CHAPTER 11

Traumatic Loss and Collective Trauma

Strengthening Family and Community Resilience

> Sorrow felt alone leaves a deep crater in the soul; sorrow shared yields new life.
>
> —*Nomathemba* (the Zulu word for hope)[1]

This chapter extends beyond the borders of the family to present a resilience-oriented, multisystemic family and community approach to recovery from traumatic experiences and traumatic loss. Key family and social processes in risk and resilience are outlined. Practice principles, intervention guidelines, and case illustrations are described in situations of community violence, war-related trauma, mass killings, and major disasters to suggest ways to foster family and community resilience.

TRAUMA, SUFFERING, AND RESILIENCE: MULTISYSTEMIC PERSPECTIVES

The word *trauma* comes from the Latin word for wound. Traumatic experiences can wound the body, mind, spirit, and relationships with others (Herman, 1992; van der Kolk, McFarlane, & Weisaeth, 2006). The

[1]Musical written by Ntozake Shange, Joseph Shabalala, and Eric Simon that recounts South

predominant therapeutic models for treating survivors of traumatic events have been individually based and pathology focused, identifying and reducing symptoms of PTSD, categorized as a mental illness. In contrast, a multilevel systemic, resilience-oriented practice approach situates the distress in the extreme trauma experience, attends to its ripple effects throughout relational networks, and strengthens family and community resources for optimal recovery.

The Impact of Traumatic Events on the Family and Community

There is growing attention to the multisystemic impact wrought by catastrophic events, war, and widespread disaster. Family systems approaches grew out of Hill's (1949) groundbreaking study of adjustment in World War II veterans and their families. In the field of trauma studies, Figley and others brought attention to the stressful impact on relational systems of war, catastrophic events, violence, and sexual abuse (Catherall, 2004; Figley & McCubbin, 1983). Families are essential resources in the recovery of a member suffering trauma effects. Yet major trauma affects the closest relationships of survivors and the well-being of loved ones—especially spouses, children, and parents. Secondary traumatization (Figley, 2002) occurs through learning about the trauma experienced, and in ongoing transactions and family life when disruptive symptoms, withdrawal, or harmful behaviors persist.

Families and their communities are intricately intertwined (Betancourt & Kahn, 2007) and can experience shared traumatic effects, as occurs in war, mass killings, and major disasters. Family functioning and vital kin networks can be disrupted, especially with complex, ongoing trauma situations, such as living in conditions of prolonged conflict or blighted communities. Therefore, attention to the family and wider impact of major trauma is essential in any treatment approach. Moreover, family and community networks are essential resources in trauma recovery and rebuilding shattered lives when their strengths and potential are mobilized (Denborough, 2006; Saul, 2013; Webb, 2003).

Resilience and Posttraumatic Growth

Traumatic stress research has brought increasing attention to resilience, with focus primarily on neurobiological and psychological processes in individuals (Southwick & Charney, 2012). Posttraumatic stress symptoms are heightened with greater intensity, frequency, and duration of extreme

trauma experiences. But there is wide variation among individuals at the same level of risk. Studies across a wide range of traumatic situations and social contexts find that acute stress symptoms are common in the immediate aftermath, yet most distressed individuals experience recovery and resilience, rebounding over time, gaining strengths, and not suffering long-term disturbance (Litz, 2004; Masten & Narayan, 2012).

Moreover, the struggle to recover often yields remarkable transformation and growth. Studies of posttraumatic growth have found positive individual changes in five areas: (1) emergence of new opportunities and possibilities; (2) deeper relationships and greater compassion for others; (3) feeling strengthened to meet future life challenges; (4) reordered priorities and fuller appreciation of life; and (5) deepening spirituality (Calhoun & Tedeschi, 2013; Tedeschi & Calhoun, 2004; Tedeschi & Kilmer, 2005).

Van der Kolk and colleagues advanced a biopsychosocial understanding of trauma, its treatment, and its prevention, with attention to variables that influence vulnerability, resilience, and the course of posttraumatic reactions (van der Kolk et al., 2006). Although some individuals are more vulnerable to stress, no one is immune to suffering in extreme situations. The effects of trauma and the potential for recovery depend greatly on whether those wounded can seek comfort, reassurance, and safety with others. Strong connections, with trust that others will be there when needed, counteract feelings of insecurity, helplessness, or meaninglessness.

Mental health professionals can best foster trauma recovery by redirecting the predominant pathology focus and individual treatment approaches to address the impact in families and communities and mobilize their capacity for healing and resilience (Walsh, 2007). A multisystemic resilience-oriented approach contextualizes the distress, addresses the collective impact, and strengthens interpersonal and institutional resources for both individual and collective recovery and growth (Saul, 2013).

TRAUMA AND TRAUMATIC LOSS

The experiences of trauma, loss, and grief are intertwined (Figley, 1998; Lattanzi-Licht & Doka, 2003; Litz, 2004; Neimeyer, 2001). Deaths that are untimely, sudden, and/or violent are the most common source of trauma. Trauma situations may involve death; life-threatening bodily harm or disability; abduction, torture, incarceration, or persecution; forced migration/relocation; or relational violence and sexual abuse. Therapeutic attention to trauma recovery has focused mainly on individual survivors of interpersonal/relational violations, especially multiple complex trauma experiences

(Herman, 1992; Courtois, 2004). Serious harm or murder committed by relatives or close acquaintances is so devastating because it is inflicted by loved ones and those who are trusted and depended upon. Posttraumatic difficulties commonly persist for survivors in fears of commitment and intimacy (Johnson, 2002). Systemic approaches have been advanced by Almeida (Almeida & Durkin, 1999); Barrett and Stone Fish (2014); Coulter (2011); and Sheinberg and Fraenkel (2001).

This chapter focuses on shared trauma and loss in extreme situations beyond the family borders, including community violence; widespread atrocities in war and ethnic, religious, or political conflict; and mass trauma in major disasters or catastrophic events.

Various forms of trauma in such situations can involve multiple losses, including:

- Sense of physical or psychological wholeness (e.g., serious bodily harm or torture).
- Significant person, role, and relationships (e.g., family head or community leader).
- Intact family unit, homes, and communities.
- Way of life and economic livelihood.
- Future potential; hopes and dreams for all that might have been.
- Shattered assumptions in core world view (e.g., security, predictability, or trust).

Situations of traumatic loss pose high risk for complicated recovery, as summarized in Table 11.1, and require careful assessment and intervention focus (see also Chapter 10).

In traumatic loss, symptoms such as depression, anxiety, substance abuse, and relational conflict or withdrawal are common. Survivors blocked from healing may perpetuate wider suffering through self-destructive behavior and suicide, or revenge and harm toward others. Massive historical or ongoing trauma, with loss of hope and positive vision, can fuel transmission of negative trangenerational patterns (Danieli, 1985; Pinderhughes, 2004). With brutal atrocities and injustice, the impetus to restore a sense of family or community honor can either fuel cycles of mutual retaliation or spark courageous efforts to rise above the tragedy (see Chapter 14).

When traumatic loss is suffered, most do not experience "resolution" in the sense of completely getting over it. Families may gain partial "closure" on some aspects, such as the certainty or cause of death, but they don't simply bounce back (Walsh & McGoldrick, 2004). Recovery and resilience involve complex, gradual, and fluid processes over time, with various facets

TABLE 11.1. Situations of Traumatic Death and Loss

The meaning and impact of traumatic deaths are influenced by a number of variables in the loss situation that require careful assessment and attention.

- *Violent death.* A violent death is devastating for loved ones and especially for those who witnessed it or narrowly survived. Preoccupation with causal accusations, guilt, or wishes for revenge is common. A senseless tragedy or loss of innocent lives is especially hard to bear, particularly in deliberate acts of violence.
- *Untimely death.* Untimely losses are hardest to bear. The deaths of children and young spouses seem unjust and rob us of future hopes and dreams. The loss of parents with young children requires reorganization of the family system.
- *Sudden death.* With sudden losses, loved ones lack time even to say their good-byes. Like a bolt out of the blue, a sense of normalcy and predictability is shattered. Shock and intense emotions, as well as disorganization and confusion, are expectable in the immediate crisis period. Family members may need help with painful regrets.
- *Prolonged suffering.* With prolonged physical or emotional suffering before death (e.g., assault, torture, or lack of medical assistance), the agony for family members can be great, coupled with guilt, anger, or remorse.
- *Ambiguous loss.* Ambiguity as to whether a missing loved one is alive or dead can immobilize families who may be torn apart, hoping for the best while fearing the worst (Boss, 1999). Mourning may be blocked until bodily remains or personal effects are recovered and the death becomes physically real. Families may need help in pressing for more information and in resuming lives in the face of remaining uncertainty.
- *Unacknowledged, stigmatized losses.* Mourning is complicated when losses or their cause are hidden due to social stigma (e.g., HIV/AIDS). Secrecy, misinformation, and estrangement impede family and social support, as well as critical health care.
- *Pileup of effects.* Families can be overwhelmed by the emotional, relational, and functional impact of multiple deaths, prolonged or recurrent trauma, and other losses (homes, jobs, communities) and disruptive transitions (e.g., separations, migration).
- *Past traumatic experience.* Past trauma and losses can be reactivated in life-threatening or loss situations, intensifying the impact and complicating recovery.

of grief alternating and reemerging with unexpected intensity, particularly around nodal events. Attention commonly oscillates between preoccupation with grief and reengagement in a world forever transformed by the tragedy (Stroebe & Schut, 2010). To foster recovery and resilience in the wake of major traumatic events, we can usefully apply the four tasks in family adaptation to loss (Walsh & McGoldrick, 2004, 2013; see Chapter

10). Pathways in recovery and resilience vary with personal, family, cultural, and spiritual preferences. Family and community forums and interfaith memorial events can help families and communities support, respect, and bridge differences.

Research finds that adaptive mourning involves the transformation of the relationship from physical presence to continuing bonds, rather than the need to gain detachment emphasized in traditional griefwork approaches. This is facilitated through spiritual or symbolic connections, memories, deeds, and stories that are passed on across the generations, bringing forward the best in the lived experience (Stroebe, Schut, & Boerner, 2010; Walsh & McGoldrick, 2004, 2013; also see Chapter 9). Coming to terms with traumatic loss involves finding ways to make meaning of the trauma experience, put it in perspective, and weave the experience of loss and recovery into the fabric of individual and collective identity and life passage.

FAMILY AND SOCIAL PROCESSES FOR RESILIENCE WITH COLLECTIVE TRAUMA

The family resilience framework presented in this volume (see Chapters 3–8) can help families and communities recover from traumatic experiences and grow stronger. Attention to the following key processes in belief systems, organizational patterns, and communication/problem-solving can reduce vulnerability and risk and foster resilience (see Table 11.2).

Belief Systems

It is crucial to explore family and cultural beliefs that influence members' perceptions and coping responses in traumatic experiences. Clinicians can facilitate the following processes in resilience, which overlap with processes found in posttraumatic growth (PTG) (Calhoun & Tedeschi, 2013).

Making Meaning of Traumatic Experiences

Core beliefs ground and orient people, providing a sense of reality, normalcy, meaning, or purpose in life. Well-being is fostered by expectations that others can be trusted; that communities are safe; that life is orderly and events predictable; that children will outlive their elders; that society is just. When traumatic experiences shatter such assumptions, there is a deep need to restore order, meaning, and purpose (Janoff-Bulman, 1992).

TABLE 11.2. Traumatic Loss: Key Family and Social Processes in Risk and Resilience

Vulnerabilities, risks for maladaptation	Facilitate key processes for resilience
Belief systems	
• Shattered assumptions; ambiguous or senseless loss • Sense of failure/fault; blame, shame, guilt • Hopelessness, despair; bleak outlook • Powerlessness: helpless, overwhelmed • Multigenerational legacy: trauma, losses, catastrophic fears • Spiritual distress; sense of injustice, punishment for sins; cultural/spiritual disconnection, void	1. Make meaning of traumatic loss experience ▪ Normalize, contextualize distress. ▪ Gain sense of coherence as shared challenge: comprehensible, manageable, meaningful. 2. Positive outlook: hope, future dreams ▪ Affirm strengths, build on potential. ▪ Master the possible; accept what can't be changed. 3. Transcendence and spiritual connection ▪ Faith beliefs, practices, community; nature; arts ▪ Purpose, meaningful bonds, pursuits; activism ▪ Learning, transformation, growth
Organizational processes	
• Rigid, autocratic or unstable—chaotic, unreliable, leaderless • Enmeshed, highly conflictual, or estranged bonds • Vital bond or role functioning lost: • Precipitous replacement, exploitation, or abuse of other • Inability to reallocate roles or reinvest in relationships • Socially isolated; unacknowledged or stigmatized loss • Institutional barriers; economic resources lost, unavailable	4. Flexibility to adapt and restabilize ▪ Restore structure, routines, predictability ▪ Reorganize; realign role functions ▪ Strong leadership: coordination 5. Connectedness: family, social, and community ▪ Lifelines; mutual support; social network ▪ Repair estranged relationships 6. Economic and institutional resources
Communication/problem solving processes	
• Ambiguous information about death/loss situation • Secrecy, distortion, denial of loss event • Blocked emotional sharing or high conflict • Gender constraints (e.g., "Men don't cry") • Lack of pleasurable interaction, respite • Blocked problem solving, decision making	7. Clear, consistent information, messages ▪ Clarify trauma and loss-related ambiguity. 8. Open emotional expression, empathic response ▪ Respect individual, cultural differences. ▪ Share pleasure, humor, respite amidst sorrow. 9. Collaborative decision making, problem solving ▪ Resourcefulness; build on small steps, successes ▪ Proactive planning, preparedness; "Plan B"

Meaning reconstruction in response to trauma and loss is a central process in healing (Neimeyer, 2001). It can reflect a new wisdom from experience and a testament to strengths forged. In our work, we may need to help people envision a new sense of normality, identity, and relatedness to adapt to altered conditions. Our task is not to make meaning for them, but to support their efforts in finding their own meaning out of their experience (Frankl, 1946/1984).

It is important to contextualize family and community members' distress as understandable and common in such traumatic situations. We support their efforts to gain a sense of coherence, rendering their situation more comprehensible, manageable, and meaningful as a shared challenge. When an earthquake destroyed a family's home, the father recounted, "At first we were in a state of shock, disoriented, at a total loss about what to do. Then we dusted ourselves off, took stock of our sorry predicament, and pulled together to clear out the debris and figure out our options. We just kept hugging each other, taking it step by step."

Family members may struggle over a period of time to make sense of what happened, gain perspective, and make it more bearable (Nadeau, 1997, 2008). Commonly, they grapple with painful questions such as "Why us?" "Why my child? Why not me?" "How did this happen?" "Who was at fault?" "Could it have been prevented?" Such concerns persist when, for instance, the cause of a plane crash, fire, or explosion remains unclear. Clinicians can help families gain and share factual information that is helpful. We explore concerns that foster blame, shame, and guilt and help clients come to terms with their regrets, accountability, and limits of control in their situation. Taking lessons from the experience can help to guide future actions.

Hope: A Positive Outlook

In times of deep despair, hope is essential to fuel energies and spirits needed to rebuild lives, revise dreams, and create positive legacies to pass on. We help families direct efforts to "master the possible," gradually coming to terms with what has been lost or cannot be changed. We may need to help some to tolerate prolonged uncertainty and lengthy recovery processes, while holding on to hope in future possibilities with their sustained efforts.

Transcendence and Spirituality

With traumatic loss, transcendent cultural and spiritual values and practices can offer meaning, purpose, and connectedness. Many find solace in believing that catastrophic events beyond human comprehension are a test

of faith or part of God's larger plan. Prayer, meditative practices, and/or faith communities can offer solace and support. In human-caused tragedies, faith beliefs can open up a pathway of forgiveness (see Chapter 14). Spiritual connection, memories, stories, and deeds can honor the best aspects of those who died, all that was lost, and the courage and resilience forged. Active involvement in memorial rituals, vigils, anniversary remembrances, rites of passage, and celebration of milestones in recovery all facilitate healing. They also provide opportunities to reaffirm identity, relatedness, and core social values of goodness and compassion (Imber-Black, 2012). Finding ways to celebrate holidays and birthdays, which often go unmarked with turmoil or grief, can boost spirits and reconnect all with the rhythms of life.

Profound suffering can be transcended in creative expression through the arts. Music, such as participation in community or congregational singing, can release sorrow and restore the spirit to carry on. Finding ways to express the experience of trauma *and* survival through writing, drama, music, or artwork can facilitate resilience, especially for children.

Healing is aided through memorial dedications to honor those who were lost. Many find new purpose through community activism or advocacy to benefit others and prevent future suffering (Perry & Rolland, 2009). Learning and growth out of tragedy can spark new priorities and deepened commitments. Recovery is a journey of the heart and spirit, bringing survivors back to the fullness of life.

Organizational Processes

Flexible Structure

For resilience, families and communities must effectively organize to respond to highly disruptive events. Flexibility is needed to adapt to unforeseen challenges and changing conditions. At the same time, it is crucial to restore order, safety, and stability to reduce the sense of chaos and disorientation that comes with transitional upheaval. Children especially find reassurance as daily routines can be resumed or new arrangements put in place. Strong leadership and coordination of response efforts is essential, with collaboration between families and social networks. In major disasters, community groups, agencies, and all government levels involved in rescue, recovery, and reconstruction efforts must have clear plans, lines of authority, coordination, and communication. Clear rules and guidelines are essential, with consistent follow-through. With the loss of basic infrastructure, family and social systems must reorganize, recalibrate, and reallocate roles and functions. Yet, at all levels, they must be nimble enough to readily shift gears as needed.

Connectedness

With traumatic experiences, when helplessness and terror are common, we have an urgent need for connection, to hear the voice of a loved one and to turn to one another for support, comfort, and safety. While high cohesion is essential, tolerance and respect are needed for individual differences in response. Some, especially small children, may show anxious clinging or need constant contact; others may avoid the pain or loss by distancing. In chaotic situations such as evacuations, every effort should be made to keep family members together so they are not left to fend for themselves, isolated in their suffering and worried about loved ones, as occurred in the aftermath of Hurricane Katrina. With separations and ambiguous loss, contact information and communication are essential to ease concerns and facilitate reunion. When trauma has involved a relational violation, trust and security are more difficult to restore. In troubled or estranged relationships, distress may be intensified by unresolved conflicts. Counseling can be helpful to foster healing, reconnection, and reconciliation (see Chapter 14).

Social and Economic Resources and Extended Kin

With collective trauma and loss, it is crucial to mobilize institutional services as well as kin, social, and community networks for emotional and practical support. Social supports might include friends, neighbors, and health care providers; clergy and congregational support; schoolteachers and counselors; employers and coworkers; and community organizations. Multifamily support groups and community forums are valuable for exchanging information, sharing memories and accounts of loss and survival, providing mutual support, and encouraging hope and efforts for recovery. Financial assistance and follow through with expected compensation can be critical with the loss of homes and jobs, medical expenses, or rebuilding costs.

Communication and Problem Solving

Clear, Helpful Information

Families often need help to clarify the facts and circumstances of traumatic events and the steps they can take to improve their situation. Practical guidelines can assist them in rebuilding their lives. To avert confusion and frustration, those in charge of emergency and recovery plans should provide consistent and accurate information, correcting errors and updating changes swiftly. After the failed response to Hurricane Katrina,

one resident in the stricken area remarked, "If FedEx can track packages worldwide why can't the government even track the delivery of ice?" (which melted in trucks awaiting communication on their destination).

Emotional Sharing and Support

Traumatic events can trigger a wide range and fluctuation of intense feelings among survivors, with ripple effects throughout the kin and social network. One boy said the emotional upheaval was like "a roller-coaster ride that wouldn't stop." When painful or unacceptable feelings can't be expressed, or are seen as disloyal or threatening, it is important to foster a climate of mutual trust, empathic response, and tolerance for differences over time.

Collaborative Problem Solving/Proaction

Practical assistance with immediate needs is a first priority. Goals should be approached concretely with practical, realistic steps, tasks, and projects. Over time, with the slow pace of recovery and rebuilding of lives, it is important to rally family and community efforts to experience small gains and mark progress. Above all, it's crucial to shift from a crisis-reactive mode to a proactive stance, learning lessons for preparedness planning to lower future risks and meet new threats with greater resilience.

WHEN FAMILIES SUFFER FROM VIOLENCE IN THE COMMUNITY

Every day, violence takes a terrible toll in communities worldwide (Aisenberg & Herrenkohl, 2008). As Kaethe Weingarten (2004) notes, it can become a common shock, affecting us yet barely arousing us until our lives or the lives of those we know are directly affected. Each violent incident is a tragedy for the families it touches.

Collaborative actions by families and communities, facilitated by helping professionals, can promote healing and resilience, as in the following case. A tragic shooting death, in a neighborhood near my home, began on a warm summer evening with an escalation of taunts between white and Latino youth, which turned lethal. With the catalyzing engagement of a parish priest and his congregation, and the courageous efforts of the parents of the boy who was killed, a remarkable journey of recovery, transcendence, and transformation was forged over the following year (Shefsky, 2000; Terkel, 2000, 2002).

When Mario Ramos, an 18-year-old Latino gang member, was charged with the shooting death of another boy in the community, his family's parish priest, Father Oldershaw, told his congregation, "He is a son of our parish; we must reach out to him and his family and offer our prayers and assistance." He visited Mario's loving parents, hardworking immigrants, who were in deep pain and struggling to comprehend their son's violent act. The priest visited Mario in detention, ministered to him, and encouraged parishioners to write to him and also to pray for the Young family, whose son he had killed. Although the Youngs were not members of his parish, Father Oldershaw extended himself, going to their home to offer his condolences and to let them know he was there for them if he could ever be of assistance. Mr. Young was at first angered by the visit: "This was his kid who killed our son!" But a few nights later, unable to sleep, he called the priest after midnight and they talked for over an hour. The priest's outreach and compassion led the parents to visit his parish, where they found solace in the caring community.

Over several months, the faith community's outreach to Mario fostered a genuine transformation in Mario; he left the gang, affiliated with a Christian group for support, and wrote a letter to Mrs. Young to express his deep remorse for the killing and to ask for her forgiveness.

Mrs. Young's own deep faith from her childhood led her to write to Mario to offer compassion and forgiveness. Their letters crossed in the mail. As she later explained, she came to this decision in order to heal from the tragedy and be better able to help her family in their unbearable suffering. Her husband hadn't been able to work for months, her surviving children were devastated, and the youngest son had run into traffic hoping to be hit so he could join his big brother in heaven. She understood her husband's deep anger, and the common impulse for revenge, but she spoke out against any retaliation. She said she felt she would lose her mind if she didn't try to draw something positive out of the tragedy. She found inspiration from her religious upbringing, recalling from the Bible that unforgiveness corrodes the body, the mind, and the spirit. In offering forgiveness, she clearly held Mario accountable for the killing and its devastating impact on her entire family. She continued contact with him and urged him to take responsibility for making something good of his life, investing herself in his rehabilitation. As she later said, "He came into our life through an act of violence, but now he's in my heart. . . . There's no way to bring back my son, but here's a life with potential that I don't want to waste."

Although her husband did not take her path of forgiveness, it was crucial for their relationships that he respected her way of healing. Mr. Young forged his own transcendent pathway, channeling his anger and

sorrow through community activism. He took leadership in an organization to stop gun violence and worked tirelessly on behalf of the many families in the larger community who had lost a child. His wife joined him in that effort, both finding that their efforts furthered their healing and yielded more energy to devote to their children's recovery.

At Mario's sentencing hearing, Father Oldershaw accompanied his mother, saying, "I want to sit at your side to give you courage." When Mr. Young arrived, the priest introduced them. Although Mrs. Ramos spoke no English, Mr. Young saw the sorrow in her eyes for his loss and tearfully embraced her, realizing that they both had lost their sons: his to a grave and hers to prison.

Key processes in resilience are evident in this remarkable case. Gradually, over many months, the Youngs and Mario became determined to "master the possible," directing their energies to forge some good out of the tragedy and to prevent future violence. Most significant was the power in tapping relational connections and spiritual resources—through faith beliefs, the involvement of the clergy and congregation, and new purpose in community activism. These resources, long neglected in the mental health field, can be vital pathways in resilience.

Families of victims—and those of offenders—need ongoing support and advocacy. Most are better able to go on with their lives when they feel that justice has been served. Yet many experience further trauma in lengthy, convoluted processes in the criminal justice system. Families of offenders often face social condemnation, isolation, and neglect with presumptions of blame. In the case above, the priest's bridging of the two families transcended barriers and fostered mutual compassion. On the first anniversary of the tragedy, he invited both families to join him for dinner and prayers. With the efforts of the two families, the parish community, and a pro bono attorney, Mario's sentence was significantly reduced and he continued on a positive path. Their efforts were grounded in a deep conviction in the worth and potential of the offending youth. Movements for restorative justice emphasize such actions to repair harm and restore the humanity of the offender. When families and community members join efforts, the results, as in this case, can be transformational.

Mass Killings

The fatal shooting of 26 small children and staff at Sandy Hook Elementary School in a peaceful New England town underscored the vulnerability of all children and families to unthinkable tragedy. Under the glare of the national media, each family struggled to find its own path in healing. The

families recognize that they will never be "over" their grief, and will likely carry their sorrow though their lives, yet for most, it gets easier to bear over time. Many forge resilience through efforts to honor the memory of their child. Here is just one story, excerpted from a local newspaper report (Dobbs, 2014):

> In the 14 months since 6-year-old Catherine was killed, her immediate family and distant relatives have channeled their memories of her into building a living tribute: an animal sanctuary that will bear her name. They've kept youngsters involved throughout the whole process, organizing bake sales and selling T-shirts to help spread the message. Catherine's 10-year-old cousin, Jack, wanting to pitch in, created a fundraising group called Catherine's Peace Team and spread the word on the Internet, gaining Facebook followers and donations from around the world. Several teenagers involved in Catherine's Peace Team held a fundraising dance and a Peace Party. When Jack thinks of his cousin, he recalls a time when they were playing tag in the yard—how Catherine lost interest quickly and went off to chase butterflies instead. When family members were thinking of a way to honor her legacy, her love of animals led them to the sanctuary. "It's definitely an outlet for us to do what we know Catherine would want," said her mother.
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> Yet, as the rest of the world has moved on, her relatives carry a sadness that few others can comprehend. Her uncle says, "The pain is still there. . . . Nothing can replace her. But you figure out a way to cope with it every day." Her mother adds, "It's hard to see Freddy (her brother) sledding by himself. Last year, it was too painful to even talk about the times when she and Freddy went sledding. But that's becoming more doable, and we can cherish those memories." Now, when Freddie has a dream about Catherine, it becomes a happy topic of conversation, rather than a painful reminder of her death. Increasingly, they push past her death and think about her life: how she'd catch bugs and frogs and whisper to them; how she'd try and help the old family dog to its feet, though it was twice her size. About how much she would've loved the sanctuary that they're building. "We have a lifetime of healing. It will never be the same," her mother says. "But we're starting to put down roots for what will be Catherine's legacy. What we're doing is building something beautiful." She adds, "Her hand is in everything that we do."

Ongoing Community Violence

An entire community suffers with complex, ongoing trauma in blighted neighborhoods affected by chronic stresses of poverty and discrimination. Daily life for children and families is much like living in a war zone (Garbarino, 1997). With the proliferation of guns in the United State, lethal

violence takes a tragic toll on young lives, too often in poor minority communities. It is frequently the result of personal grievances, domestic violence, or suicide, or is associated with gang and drug activity, At times, it is the result of misguided law enforcement and racial profiling, shattering the community's trust in those who should be protecting it and fueling outrage at injustices. Tensions and violence are often sparked by repeated experiences of racial or ethnic profiling and disrespect toward those who live on the margins of society and who lack social acceptance, resources, and opportunities for educational and economic advancement. Catastrophic fears and destructive behavior patterns often emanate from multiple traumas and losses across family generations. With a brother in prison and a son recently killed in a drive-by shooting, one mother sadly observed, "We never know who will be with us or lost tomorrow." Some individuals try to numb the recurrent pain, terror, and helplessness with alcohol or drugs, or by shutting off emotions and concern about themselves or others, in the belief that "If I don't care, then it won't hurt."

Yet when we think of community violence, we need to be careful not to blame and write off the community or assume the worst of its residents. In the face of such conditions, most families show remarkable resilience in carrying on their lives each day, striving to raise their children well, toward a better future. However, in many housing projects and dangerous neighborhoods, families are often isolated from one another, lacking supportive connections. Ongoing parent groups, with easy access, offer a context for sharing concerns and strategies for overcoming obstacles (see Chapter 13). In many programs (see Chapter 8), older men form mentoring relationships with gang members and youth at risk in efforts to stem the tide of violence and encourage school and job pursuits toward a better life. Neighborhood-based programs, such as Take Back the Streets, build family and community resilience, as they combat violent crime by bringing together residents, police, and social agencies to work collaboratively and build a sense of pride and empowerment.

MAJOR DISASTERS: COLLECTIVE TRAUMA AND HEALING

Major disasters produce widespread disruption and loss. The distinction of natural versus human-made disasters has blurred, with recognition of multiple factors in many situations, as in climate change and environmental calamities such as earthquakes, extreme drought, and the widespread destruction wrought by Hurricane Sandy along the U.S. East Coast. In

many cases, human actions, or inactions, compound the effects of natural events, as in the breach of faulty levees that flooded the city of New Orleans with Hurricane Katrina.

Each survivor's experience is unique in sources of suffering and pathways in resilience. Helping professionals can assist in healing emotional wounds by understanding the particular impact and meaning of a trauma situation and by reknitting fractured relationships, as in the following case:

> In Southeast Asia, many months after floodwaters inundated a coastal community, a teacher in a nearby town found a 12-year-old boy sleeping in the streets, suffering deeply. When asked what had happened, he told her that the day of the flood, he had been arriving home with his father when they saw his mother carried off in the surge. His father yelled at him to swim out and save her, but he stood frozen in place as his father berated him. Afterward he ran away and had not seen his family since. He was too ashamed to tell his father he didn't know how to swim. He couldn't forgive himself for not saving his mother's life. Still reluctant to visit his father, he agreed to go with a counselor to see his uncle. Upon hearing the account, his uncle reassured him that the floodwaters that day were too strong for even a good swimmer to save the lives of the many who were lost. He added that he knew that the father himself could not swim, which was why, in his own helplessness, he had turned to his son with such desperation. The uncle took the boy in and arranged a reunion of father and son, beginning their healing from that tragic day.

The pileup effect of multiple losses, dislocations, and adaptational challenges can be overwhelming. The sadness is compounded when former lives can't be restored; as one parent put it, "It's a cascade of sorrows." Meaning-making and recovery involve a struggle to understand what has been shattered, how to build new lives, and how to prevent future tragedy. As in an earthquake, we need to learn what weaknesses in structures contributed to their collapse—but we can learn even more from the strengths of those that withstood such damage.

Even small scraps of family life salvaged from the wreckage of a disaster can hold special meaning. When a recent tornado slashed through a town near Chicago, residents emerged from basements and community shelters to find their homes ripped from the foundations, with furniture and possessions scattered widely. Residents in surrounding communities set up a website, posting photos of found items—a page of a love letter, a child's doll, framed photos. One family found great comfort in retrieving a vase—cracked but not shattered—that had blown over a hundred miles

away. It stands on the new mantelpiece in the home they are building on a more solid foundation.

As attention goes to bereaved families, those who survived a disaster can face a lonely road ahead. After a school fire killed nearly 100 children, one girl who survived became depressed when everyone kept telling her how brave and lucky she was. No one asked about her terrifying experience, and she never revealed her deep shame: how in panic she had clawed her way through the smoke-filled classroom, stepping over fallen classmates, to reach the window to jump. Another girl, who suffered spinal injuries when she jumped, was welcomed home from the hospital as a hero by friends and neighbors; yet many later avoided contact with her, too uncomfortable at seeing her injuries and being reminded of the tragedy. Another surviving child had lasting self-doubt from the inadvertent meaning she had taken from the message of her pastor, who consoled the bereaved families by saying that God had taken his special angels: "What did it mean that God didn't choose me?"

PATHWAYS IN RECOVERY AND RESILIENCE

Early intervention is important for those who have suffered trauma and traumatic loss (Litz, 2004). Relieving acute distress and mobilizing resources for recovery can be crucial to prevent more serious and chronic PTSD. Yet we should be wary of a "quick fix." Crisis intervention can be immensely helpful in providing initial information and support. However, some debriefing programs designed for crisis workers (e.g., Critical Incident Stress Debriefing) have been found to be unhelpful and in many cases increased distress when applied in a one-session format with survivors of collective trauma immediately after the event (Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002). Suffering was exacerbated by a narrow focus on individual trauma symptoms; by increasing worry that common trauma reactions could be an early sign of PTSD, a psychiatric disorder; and by opening up intense, overwhelming, and painful memories and feelings, including helplessness and rage, and then sending individuals home without follow-up.

Multifamily groups can provide a supportive context for those who went through a harrowing experience. Early interventions are most helpful when they (1) normalize and contextualize distress; (2) draw out strengths and active coping strategies for empowerment; (3) mobilize family and social support for ongoing recovery; and (4) offer follow-up sessions, as well as mental health services for those in severe and persisting distress.

The following facilitator guidelines are useful in multifamily group sessions:

- Start with grounding in members' personal, family, community, cultural, and spiritual identity and connections.
- Invite them to share a few aspects of their crisis experience that stood out for them. Offer acknowledgment and compassionate witnessing of recent and ongoing crises, losses, hardships, or injustices that they have suffered.
- Draw out and affirm their strengths and the potential shown by their endurance and coping efforts—their own and those shown in stories of others' positive responses demonstrating courage, ingenuity, or generosity.
- Facilitate shared meaning-making and mastery over several sessions. Refocus sensitively from what has happened to them to what they can do about their situation—from helplessness or victimization to active initiative and empowerment. Shift from a global sense of despair and immobilization to a more hopeful outlook and manageable step-by-step progress.
- Identify resources for resilience in important connections in their lives (link to those noted above in initial grounding) as lifelines in their recovery process, such as their extended kin network, ethnic or religious community, or personal faith in contemplative practices.
- Identify personal, relational, and spiritual resources that their families drew on in past times of adversity, such as pride in their "can-do" spirit," and stories of resilience that might inspire current efforts.

Families, teachers, counselors, and other workers find journals, music, and artwork especially helpful with children and adolescents. One program designed for use in many disaster situations to facilitate meaning-making, emotional expression, and active coping uses activity books to help children express their experience of both suffering and resilience (Kliman, Oklan, Wolfe, & Kliman, 2005). Drawing, coloring, and word activities help children to remember, document, and integrate not only the sad, bad, and scary parts, but also the helpful, brave, and good things people did. In journal format, older children are invited to describe what they learned; what would be helpful now; and things that they, their families, and their community could do to rebuild and to be more prepared in the future.

We attend to family processes in recovery over time. As one study of family resilience following Hurricane Katrina documented, all directly affected families had an initial drop in functioning, one parent saying

they "hit rock bottom." Over the following months, most families experienced a roller-coaster course with the recovery efforts, facing a pileup of ongoing disaster-related stressors and other family crises, such as the death of a caregiving grandmother (Knowles, Sasser, & Garrison, 2010). Yet many rose above past baselines, achieving higher levels of family functioning and positive growth, and evidencing key processes in the family resilience framework presented in this volume (and in Walsh, 2003). In particular, families gained resilience through spiritual resources, efforts in meaning-making, open emotional expression, and collaborative problem solving. The study also found that families who experienced long-term lowered functioning lacked social supports, job opportunities, and economic resources. Many were stuck in overcrowded government-supplied trailers, without job opportunities or progress in the rebuilding of their homes.

I've served for many years as a consultant to the Porter-Cason Institute at Tulane University in New Orleans, founded to provide strengths-based family-centered training and community services. On one visit, 5 years post-Katrina, at a community mental health agency in St. Bernard parish—which had lost nearly 100% of its housing—families were still facing persistent obstacles beyond their control. Community residents who demonstrated resilience in their own recovery efforts were involved as peer counselors in a collaborative program to serve families that were struggling. One mother, still in a temporary FEMA trailer with her five children, summed it up: "We're alive but we're not yet living."

Nearby, in Plaquemines Parish, three-generation fishing families, many of whom were refugees from Southeast Asia after the Vietnam War, were struggling to recover from the major oil spill that devastated the coastal region. Meaning-making efforts and future planning were confused and frustrated by repeated unclear and inconsistent information over many months by government and industry officials about future expectations: Will fish be safe to eat and will the fishing industry survive or be destroyed? Should the younger generation rebuild the family business or disperse to find new livelihoods elsewhere, breaking up the strong family networks that supported their resilience with migration? In such widespread disasters, professionals are urged to work not only with families in distress but also with the larger systems affecting their recovery, especially government authorities, to clarify and support future prospects for recovery, post updated website information and resource contacts, and hold community forums to facilitate communication and collaborative efforts.

The revitalization of New Orleans as a vibrant community has been remarkable. The annual Mardi Gras was held amidst the devastation just 6 months after Katrina. Musicians and floats in the parade expressed a

mix of sorrow, pride, hope, humor, satire, and surrealism—some came in costume as mold, mocking the failures of public officials and FEMA. Leading jazz musicians were concerned that many local musicians had lived in inadequate housing prior to the catastrophe and remained displaced. They rallied support to create a new housing development, Musicians' Village, which became a cornerstone of the New Orleans Area Habitat for Humanity post-Katrina rebuilding effort (*www.nolamusiciansvillage.org*). The core idea behind Musicians' Village was the establishment of a community for the city's several generations of musicians and other families. A central part of this vision was the Ellis Marsalis Center for Music, a focal point for teaching and performance, sharing and preserving the rich musical tradition of a city and reaching out to involve low-income youth and families.

The long and varied paths in healing emotionally and rebuilding lives require a longitudinal approach to take into account emerging stressors and adaptational processes over time (e.g., Litz, 2004), with the flexible availability of professionals and the support of kin and social networks over many months, and often much longer. Survivors frequently note that there were times when they suffered so deeply they didn't know if they could face another day, or felt that life no longer had meaning—but then they rallied to carry on. With the press of immediate practical demands, family members may suppress emotional needs. They may not seek counseling until months later, after initial social support wanes and the full impact of losses and emerging challenges is felt or distress intensifies. This will require pacing of interventions attuned to each family at various nodal points, weaving back and forth in attention to grief, emerging challenges, and future directions, and allowing time for respite and replenishing of energies.

As studies of resilience amply document, in struggling through hardship, reaching out to others, and making active coping efforts, people tap resources they may not have drawn on otherwise and gain new abilities and perspectives on life. Each survivor's experience is unique, yet the human compassion and generosity that emerge are remarkable. In the widespread Ebola outbreak in West Africa, one physician noted that amid the horrible deaths in the isolation wards, there were moments of grace. Mothers whose babies had died would feed and care for children who were orphaned.

It can be devastating for those who could not save loved ones in a disaster. One man was distraught that he had been unable to hold on to his wife, who was severely disabled, as they tried to escape their burning apartment building. Still, her last words kept him going: "Take care of the kids." He said, "It's hard every day; I've never had to do this before. I didn't know how—but I'm finding I can do it. Her voice and her spirit give me the strength and determination."

Another disaster can reactivate past trauma but also offer opportunities for further healing. Families of the victims of a terrorist-caused plane crash over Lockerbie, Scotland, found their pain revived by another plane crash 8 years later—one father described it as being "like a scab torn off a deep wound." Yet many of those families came forward and offered support to the recently bereaved families, finding that their assistance furthered their own long-term recovery as well.

Multisystemic Approaches to Recovery and Resilience

In humanitarian crises, multisystemic resilience-oriented approaches draw on and expand individual, family, and community resources that have a recursive synergy and are the critical components of healing from widespread trauma and loss (Miller, 2012; Mollica, 2006; Saul, 2013; Weine, 2011). Landau's LINC framework, grounded in disaster recovery experience in many parts of the world, identifies and links with these natural resources to create a matrix of healing (Landau, 2007; Landau, Mittal, & Wieling, 2008). Professionals take a consultative role, encouraging natural leaders and change agents within the community. Family and community members with diverse skills, talents, and ages can contribute in different ways to the resilience of the community. The elderly can bring memories and lessons of coping with previous adversity, while the young renew the capacity for play and creativity. This approach is highly effective in ensuring long-term viability and hope for the future.

With massive psychosocial trauma in major disasters, Landau and Saul (2004) have found that community resilience encompasses the following four themes:

1. Building community and enhancing social connectedness as a foundation for recovery by strengthening social support systems, coalition building, and sharing information and resources.
2. Collective storytelling and validation of the trauma experience and response, with the emerging story broad enough to encompass the many varying experiences.
3. Reestablishing the rhythms and routines of life and engaging in collective healing rituals.
4. Arriving at a positive vision of the future with renewed hope.

These themes fit closely with the key processes in resilience described above in belief systems, organizational resources, and communication processes.

Widespread disasters that disrupt structures and services may lead to

family and community fragmentation, conflict, and destabilization when larger systems are unresponsive. The failure of government rescue and recovery efforts compounds the trauma, suffering, and chaotic displacement of residents. As too often occurs in a disaster (Boyd-Franklin, 2010; Norris & Alegria, 2005), those most affected—and most neglected—are those most vulnerable and marginalized, especially people of color, those with limited means, the elderly, and those with serious health problems. For disaster preparedness and recovery, the utmost importance of local and national emergency planning, coordination, communication, and follow-through should be emphasized (Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008). As Knowles and colleagues (Knowles, Sasser, & Garrison, 2010) concluded, families are often called the bedrock of a society, yet when disaster strikes, the lack of resources renders them vulnerable. Therefore, the commitment to post-disaster planning for sustainable communities must prioritize policies and practices for resilient families.

MILITARY FAMILIES AND COMBAT-RELATED TRAUMA

The predominant treatment models for war-related trauma have been individually based and focused on reducing symptoms of PTSD and related disorders. Military families suffer the impact of physical, psychological, and relational wounds with prolonged service in war, repeated deployments, highly stressful reentry transitions, and shifting roles and relationships for spouses, parents, and children (McDermid et al., 2008). Rising rates of PTSD, disabilities, traumatic brain injuries, substance abuse, suicide, violence, and divorce ripple through the entire family, affecting all members.

Families are also affected by moral injuries of service members or veterans (Nash & Litz, 2013). Military chaplains and family life educators can be especially sensitive to these issues. The recent concept of *moral injury* concerns the damage to moral belief systems through participation in events in war zones that violate one's deepest moral values, producing deep shame, guilt, and self-loathing. Such incidents might involve betrayals of trust in actions or failure to act; extreme or disproportionate violence or mistreatment; harm or loss of life of civilians, especially women and children; and within-ranks violence, "friendly fire," or sexual abuse. Profound shame and guilt involving acts of inhumanity leave service members feeling morally unfit to reenter the human community, receive praise and awards for their valor, or accept the love of spouses and family members. Morally injurious events cannot be undone, but healing involves a journey

of forgiveness, with attempts to make symbolic reparations. As one military chaplain advised a serviceman unable to forgive himself for mistakenly opening fire on a family and killing five children: "Go out and find five children you can rescue."

Abundant research has documented the psychological and relational effects of trauma on military spouses and children related to the service member's war-zone deployments, combat exposure, and postdeployment disturbances and the influence of family processes as crucial moderators of this effect (MacDermid, 2010).

A family resilience framework situates the many varied facets of trauma—including the spiritual (moral) dimension—in the extreme experience of war and contextualizes intense distress as a normal reaction to the abnormal conditions. Interestingly, the Vietnamese term for PTSD translates as "spiritual sadness." Interventions address family stresses, strengthen bonds, and facilitate family support of a returning service member's resilient adaptation to life. Consultation with a pastoral counselor may be helpful.

The framework presented in this volume has been applied in military family resilience research (MacDermid, Sampler, Schwartz, Nishida, & Nyarong, 2008), in training family life educators, chaplains, and therapists, and in services for military personnel and their family members. Family resilience-based programs, utilizing workshop and weekend retreat formats, have been designed to help families navigate pre- and postdeployment challenges and to foster healing from injuries, trauma, and losses as they revitalize family relationships and re-vision future possibilities.

In a major initiative, Saltzman and colleagues at UCLA and Harvard designed FOCUS, a widely used brief intervention for military families dealing with wartime deployments and parental injury (Saltzman et al., 2011, 2013; also see timeline activities, Chapter 6). The program aims to improve child and family functioning and adaptation during and after highly stressful times by enhancing key family resilience processes. It combines family psychoeducation and developmental guidance; structured communication and narrative sharing experiences; and specific family-level skills targeting family resilience processes drawn from the Walsh (2003, 2007) family resilience framework. Intervention aims include:

- Developing shared family narratives.
- Enhancing family awareness and understanding.
- Improving family empathy and communication.
- Fostering confidence and hope.

- Supporting open and effective communication.
- Enhancing selected family resilience skills (stress management and emotion regulation, collaborative goal setting and problem solving, and managing trauma and loss reminders).

The program was adapted and refined to fit broadly diverse multicultural families and military cultures, and was found to be effective for children and families from diverse backgrounds. Improvements in specific aspects of family functioning—including communication, affective responsiveness and involvement, role clarity, and problem solving, all linked to the core family resilience processes—were associated with reductions in parent and child distress and improvements in their adaptive functioning overall. The program has also been effectively used with families contending with a range of trauma situations, illness, and loss.

TRAUMA SUFFERED IN WAR-TORN REGIONS AND THE REFUGEE EXPERIENCE

We've seen the vast human toll and the devastation wrought by war, violent ethnic, tribal, religious, and political conflicts, and genocide or ethnic cleansing campaigns in many parts of the world. Family members are forcibly separated, kidnapped, or made to witness the brutal killing and abuse of loved ones. Young boys and girls are pressed into combat, enslaved, or sold in sex trafficking. Efforts to reconnect survivors with their families and communities, or welcome them in asylum settings, are vital to their resilience.

The comfort and security provided by warm, caring relationships is critical in withstanding trauma for populations affected by war, including social and personal uprooting, family disruption, separation and loss, mental and physical suffering, and vast social change (Weine, 2006). The security provided by families in war zones buffers such stresses as bombings, air raids, and the horrors of witnessing violent death (Masten & Narayan, 2012). With evacuation, children fare best when they are able to stay together or in close contact with parents and siblings.

Refugee families face a myriad of challenges: overcoming the experience of physical and psychosocial trauma and loss, and further privation, separations, and relocations in migration. Many are forced to leave their homeland and seek asylum to escape persecution. Others are displaced by harsh environmental conditions. Often they must move from place to place or are trapped in refugee or IDP (internally displaced persons) camps for

years or even decades. Abduction, starvation, torture, rape, imprisonment, and dehumanizing treatment are all too common. Many have suffered multiple traumatic losses of loved ones, homes, and communities and have witnessed brutal atrocities (Weine, 2006). For a description of the resilience-based multifamily groups for Bosnian and Kosovar refugees developed by the Chicago Center for Family Health, see Chapter 8.

From his extensive work with refugees, Mollica (2006) believes that there is an intricate relationship between connections to the environment and the healing of mind and body; in experiencing beauty or social connection, neurochemical processes are activated that literally begin to heal psychic wounds. Beauty in the wake of disaster can be experienced through exposure to nature and the arts, while social connectivity comes from family, friends, colleagues, and community groups.

When family members take flight, they are often separated from one another, with loved ones missing or their fate uncertain, as in the tragic ongoing war in Syria, which has displaced over half the population. With heightened stress and anxiety concerning ambiguous losses, family members have a critical need to gain information, to learn if others are alive and safe, and to restore contact whenever possible. One innovative program, Refugees United (*www.REFUNITE.org*), was founded by two brothers to respond to this urgent situation worldwide. Their nonprofit directly reconnects refugee families through technology, partnering with public and private organizations. Specially designed, secure Internet and mobile search tools enable family members to search for, locate, and then communicate directly with their loved ones.

Resilience-Oriented Family and Community Services in War-Torn Regions

The success of our resilience-based multifamily groups for Bosnian and Kosovar refugees led to a multiyear project in Kosovo to develop community-based, resilience-oriented, family-centered training and services (see Chapter 8). The Kosovar Family Professional Educational Collaborative (KFPEC), a partnership between mental health professionals in Kosovo and a team of American family therapists, aimed to enhance local capacities to address the overwhelming service needs in the war-torn region. Growing out of that program, other collaborative projects have been developed, addressing treatment and prevention of substance abuse, HIV/AIDS, and serious mental illness, as well as adolescent developmental challenges in the context of the economic, social, and systemic upheaval common in war-torn regions. The spirit of resilience persists in creative efforts to

build a new community-based family-focused mental health care system for Kosovo.

Ongoing Complex Trauma

In some troubled regions, such as Colombia and Sudan, war and conflict have been ongoing across decades and generations, producing complex trauma and suffering for all directly affected. As Barrett and Stone-Fish (2014) have found, essential ingredients for resilience include: the importance of a meaningful vision of the future; the experience of being valued and valuing others; hope of a better world and life worth living; feeling empowered (versus helpless); and collaborative efforts to create workable solutions. One particularly meaningful experience for me was a 2006 brief training conducted on trauma, loss, and family resilience for the Community Mental Health Programme of the United Nations Relief and Works Agency (UNRWA), serving the Palestinian refugee communities in Gaza and the West Bank. The multiday training group experience in Ramallah fostered more open sharing by counselors and their supervisors of their professional challenges and strengths, as they brainstormed effective strategies and planned team meetings for greater collaboration and mutual support in their work.

I had tremendous admiration for the courage and dedication of the Palestinian counselors, who work with children and families suffering from ongoing complex trauma as they and their families experience these same conditions and shattering losses. In our discussion, they found most helpful our application of the keys to family resilience to their own resilience as counselors, especially the power of positive belief systems. They highlighted the importance of sustaining/restoring hope, as distinguished from optimism: faith that their positive efforts have the potential to make a difference for children's future despite pessimism about immediate prospects for an end to their occupation, degrading treatment, and reactive cycles of violence. With the larger political stalemate beyond their control, the key to resilience that most resonated with them was "mastering the art of the possible" and the quote "Do all you can, with what you have, in the time you have, in the place you are." Spirituality, experienced in the deep and abiding Islamic faith of the Palestinian people, is their deepest wellspring for resilience, nourishing their unwavering efforts to counsel those in distress.

Due to the closing of the Gaza border, training with the Gaza UNRWA counselors was arranged via videoconferencing from the United Nations offices in Jerusalem. My deep appreciation of the counselors' tireless efforts to alleviate the suffering of families in Gaza led to continued contact with

them through e-mail exchanges and a writing collaboration on spiritual sources of resilience (Wolin, Muller, Taylor, Wolin, Ranganathan, et al., 2009). This online connection became a link to the outside world for several counselors later, when they contacted me during an Israeli military incursion into Gaza to relate their experience of the atrocities, the terror felt by children, and the widespread destruction. The profound suffering and the ongoing challenges faced by families and communities experiencing trauma and loss are not problems for brief solution focus, a cheerful optimistic mindset, or therapist techniques for change. I was humbled by how little I could offer, but I could bear witness. That was important to them, and it sparked me to do more in raising awareness and advocacy for a just resolution.

Such experiences have taught me that in our training and practice from a resilience orientation, it is our relationships with those we serve that matters most of all. Our connectedness, even in brief or long-distance contact, can nourish their resilience, from our compassionate witnessing of experiences of suffering and struggle to our belief in the human capacity for resilience.

MASS CASUALTIES IN TERRORIST ATTACKS

In this age of widespread terrorist attacks, we are all living in a more volatile and insecure world. With the attacks of September 11, 2001, trauma for Americans was intensified by the utter shock at such unimaginable events happening out of the blue, shattering illusions of invulnerability (Walsh, 2002b). Yet that was not the first attack in the United States. Valuable lessons can be learned from the experience of the Oklahoma City bombing.

Lessons from the Oklahoma City Bombing: Community Response and Resilience

A remarkable demonstration of community resilience emerged after the 1995 Oklahoma City bombing of the Murrah Federal Building, which killed 168 people and injured 842, including children in day care (Sitterle & Gurwitch, 1999). Although foreign terrorists were immediately suspected, it shocked the nation to learn that the bomber was a young, white Christian American, who plotted the attack with his friend. Amid the immediate chaos and suffering, local people came together in recovery efforts, collaborating in outreach and organizational efforts to aid and support those severely impacted. Thousands of professionals, volunteers, and rescue

workers joined forces in providing effective crisis intervention for those in need and a strong support system for responders.

One notable program was the Compassion Center created in a local church, where hundreds of families gathered for information about their loved ones. Overcoming initial chaos, a multiagency effort was quickly organized to provide accurate information about rescue progress, facilitate identification of victims, and offer emotional support. The center coordinated the response of multiple emergency and community organizations to meet the many needs of survivors. Mental health services had three core aims (similar to the organizational and communication keys to resilience described above): (1) to provide a safe and protective environment for families to share their suffering; (2) to help families regain a sense of order, predictability, and structure; and (3) to provide information respectfully to the families.

Rituals were important in fostering unity and healing for survivors, families of the deceased, and the wider community. They channeled grief and terror into meaningful and life-affirming activities and instilled faith in the long healing process. Informal memorials and offerings were created at the bombing site and around the lone "survivor tree," which had been damaged but not destroyed by the blast. An official memorial and later remembrance events paid tribute to all those whose lives were lost and all who contributed to the recovery.

Case studies of group recovery (Zinner & Williams, 1999) have found that the grief experiences may become either a developmental crisis or a growthful opportunity for that community. Catastrophic events, traumatic loss, and suffering can lead to a breakdown in community morale and the stagnation of future development. In Oklahoma City, it strengthened resolve to rebound and propelled the community into new areas of growth. Learned resourcefulness—rather than helplessness—marked their recovery. Community members stepped forward, volunteering to fill many roles and provided mutual benefits by helping others in need and gaining an empowering sense of efficacy. It was this process of collaboration, making meaning and mastering at least *some* part of the traumatic experience, that promoted their resilience.

Resilience in the Wake of the 9/11 Attacks

The terrorist attacks on September 11, 2001, had widespread ripple effects for families and communities near and far. A few notable illustrations, offered here, reveal the resilience possible when families and their communities rally in the wake of tragedy.

In New York City, thousands of people gathered at the site of the World Trade Center attacks to organize support services, aid in the recovery of bodies and cleanup of the site, or simply to lend a helping hand wherever needed. Rituals were vitally important in sharing grief and in healing. Numerous remembrance events took place, at candlelight vigils, community gatherings, and places of worship. Again, a community showed that it could endure and surmount the worst. Caring responses poured in from strangers around the nation and the world. Notably the Oklahoma City community offered assistance to grieving families and sent a huge shipment of teddy bears to comfort those awaiting news of missing loved ones.

Sparks of this resilience kindled many positive developments (Walsh, 2002b). Two months later, a plane crashed after takeoff in a neighborhood of Queens, a working-class Irish and Italian American community that had lost many firefighters at the World Trade Center. On that flight to the Dominican Republic, most casualties were from the Dominican community in Washington Heights, a poor neighborhood in upper Manhattan at the other end of the subway line. As all New Yorkers reeled from yet another plane crash and fear of more terror strikes, a Dominican community leader and the city mayor were moved by the intertwined suffering of these two communities and together seized the moment to plan a joint memorial service, bridging a long-standing racial divide and bringing together communities that rarely had contact. Family members remarked that they had always assumed they were so different and had nothing in common. In coming together in sorrow, they discovered their shared values of strong families, hard work, and deep faith.

Yet the greater challenge lies in sustaining the strong spirit and connection that emerge in times of crisis after people return to their everyday lives. Over time, bereaved families organized into advocacy groups, such as the "Jersey Moms" and "Voices of September 11" to provide resources and support. They spoke out in public arenas to press for an independent commission to understand how the attacks came about and might have been prevented, and drew up recommendations to avert and prepare for any future threat. Their concerted efforts to clarify and make meaning of the crisis event, draw lessons from it, and take proactive steps are core processes in family and community resilience.

As Landau and Saul (2004) note, community members, who make up the natural support system, have many advantages over outside providers in effecting change after a crisis. They have greater access to local knowledge of existing resources and to vulnerable populations and have relationship networks that have developed over time. They are often already engaged in positive social processes that build solidarity, such as

community association meetings and volunteer work. Because these efforts are driven by their experience and priorities, they can be more successful than programs imported by outsiders. Community members, with greater investment in the development of their neighborhoods, are more likely to maintain activities long after the funding for a recent crisis dries up or attention shifts elsewhere.

The Lower Manhattan Community Recovery Project

In neighborhoods directly affected by the terrorist attack, schools were closed and families displaced from their homes for several months. Mental health professionals initially focused on potential pathology in children, with little place for families to discuss their concerns. Parents became distressed on reentry, when children returned to their schools, where they had witnessed the horror. Saul and colleagues organized a neighborhood-based program involving local agencies and residents to facilitate child, family, and community resilience (Landau & Saul, 2004; Saul, 2013). Multifamily groups and networks of parents, teachers, counselors, and school staff were set up as a resource to share experiences, respond to children's concerns, provide mutual support, and mobilize concerted action in recovery efforts.

These support groups developed into a series of community forums, expanding the notion of healing beyond a focus on individual stress reactions to community-wide recovery. In this context, varied reactions were normalized and a framework was offered identifying common phases in disaster recovery:

1. "United we stand": Initially, people experienced shock and then came together, sharing and letting down their guard.
2. "Molasses and minefields": With growing fatigue and irritability, stresses accumulated, tempers flared, and people retreated into groups where they felt safer. At this stage, the focus was on ways to reduce stress and tensions in the community.
3. "A positive vision of recovery": At this stage, the community came together to build hope for the future, gaining understanding that recovery is not a passive process, but an active collaboration for a common purpose.

Through this process, community connectedness provided a matrix of healing and support along with sound information and feedback. A videotape of the forums was available to parents.

A community needs assessment led to the creation of a neighborhood

resource center, a public space to gather and share ideas and creativity. The center formed a disaster preparedness initiative and developed such projects as a video narrative archive, a theater of witness project, a community website, a computer education program for seniors, art projects, and even a samba school. These programs have had long-lasting positive effects.

Family Meetings as Community Intervention for Ambiguous Loss

Another team of systems-oriented therapists, co-led by Pauline Boss (Boss, Beaulieu, Weiling, Turner, & LaCruz, 2003), worked with families of World Trade Center labor union workers who were missing after the attacks. Multifamily group meetings were held in the union hall, where families felt more comfortable than in a mental health setting. Additional counseling services were available. To be sensitive to the culturally diverse families, mostly immigrants, intervention teams were multilingual, multiracial, and attuned to the cultural diversity of the families. Group leaders helped families share anguishing experiences and communicated their basic premise: When a loved one remains missing, it is the traumatic situation of ambiguous loss that is abnormal, not the reactions of the distressed family members.

The group interactions and mutual support were empowering and healing. One daughter, devastated by the loss of her father, was helped enormously when a surviving coworker spoke up. He informed her that he had seen her father in one of the towers and that he had saved 1,000 lives before he perished. He told her that when she goes to football games and sees all the people in the stands, she can be proud of her father's courage in saving so many lives. The families voted to extend the sessions over many months; several widows took on leadership roles, and they prepared a memorial tribute on the first anniversary.

Challenges and Missed Opportunities

In the wake of those terrorist attacks, national surveys found that most Americans found strength, comfort, and solace by turning to their families and loved ones and to their faith. With the likelihood of continuing terrorist threats worldwide, we had to redefine normality and carry on with our lives in the face of fear and uncertainty. The rush to demonize enemies and seek revenge tragically led to two wars and their unintended consequences, as it has all too many times throughout history. It also fueled the profiling of suspected terrorists and outright racism, discrimination, and mistreatment. The greatest challenge is to better understand the many roots

of terrorism and seek to address inequities and injustices that contribute to it. We must question old assumptions, learn more about our world, gain understanding of the suffering of others, and engage in shared reflection and positive actions for meaning-making, healing, and transformation.

We can do better as a society. As the response to the bombing at the 2013 Boston Marathon revealed, times of great tragedy can bring out the best in the human spirit: ordinary people and local officials showed extraordinary courage, compassion, and generosity in helping kin, neighbors, and strangers receive urgent care, undergo arduous healing journeys, and rebuild their lives. The Boston community emerged stronger with enhanced pride and resourcefulness.

FORGING RESILIENCE IN THE WAKE OF TRAGEDY

Traumatic losses reverberate throughout families and their communities; in turn, their collective response can help or hinder recovery. Catastrophic events can awaken us to what really matters in life and inspire us to reorder our priorities and take initiative in caring actions to benefit others. Communities have shown that they could endure the worst forms of suffering and grief and yet, with time and great effort, rebuild and grow stronger. After a fire destroyed the city of Chicago in 1871, forward-looking community leaders gathered the world's greatest city planners and architects to rebuild it, literally out of the ashes. That resilient response to tragedy made possible the transformation of the skyline and lakefront with innovative skyscrapers and vast public parks. In our times, we will need strong leadership, investment, and collaborative efforts to rebuild devastated communities and the lives of families that sustain them.

As helping professionals, we cannot heal all the wounds suffered in major trauma and humanitarian crises. We can create a safe haven where family and community members are able to share deep pain and renewed strivings. Of value is our compassionate witnessing of their suffering and struggle and our admiration for their courage and endurance. When we shift focus from symptoms to strengths and potential, people find they have, and can build, many unexpected competencies and resources. We can rekindle their hopes and dreams for a better future and support their best efforts. We can encourage their mutual support and active strategies to overcome their challenges. Multisystemic, resilience-oriented practice approaches help families and communities expand their vision of what is possible through collaboration, not only to survive trauma and loss but also to regain their spirit to thrive.

Thus recovery becomes a creative process arising from the synergy of members coming together to work toward a common purpose. The goal of courageous engagement with life guides our work as helping professionals, accompanying our clients on their journey in rebuilding and transforming their lives. The courageous people I have met and worked with—families, therapists, and others in humanitarian efforts—have taught me the power of *vicarious resilience*. This concept, developed from studies by Hernandez and colleagues (2002, 2010), refers to the benefits to helping professionals of working from a resilience perspective. In bringing forth accounts of resilience by those who have suffered traumatic experiences, we ourselves are inspired and reinvigorated in our work and in our lives, often in transformative ways (see Chapter 8).

In the wake of tragic events, remarkable resilience emerges in the many stories of recovery, heroism, and courage. Through crisis, trauma, and suffering, extraordinary compassion, generosity, and wisdom are forged. Over time, with shared reflection, we strive to integrate the fullness of our experience with traumatic events into the fabric of our individual and collective identity. Our response to tragedy can embody the humanity that binds us all together. We are, despite our differences, one human family.