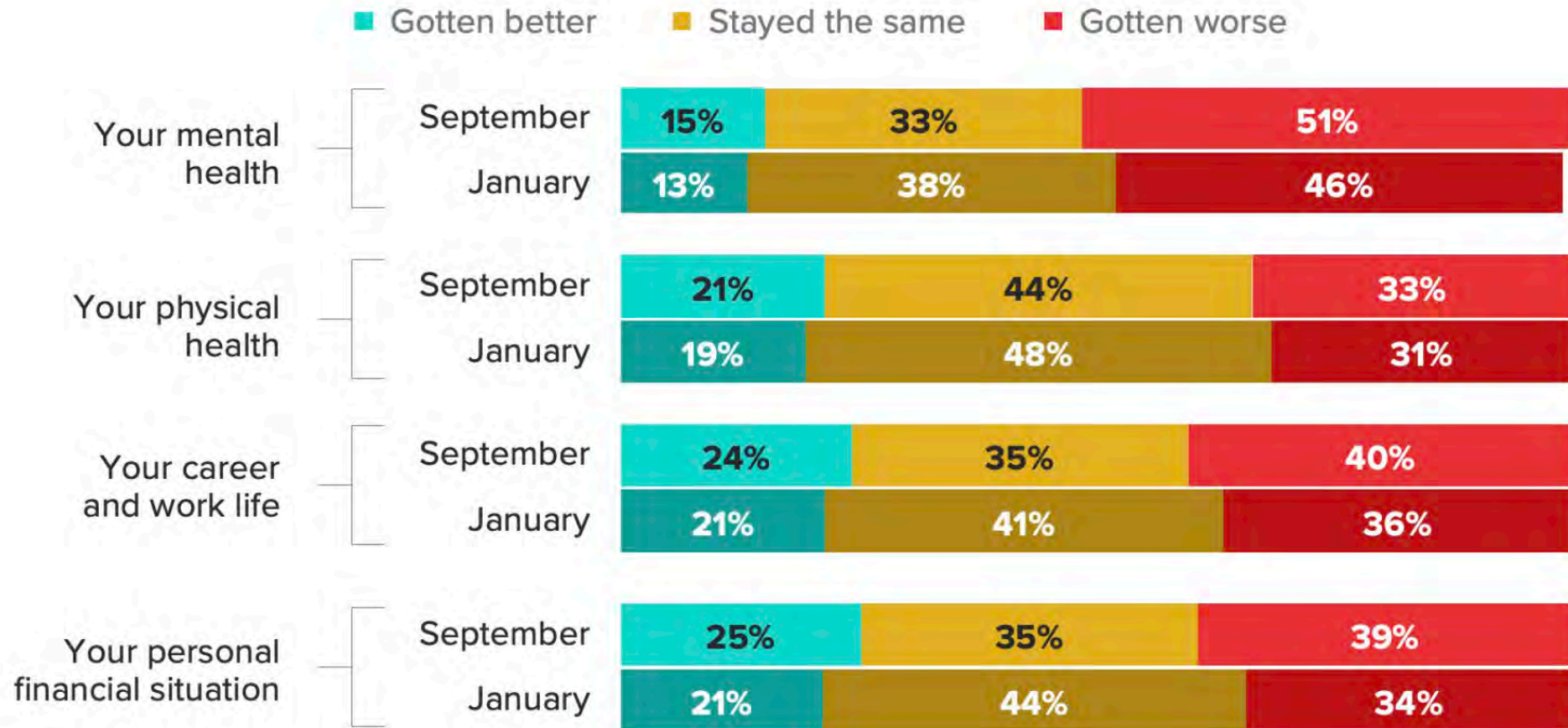
Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Race/Ethnicity



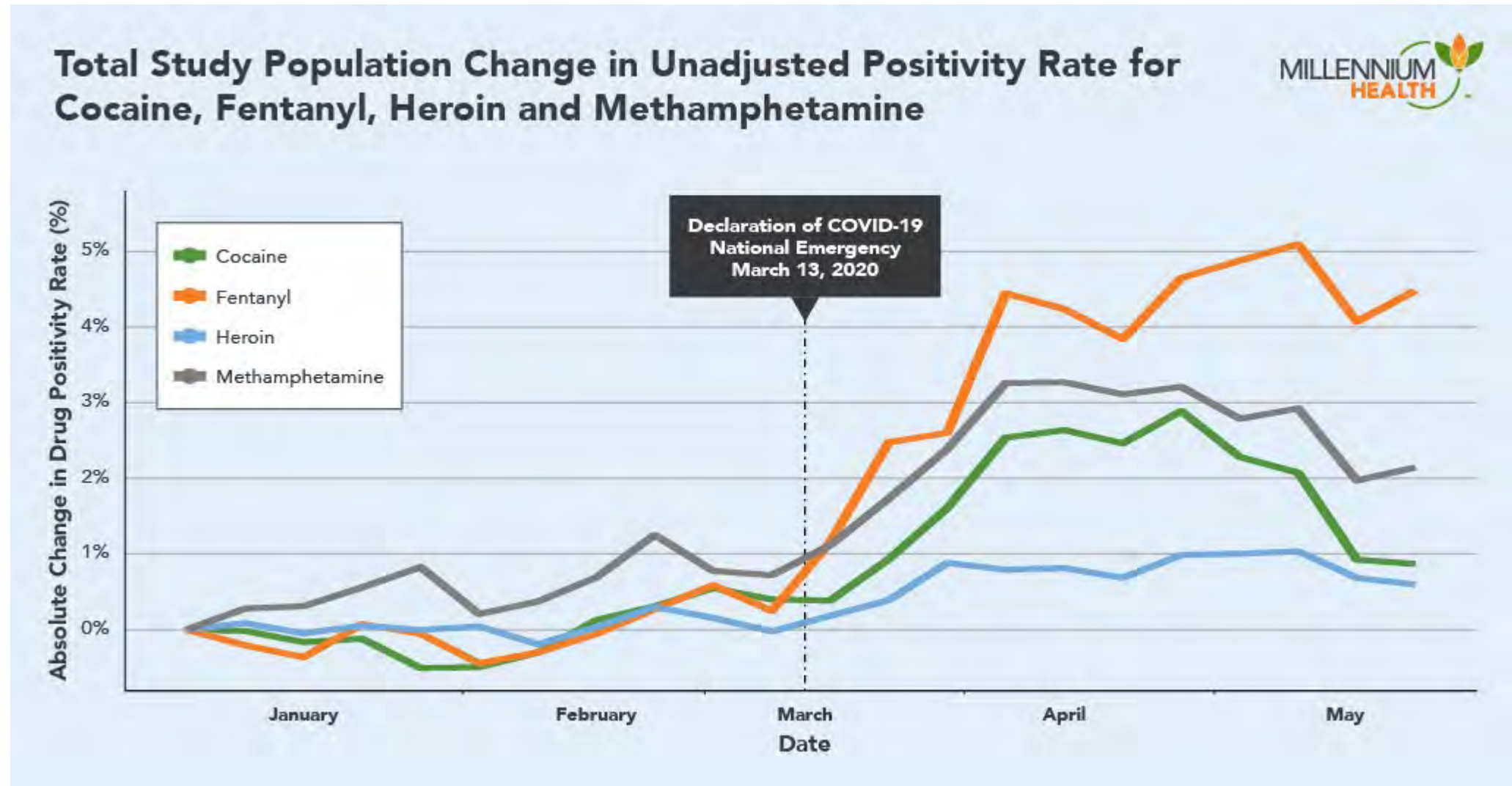
NOTES: *Indicates a statistically significant difference relative to Non-Hispanic White adults at the $p < 0.05$ level. These adults (ages 18+) report symptoms of anxiety and/or depressive disorder generally occurring more than half the days or nearly every day. "Other Non-Hispanic" includes people of other races and multiple races. Data shown are for December 9 – 21, 2020.

SOURCE: KFF analysis of the U.S. Census Bureau Household Pulse Survey, 2020.

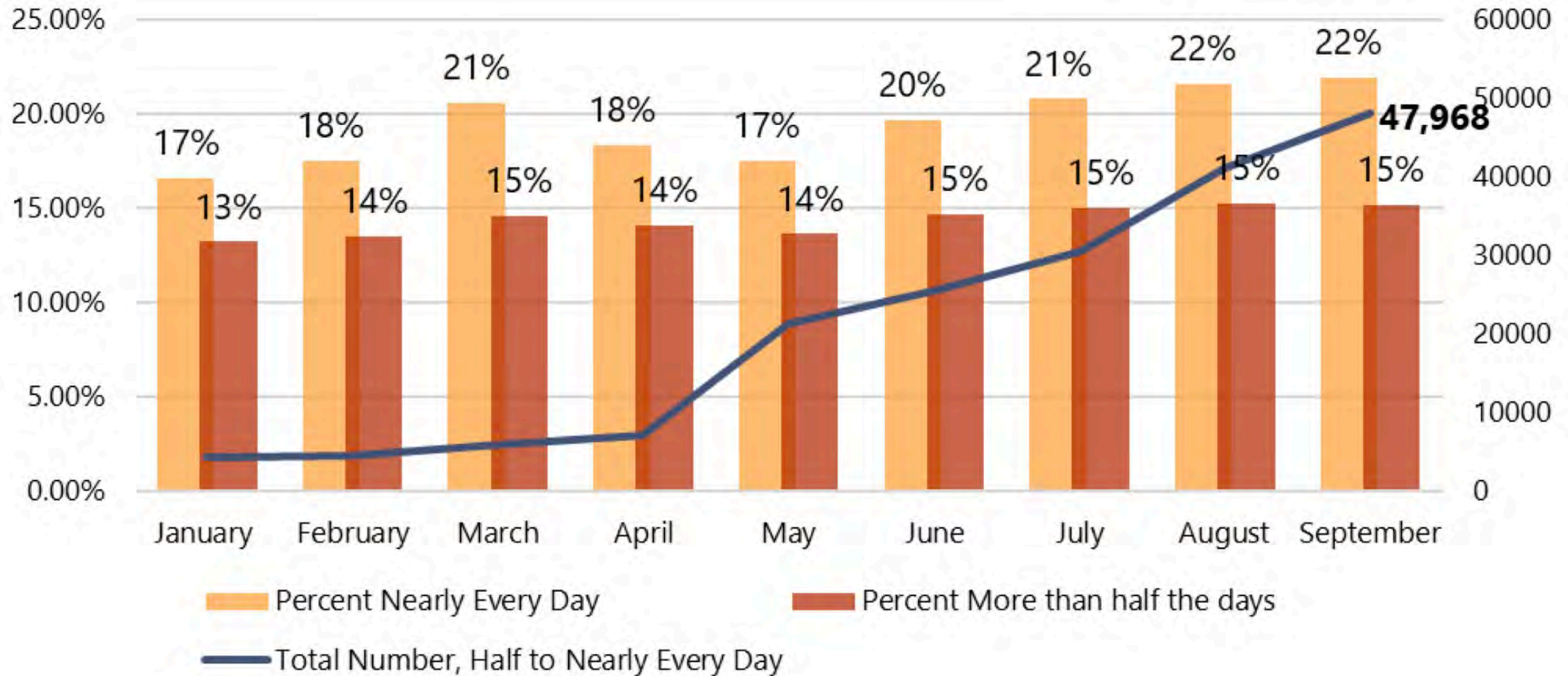
Health care workers were asked how the following parts of their lives have changed during the COVID-19 pandemic:



Millennium Health's Signals Report™ COVID-19 Special Edition Reveals Significant Changes in Drug Use During the Pandemic

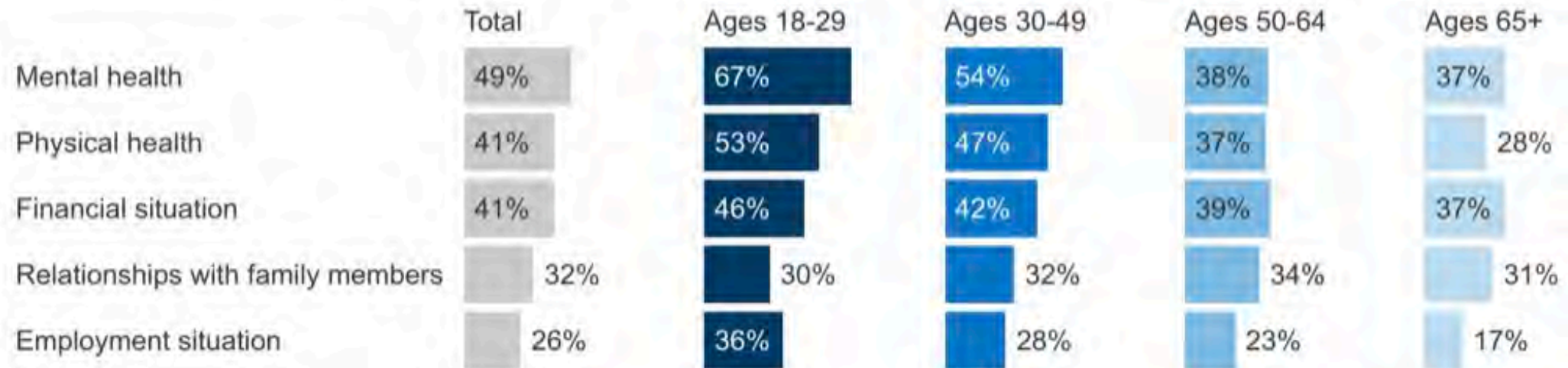


Thoughts of Suicide or Self-Harm More than Half or Nearly Every Day, Jan-Sep 2020



Two-Thirds Of Young Adults Report Negative Impacts From The COVID-19 Pandemic On Their Mental Health


Percent who say the pandemic has had a negative effect on their...



NOTE: See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (March 15-22, 2022)

**KFF COVID-19
Vaccine Monitor**



**We do this work
in our bodies**

Every Day Witnessing



Ordinary

Extraordinary



Witness

- Simultaneous observation: see or hear
- Learn after the event
- Recognition that one has witnessed a troubling situation or heard a stressing story
- Recognition delayed



**Empirical research
on being the victim
of or witness to
traumatic events**

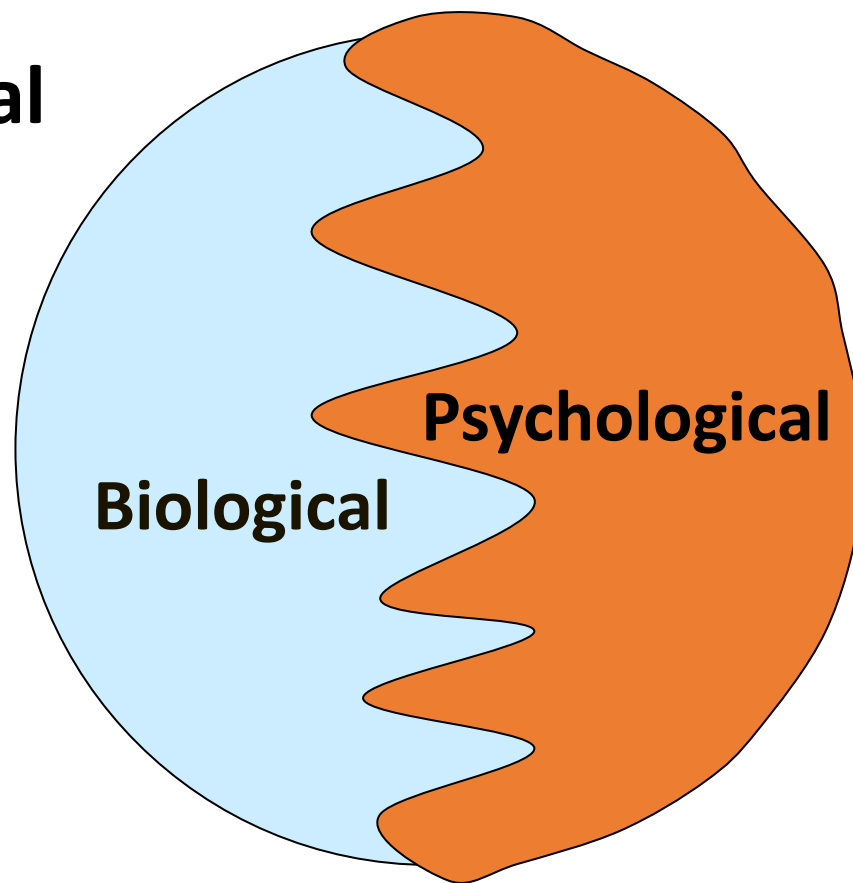
Outcomes are
similar for both

forms of exposure



Interpersonal

Spiritual



Biological

Psychological

The Individual

Sensations in the Body

- Clamminess or chilliness
- Exaggerated startle
- Fear responses to non-threatening stimuli
- Hyper-arousal
- Hyper-vigilance
- Lethargy
- Muscle aches and pains
- Numbness
- Poor concentration
- Rapid heartbeat
- Spacey feeling
- Sweating
- Tingling
- Sudden cold or hot

Psychological Experiences

- Aggression
- Anger
- Disbelief
- Fear
- Grief
- Guilt
- Helplessness
- Memory alterations
- Numbing
- Rage
- Sadness
- Shame
- Vulnerability
- Worry/ Anxiety



AWARENESS

AND A DECISION NOT TO OVERRIDE THE
MESSAGES YOU SEND

Witness Positions

Aware

Unaware

Empowered

1

2

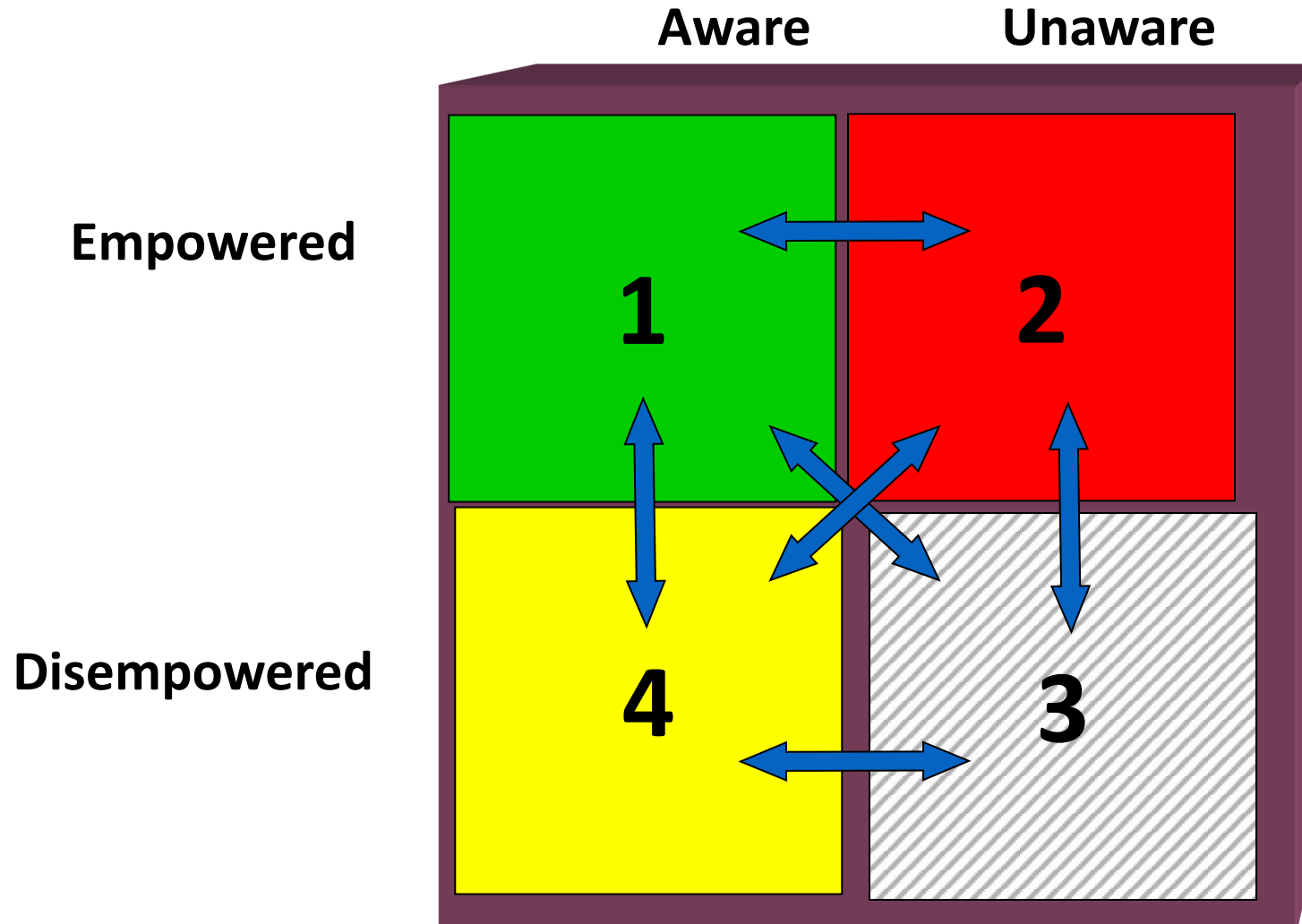
Disempowered

4

3

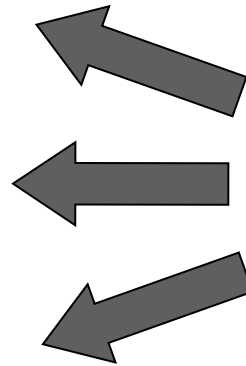


Changes in Witness Position

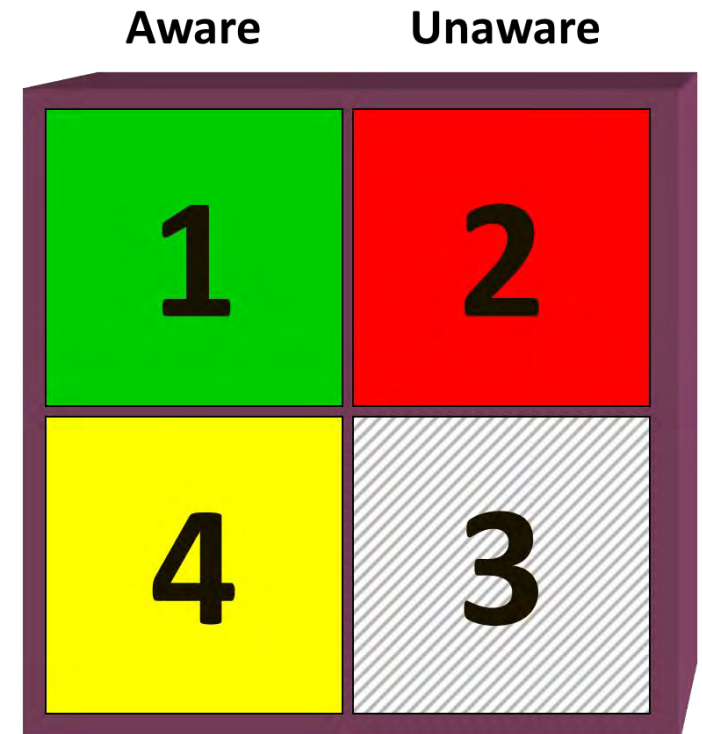


Each witness position affects:

- Self
- Partner
- Children
- Colleagues
- Friends
- Constituents/Clients
- Institution
- Society



Empowered
Disempowered



Witness Positions

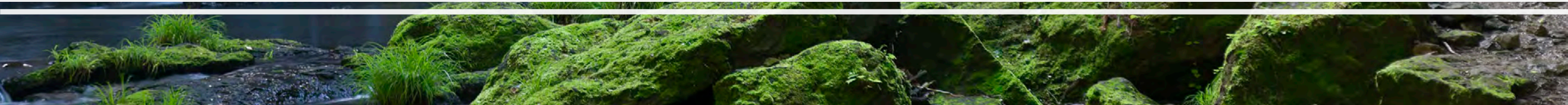
	Aware	Unaware
Empowered	1 Effective and Competent	2 Misguided Harmful
Disempowered	4 Ineffectual Stressed Exhausted	3 Abandoning

Witness Positions

	Aware	Unaware
Empowered	Attuned Thoughtful Helpful	Critical Hurtful Cruel
Disempowered	Confused Uncertain Inept	Withdrawn Passive Deny Opt out



WE CAN MANAGE OUR TOTAL OVERLOAD



Note:

- I am not discussing burnout.
- Why?
- I believe that burnout is 90% about workplace conditions and not primarily about the individual.
- I am taking a stance, that I hope is supportive.

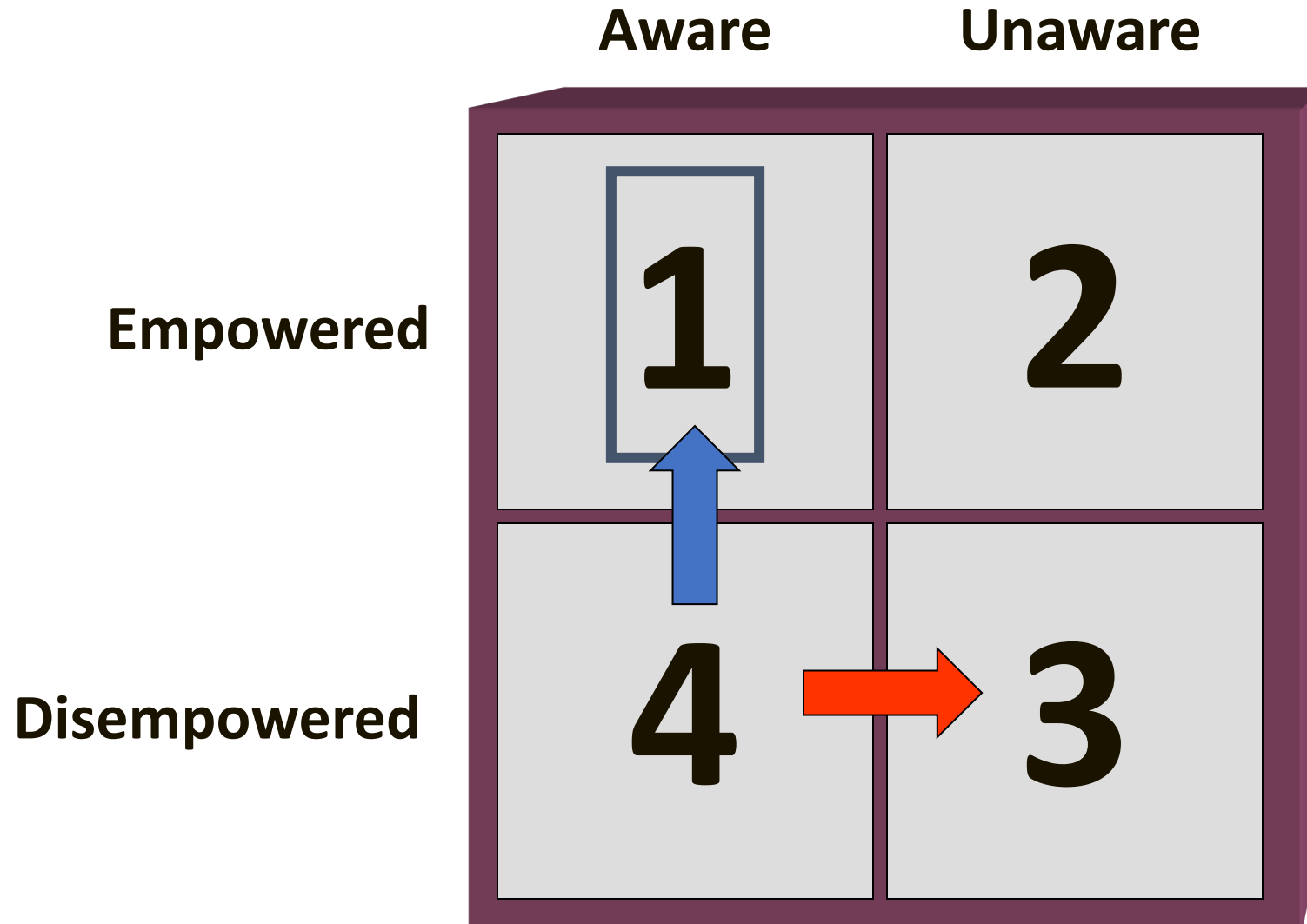


Which sentence do you prefer?

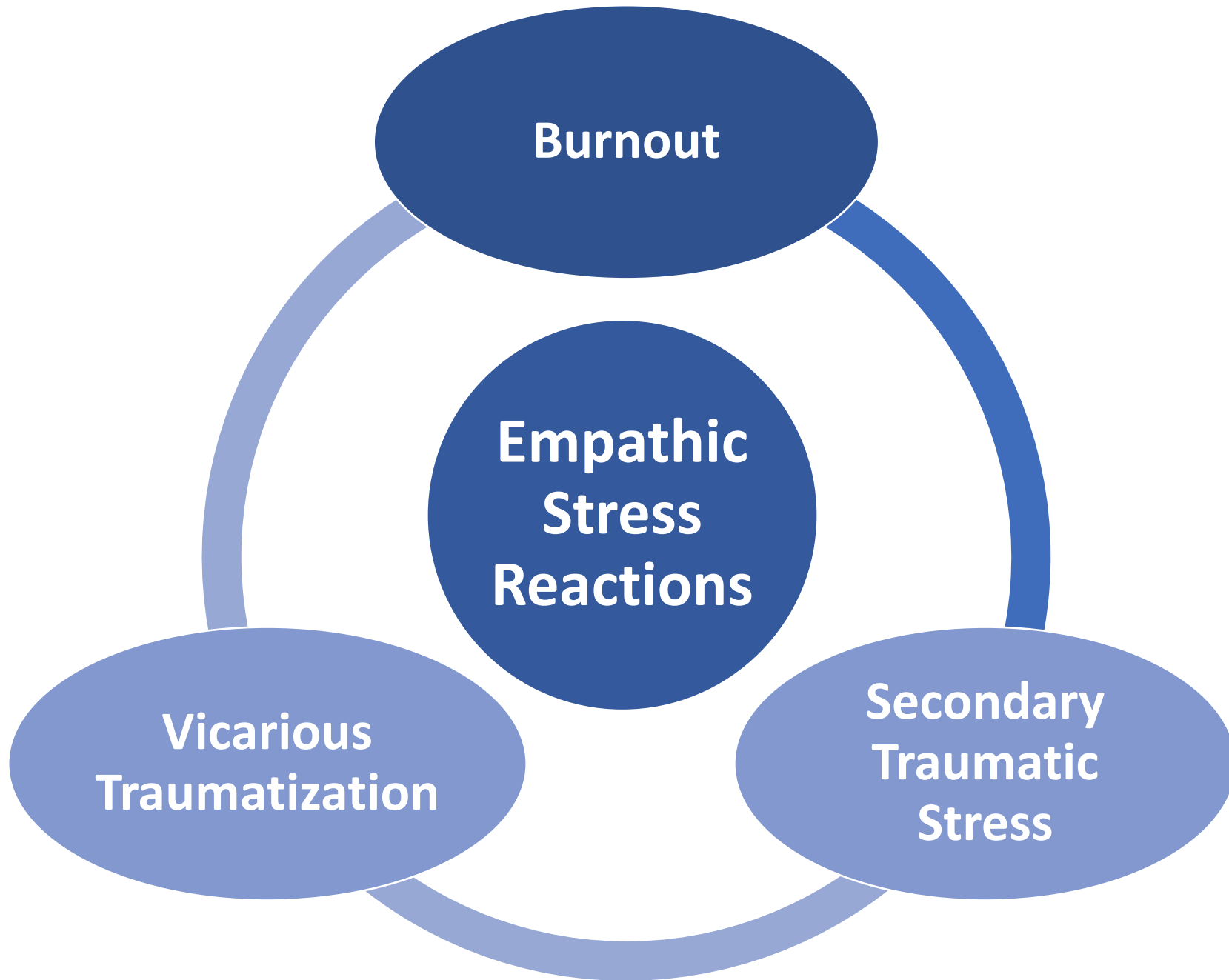
- I AM BURNT OUT
- THE CONDITIONS OF MY WORK BURN ME OUT



Options from Position 4



Use Empathy Wisely



Definition of Empathy

Empathy refers to the capacity to understand and respond to the unique emotional experiences of another person.




Two Different Psychological States

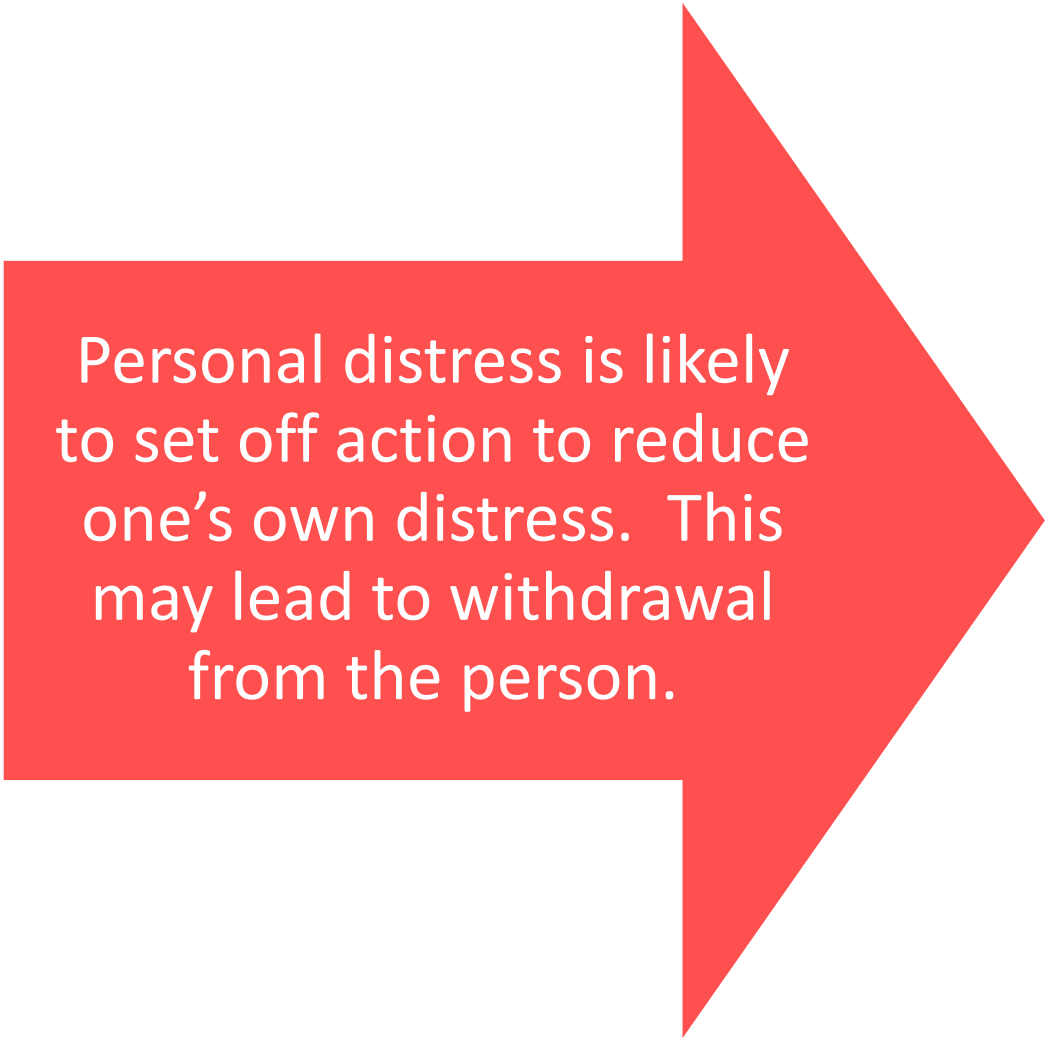
Imagining how one would think and feel in another's situation or "shoes."

Imagining how another person thinks or feels given his or her situation.

Empathic Concern vs Personal Distress



Empathic concern is likely to inspire a desire to help the other person



Personal distress is likely to set off action to reduce one's own distress. This may lead to withdrawal from the person.

Compassion Fatigue?

- Compassion doesn't fatigue.
- Empathy can turn into personal distress and that does get to be too much.
- **It's what we cannot do not what we can do that exhausts us.**





Moral Injury for Care Providers

Failing to consistently meet the needs of the people we serve due to inadequacies in the systems of which we are a part, be it a health care organization or insurance system or social service agency or other larger system.

Moral injury can lead to moral outrage or apathy



Coping with Moral Injury

1. Start each day by remembering that your intention is to offer compassionate, competent care.
2. Notice sensations in the body that are signaling that you are in distress. Pause and take a few full breaths.
3. Listen for your internal self-talk. If it is harsh, judging you negatively, blaming or shaming you, kindly tell that inner critic that you and everyone else are doing the best they can under challenging circumstances.
4. Create a buddy system for each shift and check in, even briefly, with your buddy regularly through your shift.
5. Think of how much a loved one cares for you every time you wash your hands.
6. Recognize that circumstances, not you, may produce harms.
7. Repeat: Everyone, including you, is just doing the best that one can do.
8. Be kind to others and yourself whenever possible.
9. Designate someone on each shift or at the end of a work day to offer a brief appreciation to those who have served. Preferably the acknowledgment and appreciation can be observed by at least one other person.
10. When you leave work, take good care of your body, mind and spirit. Sit in silence to allow your soul to catch up with you.

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The Witness to Witness Program | <https://www.migrantclinician.org/witness-to-witness>

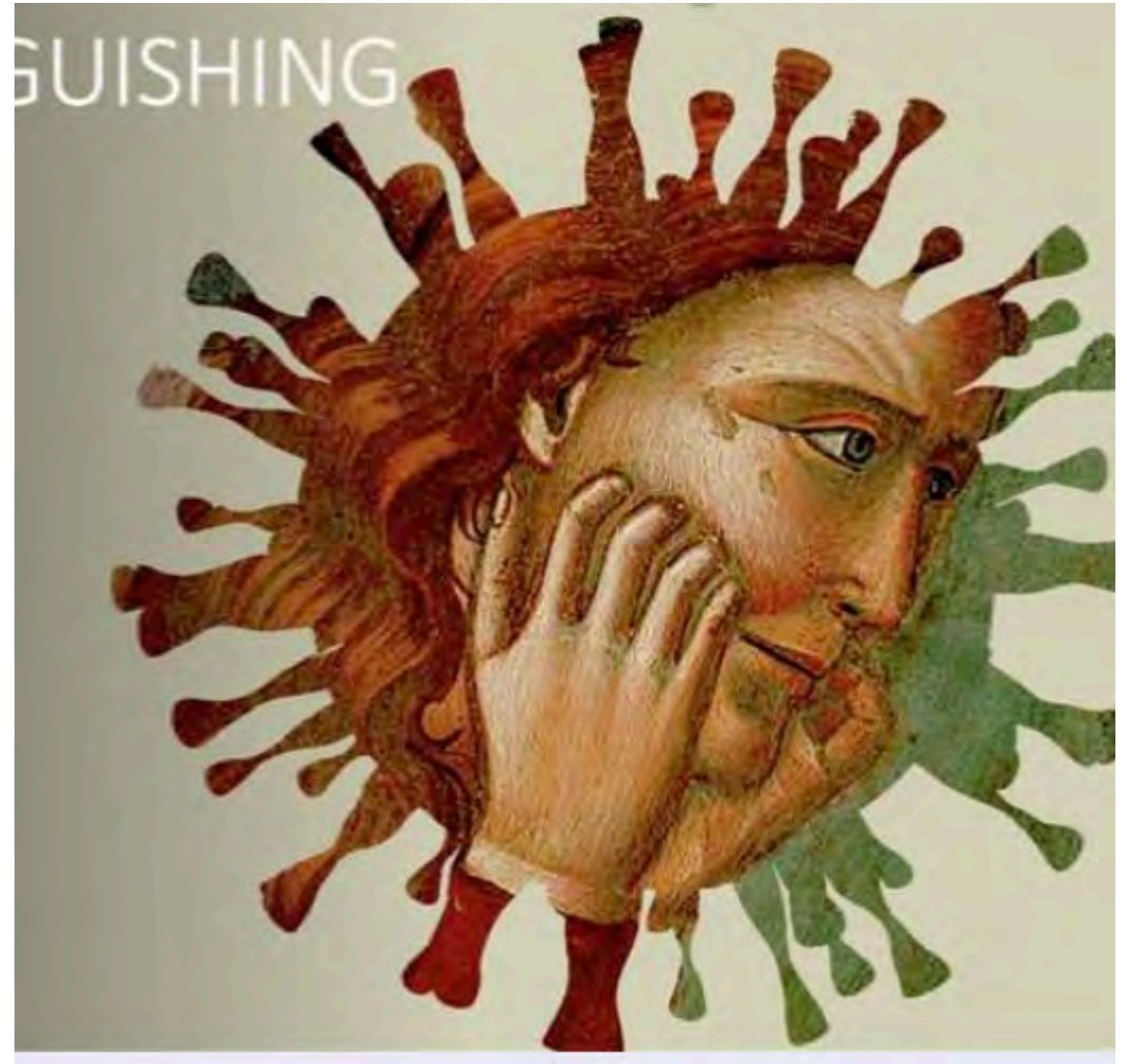
Demoralization

- Demoralization is a normal reaction to overwhelming circumstances when the way to solve the problem is unclear or hard to do.
- If you are demoralized, when the situation changes, you will feel better.
- Many people are demoralized now and will feel better when the coronavirus danger has passed



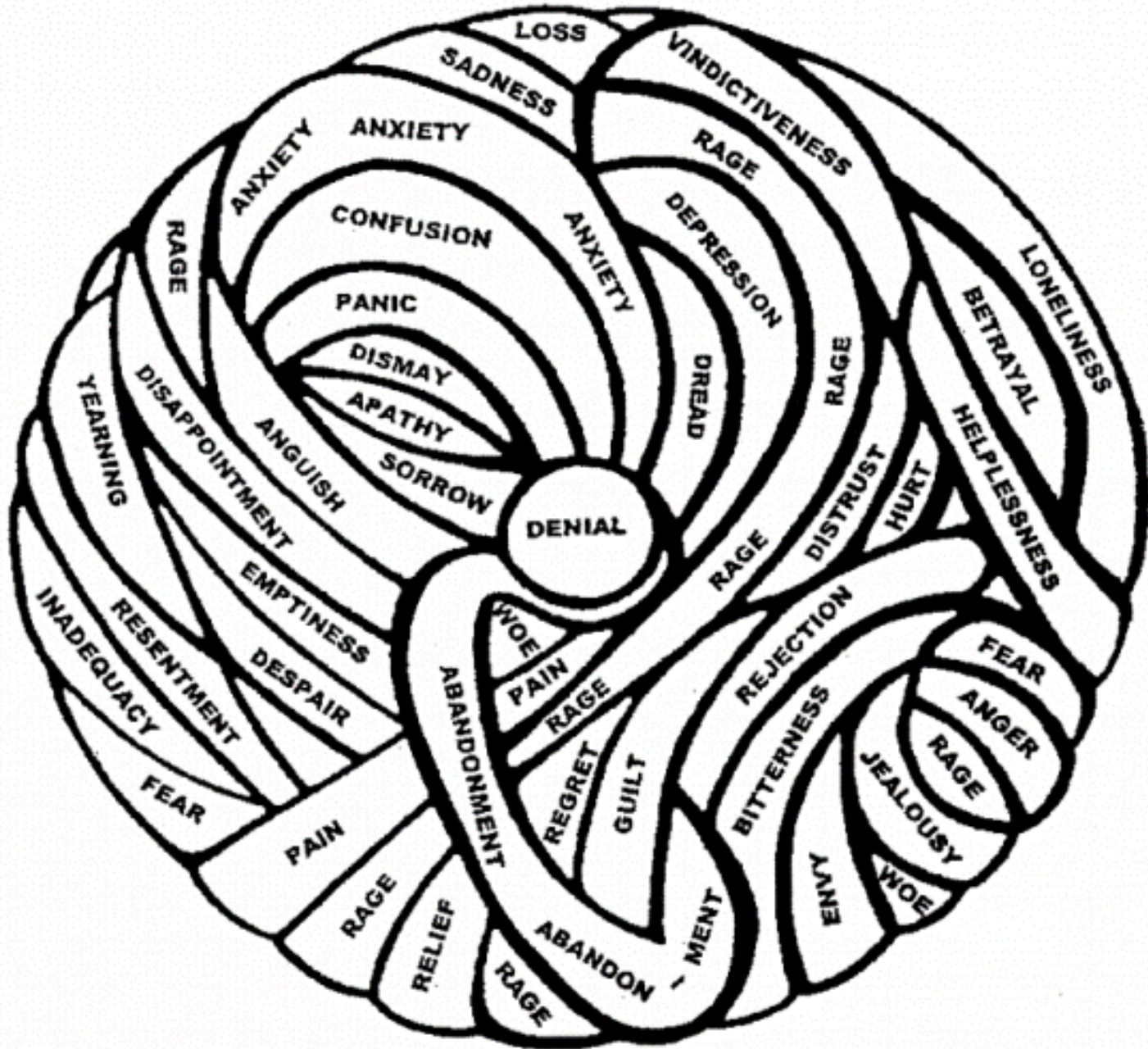
Languishing

- Feeling blah
- Lacking in focus and energy
- Joyless
- Aimless
- Muddling through life
- Indifferent to your indifference
- The absence of well-being





GRIEF



Grief...A tangled "Ball" of Emotions



Why am I irritated and angry all of the time?

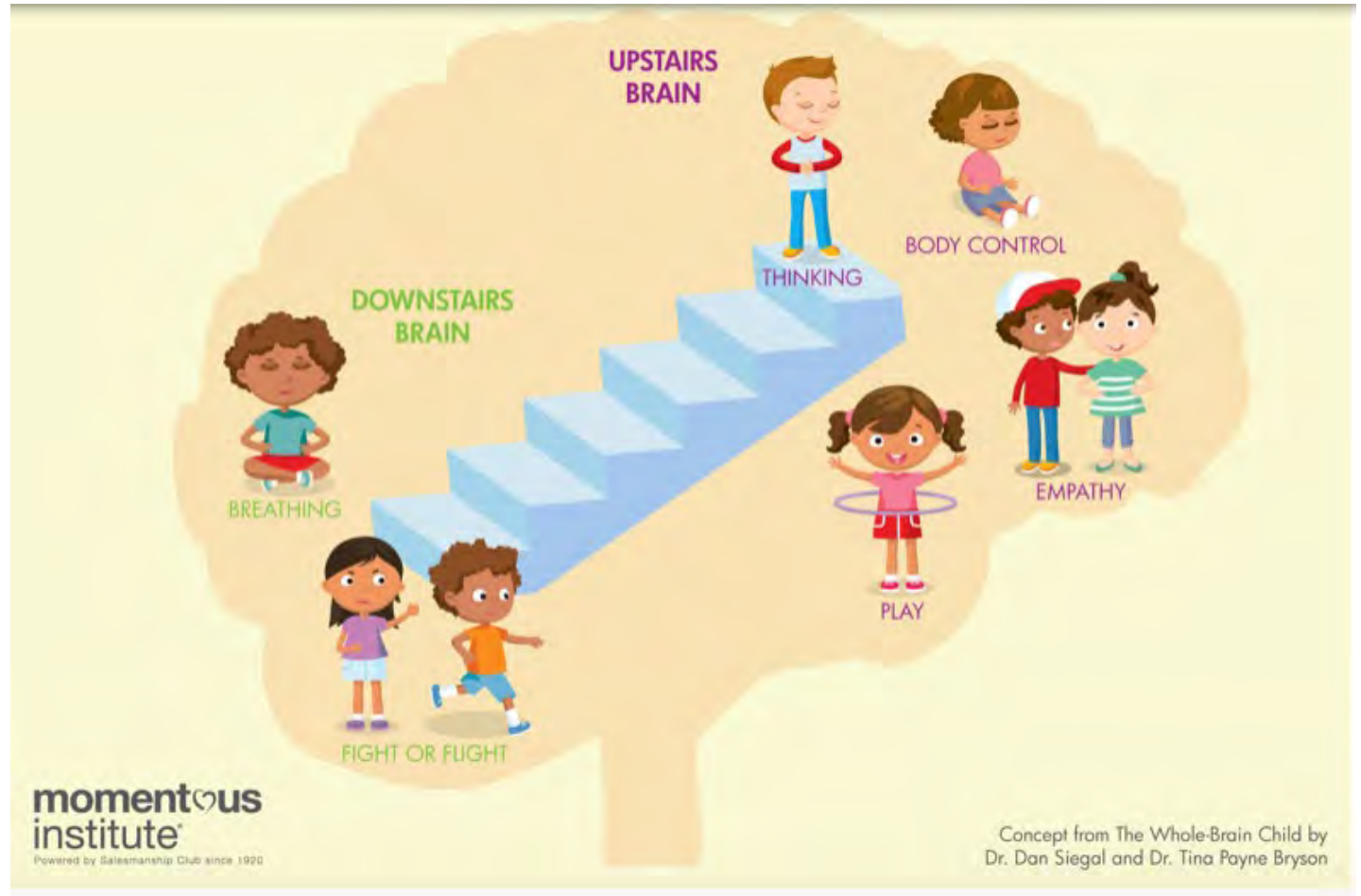
Because you have experienced physical violence, verbal abuse, demands for alternative treatment that are not acceptable or approved.

Because you are frustrated with those who propagate misinformation that is costing people their lives.

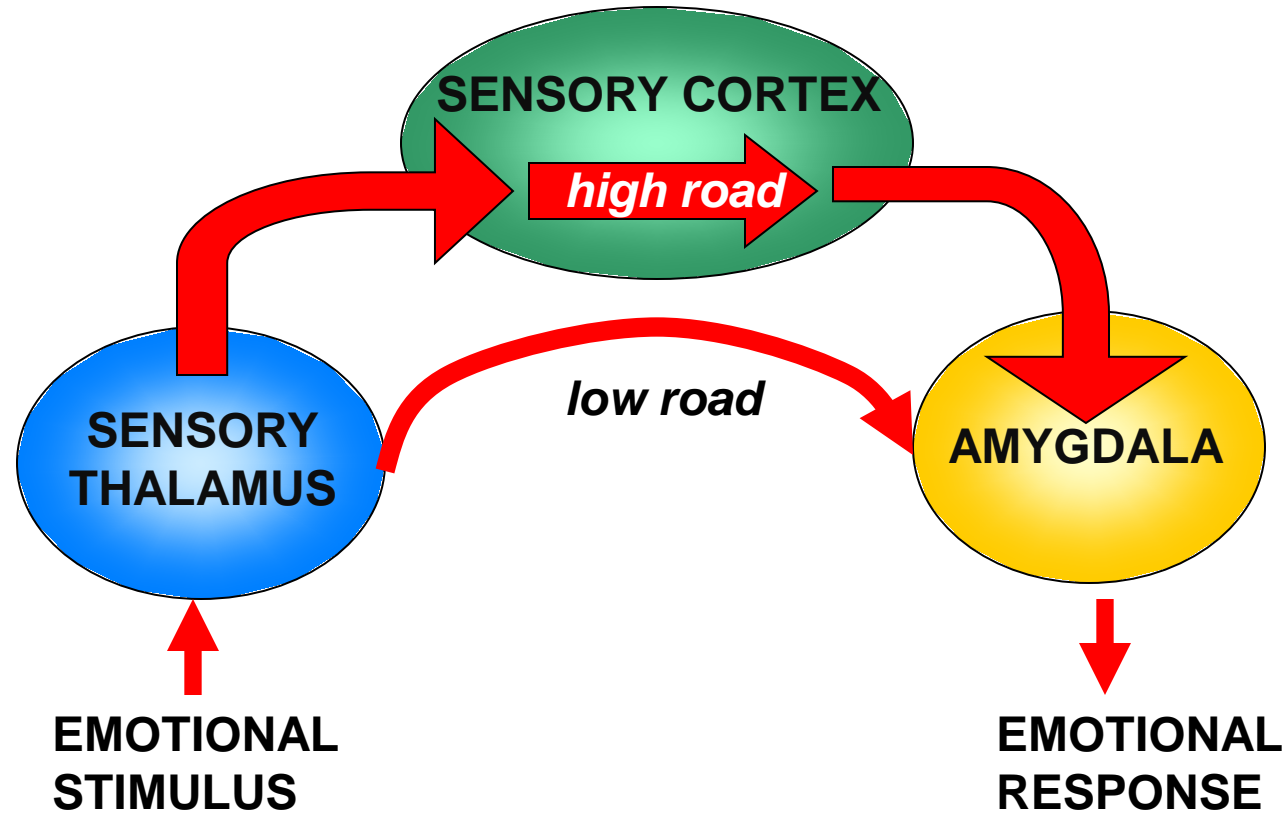
Because you are exhausted!

From research study: High anxiety made controlling anger harder, but HCWs were generally successful at doing this.

Triggered responses (highly distressed reactions) come from the downstairs not the upstairs brain



High and Low Roads to the Amygdala



from LeDoux, 1996

Our Brains

- High road processing leads to the upstairs brain

- Low road processing leads to the downstairs brain

FIGHT/FLIGHT/FREEZE

WHAT LEADS TO PTSD?

(POST-TRAUMATIC STRESS DISORDER?)

When there is no real threat any more and our body and mind react as if there is, this can be understood as a kind of hijacking of the Nervous System.

Chronically being in fight/flight/freeze/ can lead to PTSD and continuous trauma.

Continuous Trauma –

Alterations to regulation
of affect and impulses

Alterations in regulation
of attention and
consciousness

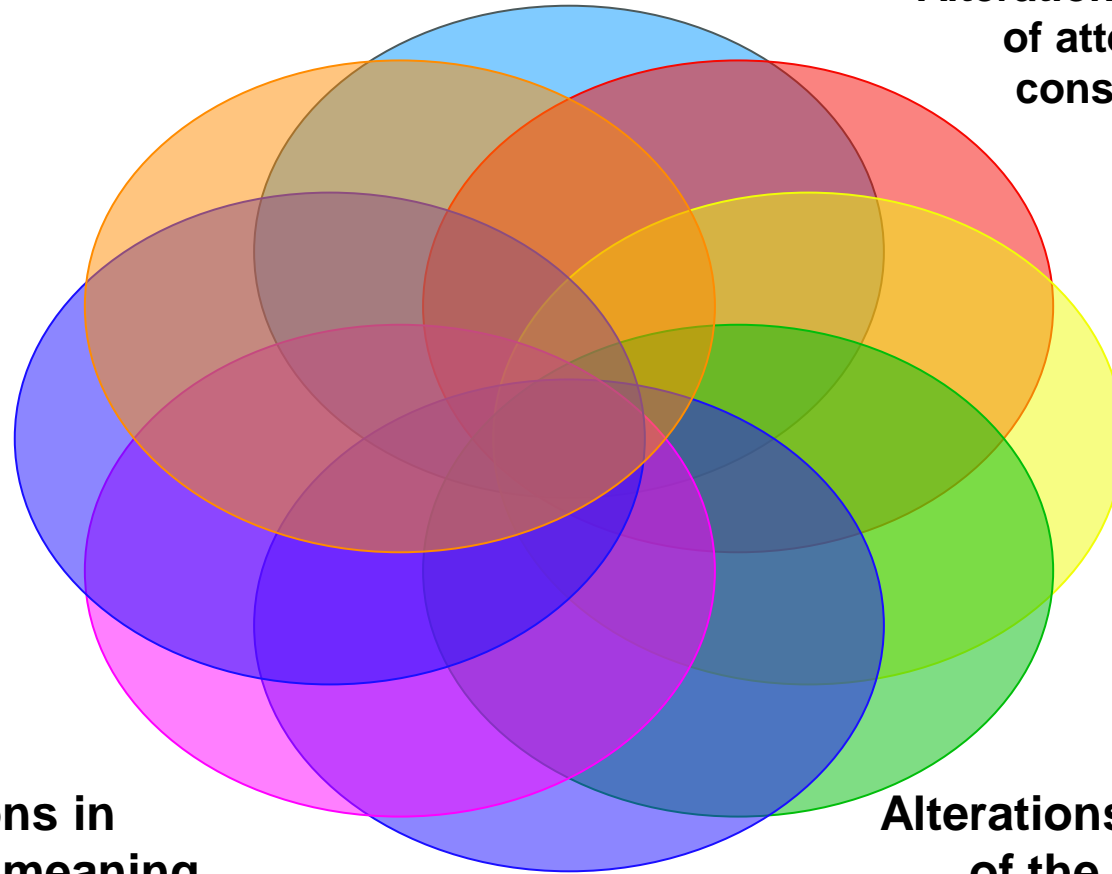
Somatization

Alterations in
self-perception

Alterations in
systems of meaning

Alterations in perception
of the perpetrator

Alterations in relations with others



HEAD OFF PTSD AND MANAGE CONTINUOUS TRAUMA

Current conditions of the pandemic can trigger PTSD or can produce a continuous trauma response

Leading trauma expert, Bessel van der Kolk, MD, says we can take action now to mitigate that risk.



Five Major Take- Aways

- Accept your feelings
- Activate your body
- Self-compassion
- Maintain relationships
- Sleep or rest



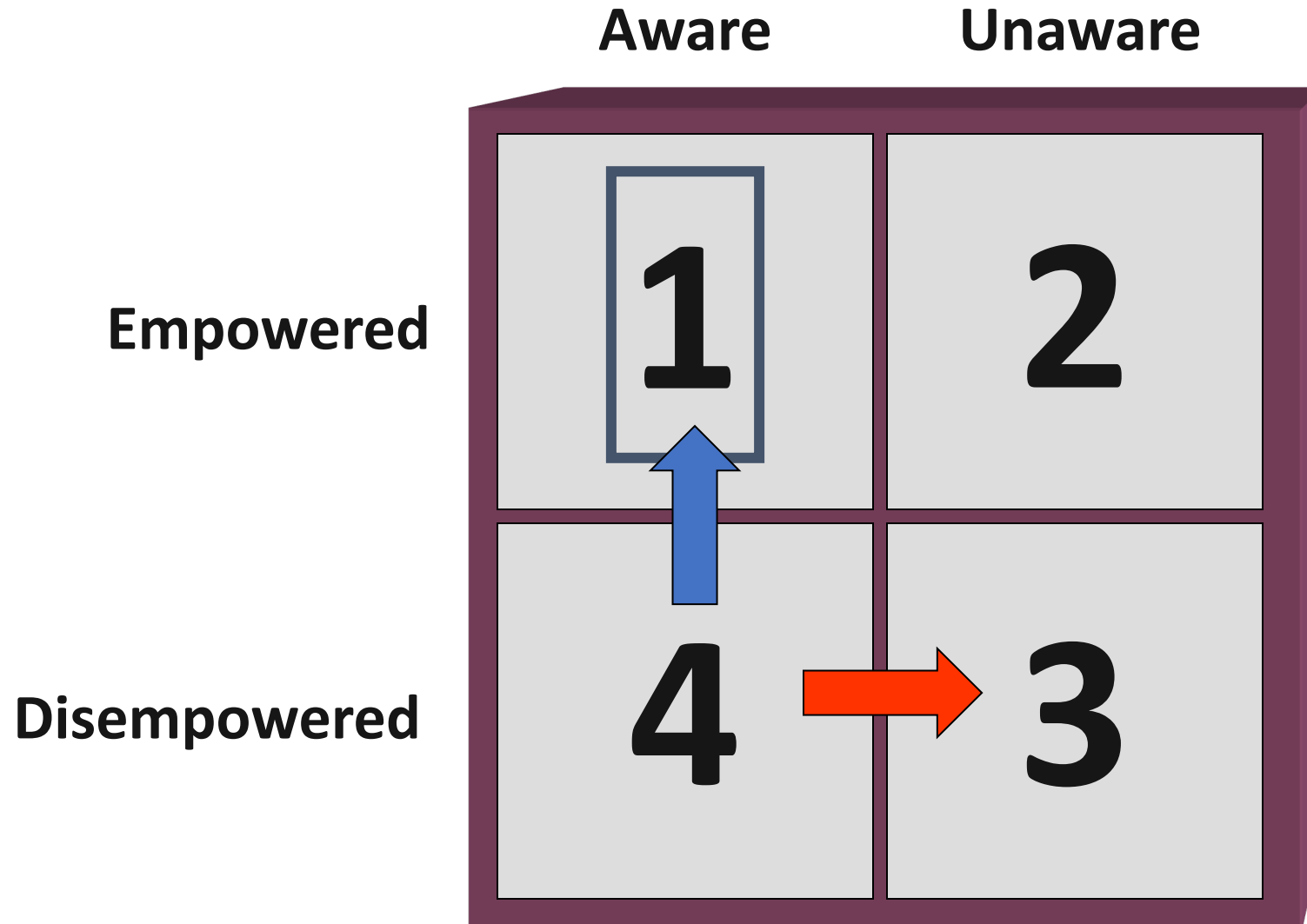
Studies suggest that undiagnosed and untreated sleep disorders are associated with occupational burnout among service providers.





Supports Right Now!

Options from Position 4



Witness Positions

	Aware	Unaware
Empowered	Moments of Effectiveness	2
Disempowered	4	3

Resilience





All Effectiveness Starts with the Body

We feel best, do our best work and are our best with our friends and family when we are in our resilient zone in mind/body.

We don't want to be too hyper and/or too low key.

Good self care keeps us in our resilient zone.

No one is resilient all of the time.



Everyone Has Strengths in a Crisis

What is your strength?

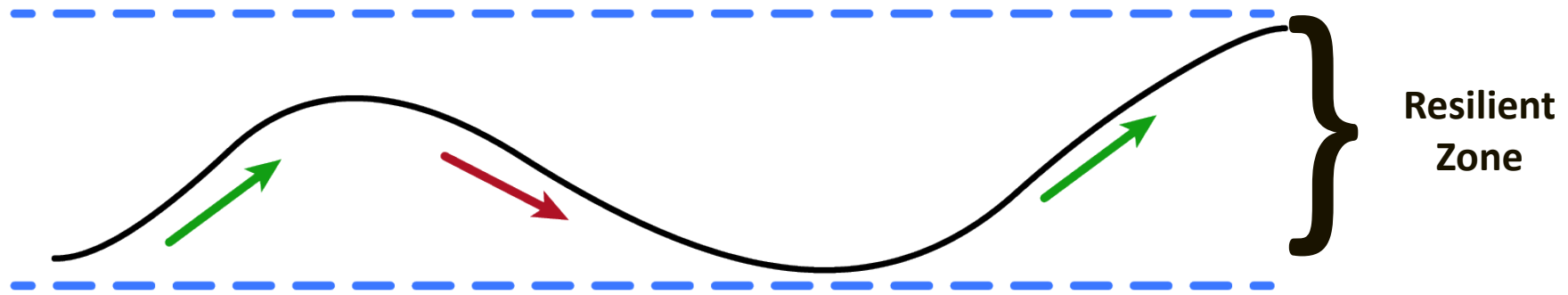
Here are some examples:

Planning, Responsive to others,
Compassion, Spirituality, Faith, Caring,
Resistance, Altruism, Mindfulness, Humor,
Good Communication, Self-Awareness,
Creativity, Finding meaning, Sense of
purpose, Flexibility, Resourcefulness,
Empathy, Insight, Logical thinking,
Imagination, Writing, Solitude...other

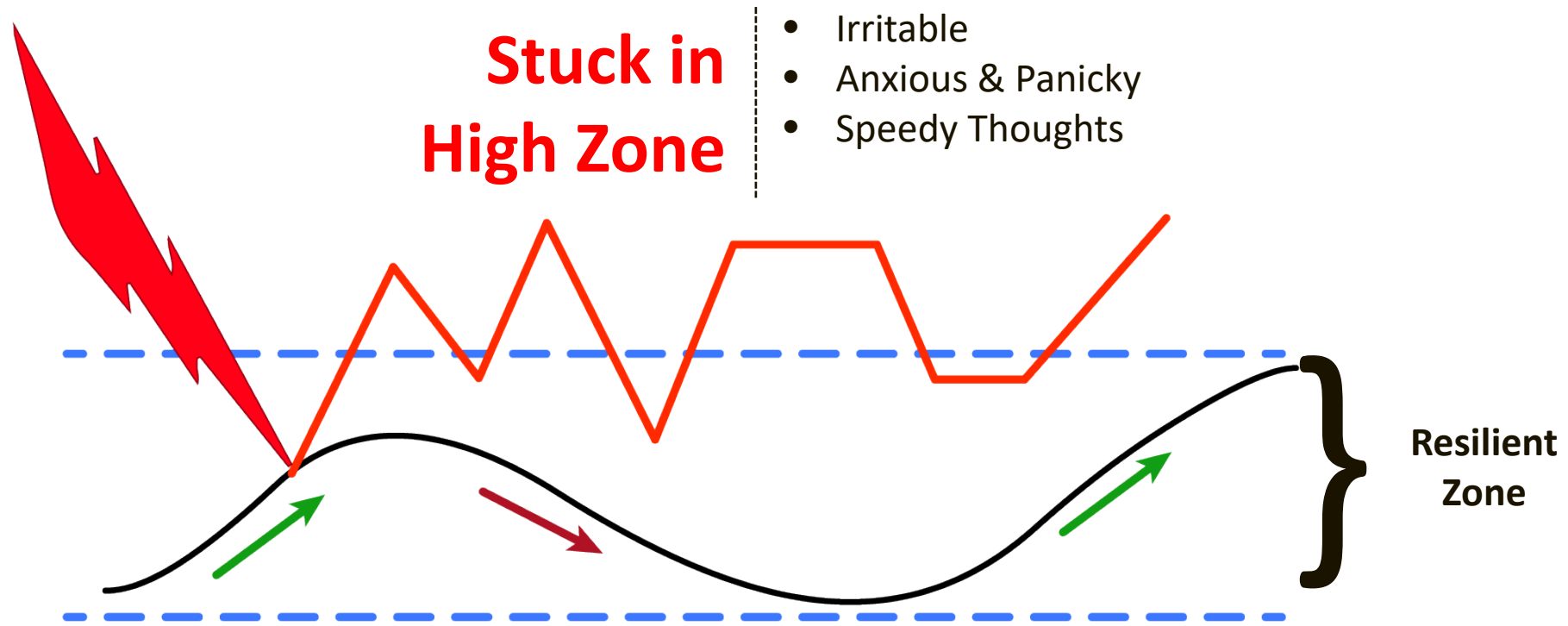
Traumatic / Stressful Event



Traumatic / Stressful Event



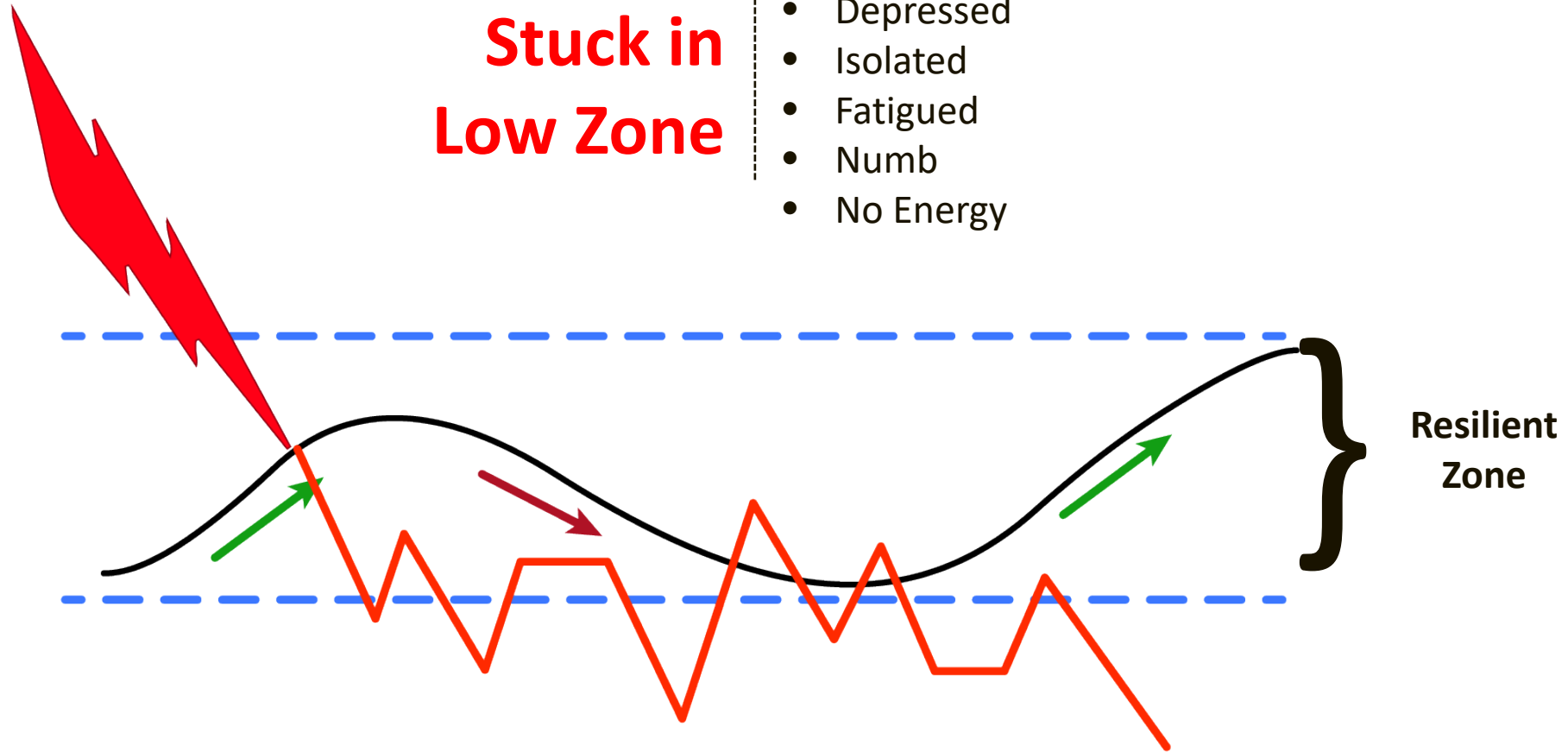
Traumatic / Stressful Event



Traumatic / Stressful Event

**Stuck in
Low Zone**

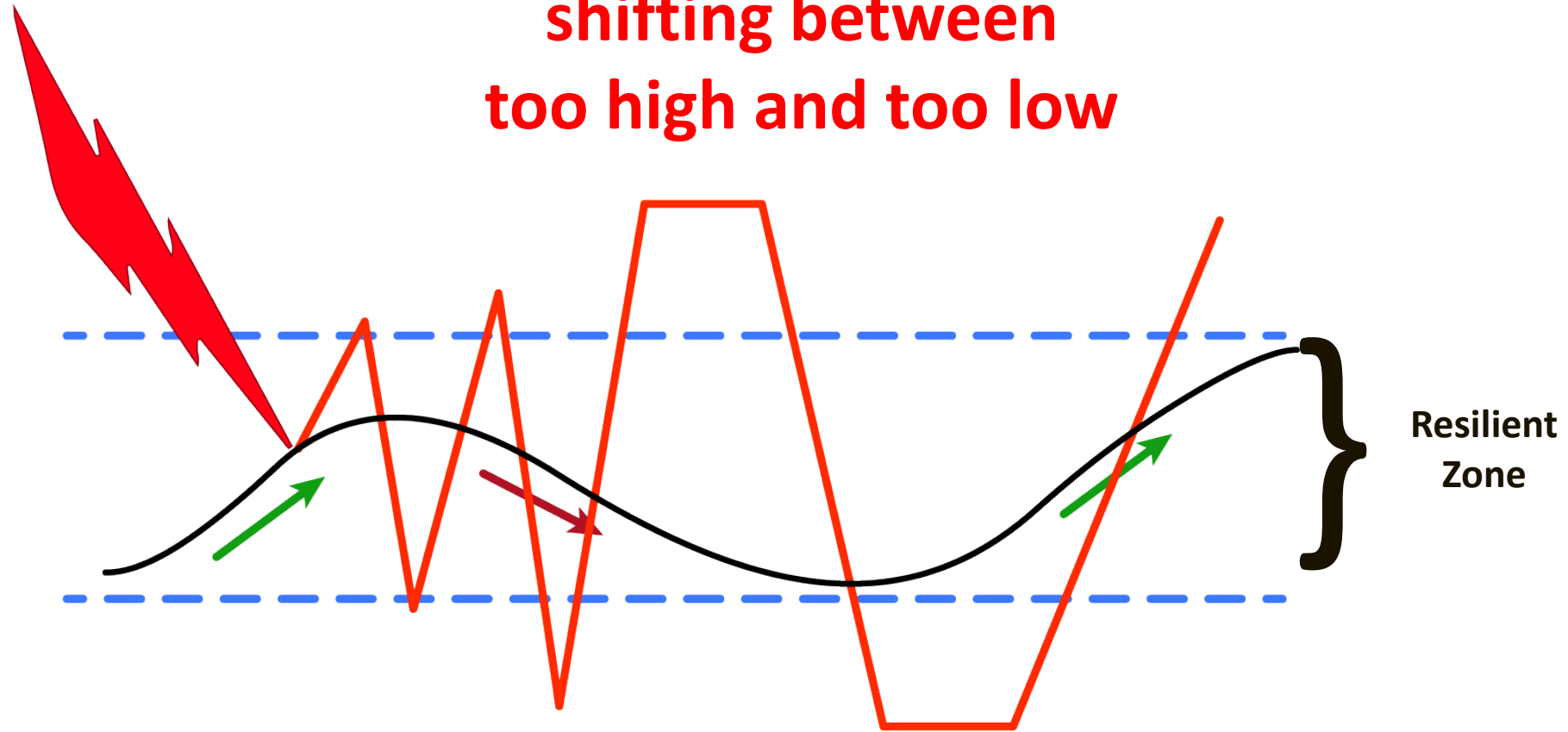
- Depressed
- Isolated
- Fatigued
- Numb
- No Energy



**Resilient
Zone**

Traumatic / Stressful Event

shifting between
too high and too low





Resource List

- Breathing
- Butterfly hug
- Call someone
- Music
- Nature, running water
- Healthy comfort food
- Prayer



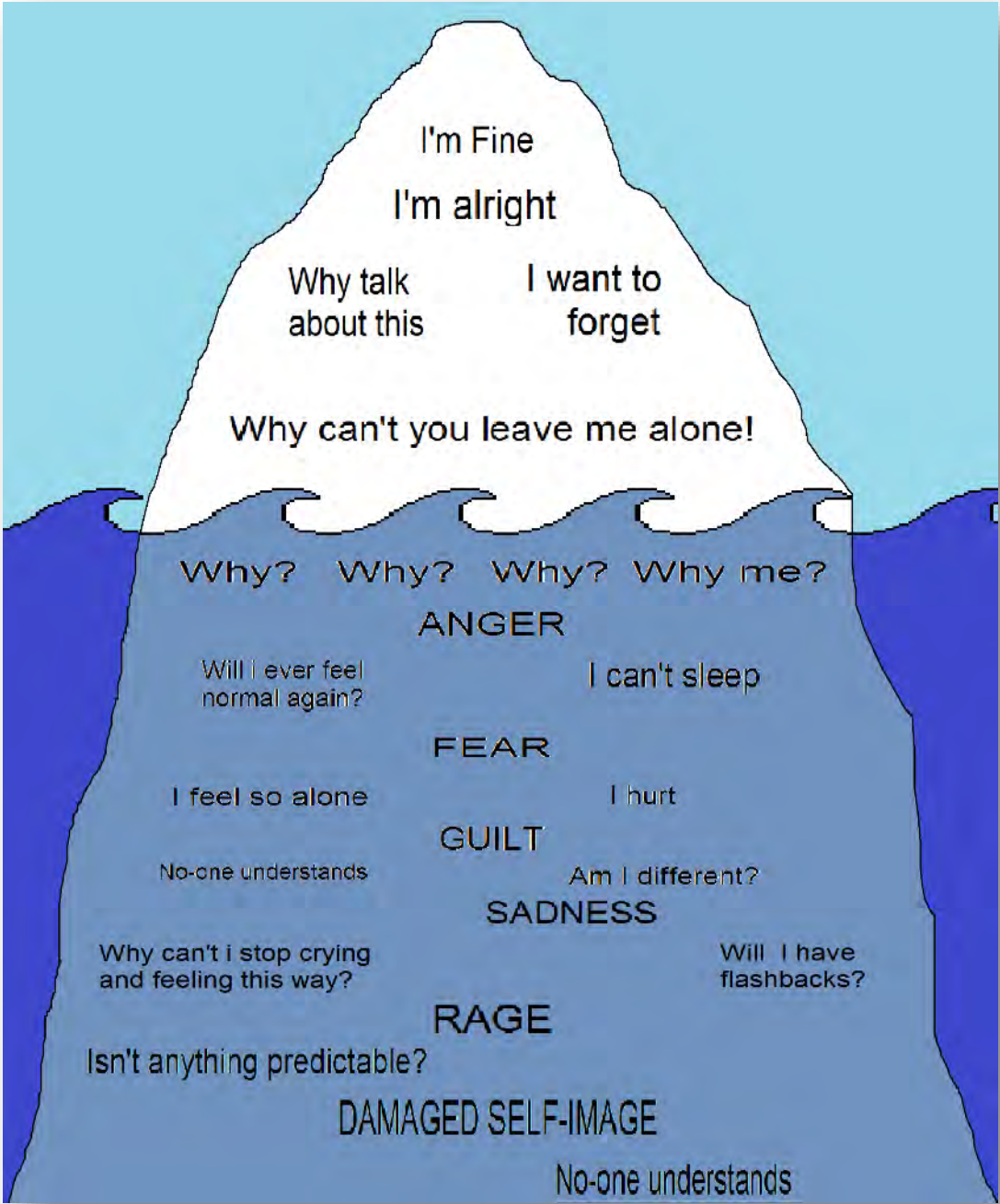
SOURCES OF RESILIENCE

- INDIVIDUAL
- FAMILY
- FRIENDS
- COMMUNITY
- CULTURAL
- RELIGIOUS
- SPIRITUAL
- NATURE
- ANCESTORS

VICARIOUS RESILIENCE

- The inspiration and strength that comes from noticing other people's capacity to withstand hardship or their way of just putting one foot in front of the other.
- "Drafting" on another's resilience







HOW DO WE TAKE CARE OF OURSELVES?

Simple actions we can take.



**HOW MANY OF YOU
TALK YOURSELF OUT
OF SIMPLE SELF
CARE PRACTICES
DAILY?**




**WHAT
SELF-CARE
IS NOT**



**IT IS NOT
SELFISH**



**IT DOES NOT
TAKE A LOT OF
TIME**

A blurred background image showing a group of people in a meeting or workshop. Several individuals have their hands raised, suggesting an interactive session or a discussion. The lighting is soft and natural, creating a professional yet collaborative atmosphere.

Self-care is how
we take care of
our collective
well-being.

What will help
you practice
small acts of self-
care?



How to Practice Self-Compassion

Ask yourself these three questions:

- How would I treat a friend in this situation?
- What do I need to comfort myself?
- How do I care for myself already?





A DAILY PRACTICE TO RESTORE EQUANIMITY

Kaethe Weingarten, Ph.D.

The Witness to Witness Program

<https://www.migrantclinician.org/witness-to-witness>

- 1. Start each day by remembering that your intention is to offer compassionate, competent care to those you serve.**
- 2. Notice sensations in the body that are signaling that you are in distress. Pause and take a few, full breaths.**
- 3. If possible, create a buddy system so that you are able to check in with someone about what is challenging for you.**
- 4. Take a moment at a specified time each day – brushing your teeth in the morning, at lunch –to think about how much a loved one cares for you.**
- 5. Recognize that circumstances, not you, may produce harms.**
- 6. Repeat: Everyone, including you, is just doing the best that one can do.**
- 7. Be kind to others and yourself whenever possible.**
- 8. Find one thing that one person did that day and offer a verbal, brief appreciation. It's particularly good if this acknowledgment and appreciation can be observed by at least one other person.**
- 9. When you leave work, take good care of your body, mind and spirit. Take a moment of silence to allow your soul to catch up with you.**

https://www.migrantclinician.org/COVID-19-pandemic#Emotional-Support

Creating the Backpack You Want to Carry Now

Many of us think of a backpack as something we carry around with us that's heavy but also has essential items inside that we need to be on top of.

Maybe there is also a way of thinking of items in an imaginary backpack that we may be carrying around with us that we would just as soon remove from our backpacks.

And maybe if we think of the backpack as imaginary, we might put into it other items.

Here are some questions that may help you to pack your imaginary backpack.

1. What is the value that underlies why you chose the work that you do? What object can you put into your backpack to remind you of that value?
2. Is there anything in your backpack from the start of the pandemic that had to be there then but that you wish you didn't have to carry around now?
3. Are there any feelings that you have carried around with you or work during the pandemic that you would prefer to offload from your backpack?
4. Is there anything in your backpack that you can rely on when the going gets rough? Would you want to double it present in your backpack?
5. Is there anything in your backpack that makes you laugh? That inspires you? That makes you happy? That allows you to take a deep breath?
6. Is there anything in your backpack that brings you down, that makes you sad, that burdens you? Can you get rid of any of these and still be safe?
7. Speaking of safe, is there anything in your backpack that protects you?
8. Who are the people in your backpack who have your back, who care about you, that you can count on?

How do you feel about your backpack now?



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Coping with Moral Injury



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3. Listen for your internal self-talk. If it is harsh, judging you negatively, blaming or shaming you, kindly tell that inner critic that you and everyone else are doing the best they can under challenging circumstances.
4. Create a buddy system for each shift and check in, even briefly, with your buddy regularly through your shift.
5. Think of how much a loved one cares for you every time you wash your hands.
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7. Repeat: Everyone, including you, is just doing the best that one can do.
8. Be kind to others and yourself whenever possible.
9. Designate someone on each shift or at the end of a work day to offer a brief appreciation to those who have served. Preferably the acknowledgment and appreciation can be observed by at least one other person.
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Anger Handout for Clinicians

For many clinicians the unprecedented conditions they are facing during the COVID pandemic are requiring a set of skills minute to minute that they had every reason to believe would be rarely necessary but now are routine requirements. One such skill is rapidly defusing an intensely angry feeling in order to serve patients with as much competence and compassion as they desire. Here are a few suggestions that may be helpful.

Practice recognizing your personal ways of feeling anger. We all send ourselves cues when we are angry. Are your cues signals in your body, like a contraction in your breast? Are your cues remarks to others that are out of character? Are your cues signals in moments of justice that would be helpful unless you were distracted by your anger?

Once you become aware of your anger, ask yourself whether you are in the right space and time to deal with it now. If yes, think about the who, what, when and where that would be most beneficial for the situation.

If not, PRACTICE can have several parts:

1. Take 3 slow breaths in and out.
2. If there is nothing you can do now to be effective in changing the situation, think of a person to whom you will feel everything to when the time is right.
3. Imagine a beautiful box into which you place your anger, knowing you will take it out and process it at another time.

If possible, take a few minutes alone away from your situation, even if only for 5 minutes. Some self-regulation breaks are more and more necessary these days, so plan them. Make a list of five activities that help you "load off." These may be watching a funny video, looking at family photos, listening to a piece of music you love, or running up and down stairs three times. Make an easily accessible folder and place the names of your "loading off" activities in it so you don't have to think about what to do each time you need an anger break.

Last, and so important, offer yourself compassion.

- You are not alone, everyone is more easily irritated and triggered into anger at work these days.
- These times are unprecedented, and strong emotions are a natural response to the increase in workload, the emotional toll, and the long-term wear of the pandemic.
- Your work deserves gratitude and appreciation.
- Everyone makes mistakes. So do you. You have community that wants to support you.

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SOME COMFORTING IDEAS

For many of us, identifying quick ways to comfort or soothe ourselves is increasingly important to be able to do. Whether we are stressed at work, at home or even for a walk, feeling distress can happen to anyone. Sometimes when we are most stressed and most want quick relief, we may be blocked from remembering what does soothe us. In a recent MCN webinar, over half of participants couldn't identify even one self-soothing strategy to use. Identifying strategies before stressful or overwhelming situations occur is essential.

I found and adapted a list from Tricia Hersey of the Nap Ministry that she originally designed as suggestions for folks wanting to rest when sleep is elusive. This list consists of easy to do activities. I suggest keeping this list handy or making a note of three or four of these that are "keepers," that you say to yourself, "Yup, this can work for me." They can be done for a few minutes, any time, any place.

1. Close your eyes for 30 minutes
2. Take a long shower in silence
3. Meditate for 20 minutes
4. Stare out of window and daydream
5. Sip decaf tea before going to bed
6. Slow dance with yourself to soothing music
7. Pray
8. Do a yoga pose
9. Time yourself for a 20 minute nap
10. Take a hot bath
11. Take a media break
12. Batch your responses to texts and emails
13. Take a long walk in nature
14. Listen to a long piece of music while doing nothing else
15. Play a musical instrument
16. Work on a coloring book
17. Run or jog
18. Bake
19. Do slow breathing in to a count of 4, hold for 2 and out for a count of 5

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Prioritize Fun: Any Way You Do It!

What exactly is fun? It's different for everyone but research shows that for most people, fun consists of three elements: connection, playfulness, and flow. Fun is an important tool in managing stress and all three of the elements of fun have been shown to decrease a person's perceived level of stress.

Connection with others, social connection, is especially important now, when isolation and loneliness are on the rise. For many people, in-person connections are not possible and virtual connections don't feel the same, they feel worse than nothing. But interaction with others is key to well-being; it even supports our immune function. So, as with so much in life these days, connecting with others needs to become a priority. How? In person if it is safe to do so, virtually through phone or apps, or casually. We all have opportunities to strike up a conversation with someone we are in line with or do a random act of kindness. "Only connect," is a phrase used by novelist E.M. Forster in 1930 and it could well become a motto for us this year.

Other forms of connection are also healthy for us. Interacting with pets has been shown to have significant benefits for our mental health.⁶ Many people "connect" with activities they enjoy and certainly many of us "connect" to the natural world. What may add benefit is thinking about these forms of connection as ways we have fun.

Playfulness is often associated with children but adults can be playful too, and we would probably be better off if we were. Playfulness contributes to resilience and may even support positive coping strategies when facing adversity. There are many ways people can experience playfulness. Some people find their playfulness with others, some by taking it less seriously, choosing a lighthearted approach to most things. Some people are just the opposite. Their playfulness comes from engaging in complexity and "toying" with ideas. And still others are great at whimsy, finding novel ways to engage with just about anything that arises. Any degree of playfulness is probably good for us.

Flow is the third element of fun. Flow is the enjoyable experience of being so lost in what we are doing that we lose track of time and everything else. What will trigger a flow state is different for all of us but we can usually recognize when we have been in flow and when others are in it. We can achieve flow with others or on our own.

CREATING FUN

The issue today is how to create fun when so many ways we might have done so in the past are blocked or less accessible. One important step may be to drop preconceived ideas about what "fun" is supposed to be and let ourselves think about our own experiences of fun. I did this myself and realized that reading, writing and thinking about how to put ideas into handouts like this.


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How to Be Empathic Without Experiencing Personal Distress: A Handout for Health Care Workers and Service Providers

When a person shares another person is suffering, it's the most natural thing in the world to want to reach out and help. This capacity is called empathy, the human ability to understand and respond to the feelings of another person. Empathy has three components: 1. The ability to feel what another person is feeling, 2. The ability to take the perspective of the other person, and 3. A meaningful capacity that allows the person to trace the origin of the experienced feeling or to feel the difference between feelings that shared with the other person and with the self.

In the healthcare setting, we are almost always in the presence of people who are having physical or emotional pain that triggers our empathy. We are witnesses to their distress. There are four different positions a witness can be, not one.

Witness Positions



In Position 1, we are aware of what is needed and feel empowered to take action to meet the need. In this position we will feel effective and competent.

In Position 2, we are aware of what is needed but lack the internal or external resources to provide what is needed. In this position we will feel stressed, ineffective, and exhausted.

In Position 3, we really don't understand what is needed and consequently the actions we may take will be off the mark, not helpful and possibly harmful.

In Position 4, we get... We feel disconnected by the situation, numb ourselves and/or space out. We may show up for work, but we just go through the motions.

When healthcare workers are frequently in Position 4, that is, when they feel ineffective and overwhelmed a lot of the time, that sets the stage for feeling sympathy distress. Empathic witnesses can feel so burned, and in some instances more vulnerable to secondary traumatization (distress and acute symptoms similar to the person who directly experienced a trauma) and vicarious traumatization (a gradual alteration of a person's worldview due to the cumulative effect of witnessing other people's trauma). All three forms of empathic distress are harmful to the provider who experiences them.

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REASONABLE HOPE

HOPE IS SOMETHING WE DO TOGETHER

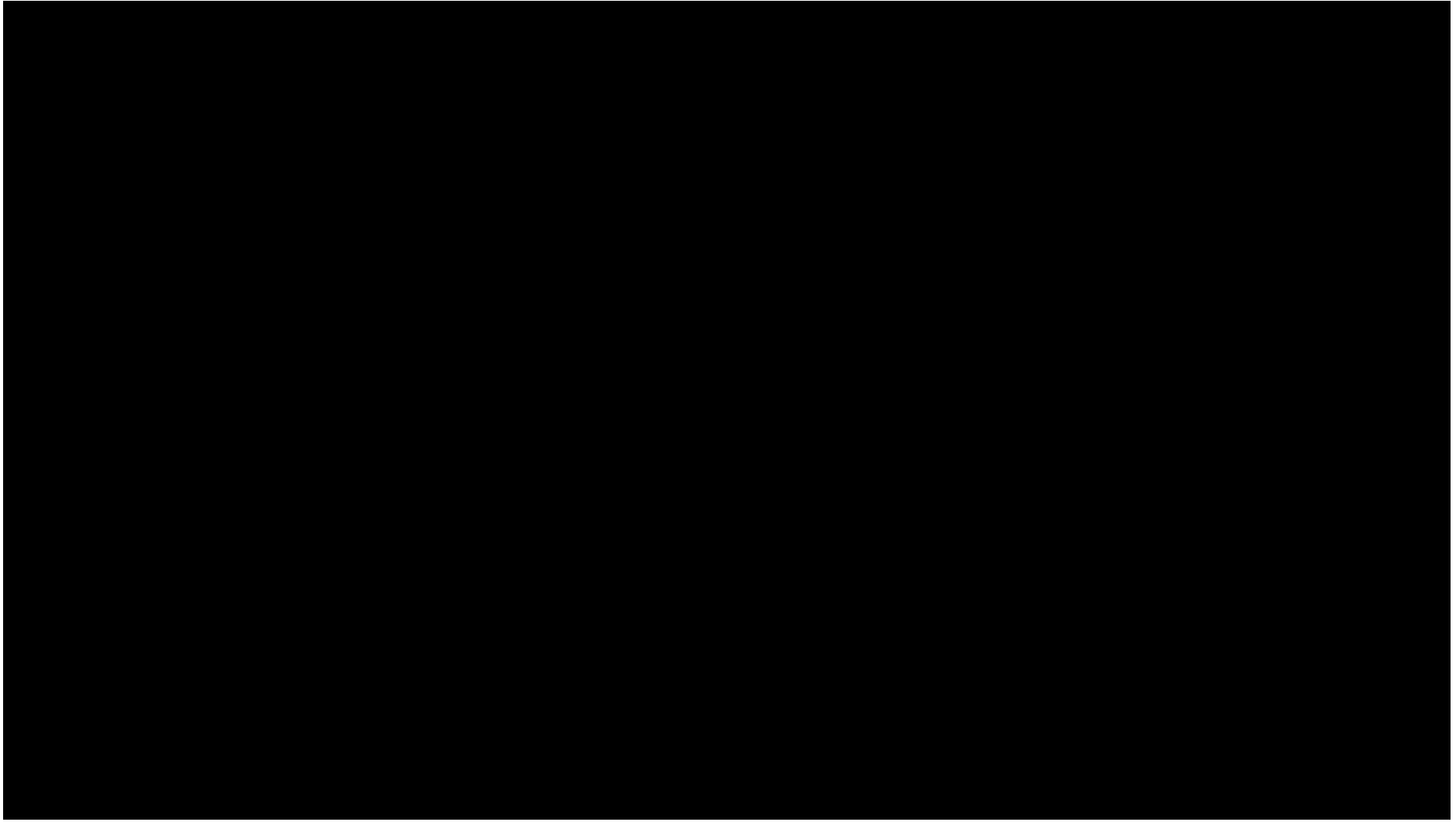


Believe the small is not trivial

...And actions have
ripple effects
outward

Quick Ways to Feel Better Right Away

- Help someone
- Set a goal and plan for it
- Laugh
- Write down 2 things you are grateful for
- Notice something beautiful
- Jump in place
- Nap
- Give, get or watch a hug



Evaluation

