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“The Thousand Natural Shocks...”

The other day I took my friend’s daughter, age seven, to the park. While I was pushing her on the swing, a father smacked his small son in the face. Turning away from this man and little boy, I saw my young friend, Anna, riveted with attention to the same scene.

Within a few pushes Anna began to kick her feet to slow herself down, and soon she was able to reach her feet to the ground, where she scuffed her shoes, the better to stop. Turning her head toward me, she said matter-of-factly, “I don’t want to stay here anymore. Can we go home?”

Had I been bending down to remove a leaf off my leg, had I been chatting with the woman pushing her daughter on the swing next to ours, had I even been yawning, eyes temporarily closed, I might easily have missed what Anna saw. The little boy had not made one peep, so no sound from him would have returned my gaze to the sandbox where he was playing.

Had I missed what Anna witnessed, I would not have known what had distressed her sufficiently to change her plans for our time together. Nor understood why this little girl, who herself had been scolded that morning for hitting her younger sister, now wanted to go home rather than play on every piece of the park’s equipment. I wouldn’t have known to take her hand and ask her how she felt about what the man had done to the little boy. I wouldn’t have gotten her reply: “He was mean. It wasn’t fair.”

Anna experienced common shock. It is common because it happens all the time, to everyone in any community. It is a shock because, regardless of our response—spaciness, distress, bravado—it affects our mind, body, and spirit.

Had I not seen and not asked, I wouldn’t have known that I needed to help her express and rid herself of the bit of violence she had glimpsed and was now carrying within her. I wouldn’t have asked her, “Do you think there is something we can do, right now, by ourselves, to show that we don’t like it when people hurt each other?”

“Like what?” she had said.

“I don’t know. Like stamp our feet,” I said stamping both my feet, “and saying, ‘Don’t hurt people!’”

Which is what we did. For two blocks. We stamped our feet hard, shouting, “Don’t hurt people. Don’t hurt girls. Don’t hurt boys. Don’t hurt mothers. Don’t hurt grandpas. Don’t hurt cats. Don’t hurt dogs.” Until it turned silly, and we were shouting, “Don’t hurt the sky. Don’t hurt the stars.” And then, I think the episode was over for Anna. When her mom came to pick her up, I didn’t remember to tell her what had happened.

Whether we want to or not, we cannot escape witnessing such events. Sometimes these events occur between people we know. At other times we may just happen to be somewhere—like in a neighborhood park—and see a gratuitous example of violence. Unexpected scenes may accost us when we are following our usual routines, like turning on the television moments before our favorite show, but on this occasion the horrific dramatic finale of the previous program assaults us. Or an extraordinary event creates a disturbance that ripples throughout our lives. For some, the Columbia’s white contrails streaking across a deep-blue sky will remain etched in their minds. For others, September 11, 2001—9/11—will be remembered forever.

The witnessing of violence and violation, events that fall on a continuum from the ordinary to the extraordinary, jolts us into a response I call common shock. While some react with obvious physical symptoms, many of us respond as if coated with Teflon;

nothing sticks. That is the paradox of common shock. The more we witness, the less we register. Violence and violation become like the wallpaper, just there.

None of us escapes this kind of everyday witnessing, and yet many of us have never “noticed” it. After September 11, however, many more people have a reference point for understanding that the witnessing of violence can produce immediate and long-term distress. While the violence we saw that day was massive and extraordinary, there are also consequences to witnessing the small and ordinary forms of violence that occur in our lives.

Let’s imagine that your town has a road detour and you are proceeding cautiously, navigating through unfamiliar streets. The girl behind you is tailing you so closely that you decide to slow down further, hoping she’ll back off. Instead, you look in the rearview mirror and her face is contorted into a grimace and she’s raising her middle finger at you. You are momentarily shocked.

Or, you’re sitting in the bleachers during a Little League game, enjoying your son’s winning streak. Kicked back, you’re chatting with your neighbors, talking about this child’s stance, that child’s swing, another child’s way of slapping his thigh before he puts the glove to his chest. To your far right a father on the other team is laughing good-naturedly at a child who has just slid into third base and is covered with dirt. “Oh, it doesn’t matter,” he says to no one in particular. “If he cleaned up, his parents wouldn’t notice the difference anyway.”

The child is dark skinned. You freeze. Should you walk past the folks between you and this man and say something to him? Ignore him, pretending that there are no racist implications? Should you comment to the person sitting next to you? Tell the coach? Or, just let it go? After all, it is one more thing you feel helpless to do anything about without causing a big stink you have no energy for anyway. “Life,” you say to yourself.

Violence and Violation

What slice of life is it? These anecdotes are examples of violence and violation.¹ Even though violence and violation surround us, defining what they are is not easy. People are probably most aware of the category of personal violence, which occurs when we harm or injure another. We can observe the consequences, whether the harm is physical, psychological, spiritual, or material. We have no trouble grasping that a father will hurt his son if he beats him and will harm his daughter if he fondles her.

There is another kind of violence, though, that is both harder to notice and harder to discern how it affects us. This kind of violence occurs when the social system itself exploits some people to the benefit of others. It produces the same kind of harms, but to classes of individuals.²

The noted peace scholar, Johan Galtung, first proposed the term for this concept: structural violence. He provides a thought-provoking example of how personal and structural violence differ. If one husband beats his wife, that is obviously an instance of personal violence, he states, “but when one million husbands keep one million wives in ignorance there is structural violence.”³ Structural violence also creates social injustice.

Violation may be subtler and even more difficult to notice than violence. In fact, many people find themselves confused after an experience of violation, wondering what exactly happened to make them feel so awful. Violation occurs directly between people and indirectly through structural inequities and injustice. In addition, illness, disability, aging, discrimination, and immigration can set the stage for keenly felt experiences of violation. While violation may not leave a physical mark, there can be psychic traces, for violation disrupts our sense of meaning and makes us feel fear and dread.⁴

In this book I am particularly interested in the witnessing of everyday violence and violation, but I am keenly aware that what we experience as everyday depends on where we live and who we are. What I may witness in my daily life in a Boston suburb is different from what I would witness as everyday in rural Iowa, a South African township, a Palestinian refugee camp, or an Israeli city.

Everyday violence and violation can evolve from the small to the massive, from one beating to a gang war. Our responses as a society can also escalate, causing great harm. We may start by devaluing some people’s worth, then stigmatizing them, then excluding them then, finally, controlling their lives.⁵ A restriction here, an identity card there, may provoke violent protest followed by counter acts of genocide. But the cycles of violence and violation that cause common shock are preventable.⁶ That’s why our responses to violence and violation are also the subject of this book, since it is in understanding these responses that we have a chance to undermine them.

Witnessing violence and violation can produce common shock. I chose the word common to emphasize that the experience is widespread, it is collective, and it belongs to all of us.

Common shock is ubiquitous. Routinely, we experience events and exchanges that disturb us. Every one of us must metabolize daily jolts. Since few people are aware of the chronic debilitating effects of common shock, few people know how to deal with it themselves or, crucially, help children do so. This book will help you become aware of yourself as an everyday witness to violence and violation, and provide you with tools to cope effectively with its consequences.

Although trained as a clinical psychologist and family therapist in the early 1970s, my experience with witnessing violence and violation, and my sensitivity to it, long preceded my professional training. Throughout these pages I will be drawing on a range of experiences and sources to show that though unintentional witnessing of violence and violation is harmful, it can be transformed into intentional, compassionate witnessing, which has the potential for addressing and alleviating our misery and the misery of others. There are two sides to the witnessing coin: one in which we are shocked, and the other in which we know what to do.

But first we need to “catch” that we are witnessing violence and violation. Perhaps your teenage son, whose speech bears traces of the fact that he is a recent English speaker, and whose face is clearly Semitic, comes home and tells you that a shopkeeper in a music store harassed him and his Jordanian friends, warning them in a threatening voice that the store had surveillance cameras. Sure, your first concern is for your child. But, something has happened to you too. You are witnessing his violation. Your child has experienced discrimination and it has affected him and you both. You are upset and angry. How are you going to keep your rage from burning a helpless hole in your belly? This book provides ideas about this.

Many more people now than even a decade ago are comfortable thinking in terms of victims and perpetrators, whether as applied to how individuals, ethnic groups, or countries treat each other. However, we need to be similarly sophisticated about the effects of witnessing violence and cognizant of the witness.⁷ We need to know when it is happening and what we can do about it. While many people accept that the situation is urgent with regard to catastrophic events, it is important for mundane acts of witnessing as well.

Common Shock Is Pervasive and Widespread

Like so many people I have a love/hate relationship to the morning newspaper. I am drawn to it because I care, and I feel an aversion to it because I care. I want to know what is happening in the world, the country, my state, and my town, but I am apprehensive also. I have friends in many parts of the world. I have worked in troubled regions—Kosovo, South Africa—and the news from these places is often upsetting. I worry about specific people I know and the problems that beset them. At home, broadly speaking, I work in the health and social-service sector. I anticipate with dread local stories about abuse and violence, for they are likely to affect the lives of people I know well, workers who toil in systems that grind them down as surely as the clients they try to serve.

Usually, my curiosity and responsibility win me over and I do read the newspaper. We have a joke in our family. Certain kinds of sharp inhalations of breath accompanied by short, staccato, suffocated sounds mean Mom is reading the newspaper. Actually, it means that Mom is experiencing common shock. The articles enter my consciousness. I am touched and troubled. However brief, the experience rankles, prickles, disturbs. The words are not just lines on paper, black marks on white. They transmigrate from there to here, so that—even for a moment—the story is now inside my internal world and I am upset. Then, I read on. To the next article, and the next. My reaction may happen five or fifteen times in one pass through the paper. Joke or not, my family is right; I am affected as I read the paper.

Or listen to the news. Try as I might, these days, I cannot make it background. I cannot make it just information. I have learned, finally, to turn the radio off when I feel my mood slip from whatever it was before I turned it on to whatever it must be to resonate with the pain and horror on the sound waves, lapping our psychic shores 24/7.

It is precisely this dimension of constancy that makes it so likely that there is an epidemic of gargantuan proportions in our world today. One with no name. A silent, all-but-invisible epidemic that is profoundly altering the course of our lives without our even knowing it.

By the time the average child is twelve years old in the United States, he has seen eight thousand murders and a hundred thousand acts of violence on network television. The problem with this isn't just quantity; the majority of these acts are presented as if there are no direct or physically or psychologically harmful effects, and without any moral judgment.⁸ If common shock is an epidemic, these kinds of triggers are the pathogen. As in any illness epidemic, not everyone who is exposed to the pathogen will be neg-

actively affected by it. Some people are hardier than others, either because they have had a lower lifetime exposure to violence and violation, making them less vulnerable to experiences that trigger common shock, and/or because their biological makeup assists them in restoring equilibrium more swiftly than others.

Adults observe violent acts, are affected by them, and yet may not even register what is going on. I am trained to recognize acts of violence and I am studying the phenomenon of common shock. Yet I have had occasions when others pointed out acts of violence retrospectively that I had entirely missed. In a self-inventory of my daily exposures to events and transactions that produce common shock, I would never have counted these instances. Which is exactly my point. Common shock is pervasive and we do not even know it.

Triggers and Effects

Common shock is triggered by our being witness to an event or an interaction that we appraise as disturbing, whether we are aware of this appraisal process or not. Triggers for common shock are ubiquitous and range from the garden variety to the rare. There is no way of predicting from the trigger whether everyone exposed to it will experience common shock. However, there are some events or interactions that are likely to produce common shock in anyone, such as witnessing a beating, a terrorist attack, or the unexpected death of a loved one.

Responses to these kinds of extreme events are likely to be severe, but not invariably so. Again, there is wide variation among people for many reasons, and responses will also vary over time. Some people who witnessed the planes hit the World Trade Center suffered from a severe form of common shock that most experts call a trauma response.⁹ A trauma response disrupts our fundamental sense of who we are, who others are, and our sense of safety and security. It leaves us with feelings of horror, fear, and dread. It produces an “indelible mark” on our worldview.¹⁰

Eventually, most of the people who experience this severe form of common shock stabilize and go on to recover. Others do not. These people develop a complex response, which in the Western world may be diagnosed as PTSD, or posttraumatic stress disorder.¹¹ Their symptoms continue.

Although I am a mental-health professional, I do not believe that common shock should be solely understood as a mental-health problem. Common shock refers to human suffering, and we don't have to medicalize it to make it any more real or important to alleviate it. Most people in the world who experience even severe common-shock reactions never see a health-care worker. Most communities in the world deal with common shock through processes of collective healing that are as ancient as any of their other customs and practices.¹² In this book there are examples of knowledge that is widely dispersed in communities to help us deal with common shock.

Common shock includes these severe responses to extraordinary events, but the term directs our attention to something much more widespread: our witnessing a broad range of violation or violence that includes ordinary experiences that we may think have no impact but do. Imagine that you are standing in line at the pharmacy, and the person in front of you is hostile and rude to the clerk. You witness this interaction. Actually, in my neighborhood that is a fairly typical occurrence, especially at 6:00 P.M. when evening commuters are trying to complete errands and hurry home.

When it is your turn, imagine that you ignore what you have observed. In a sense you saw it, but you didn't take it in. You didn't think about the young cashier's feelings or the customer's behavior. It is a scene repeated many times before, and you are habituated or inured to it. You have done it yourself. If you had any response, it was “So what? No big deal.” Or, “That's not my business.” Or, “This is just going to make it take longer before I get my prescription and get home.”

In responding this way you are a passive witness. You are aware that something happened, but you don't attribute any significance to it. You've been exposed to an event that could produce common shock, but it doesn't because it rolls right off you. In essence you are unaware that one person was hurtful to another. You have witnessed without awareness.

Witnessing without awareness, while it may have few immediate negative consequences for the witness, has profound negative consequences for the quality of life in our communities. Two other hypothetical scenarios in the line at the pharmacy will make my point even clearer.

Let us say that you observe the interaction between the irate customer and the clerk. You hear the customer berating the clerk for a problem that is clearly not of her making. The customer is blaming the messenger for the message. The customer's physician did not call in the prescription and the customer is blaming the clerk for not having called the customer to tell her so. The clerk is defending herself, trying to explain that the pharmacist had called again but that the physician had not returned the call.

You are appalled by what you hear, but you feel frozen. You look away as if averting your eyes can distance you from this unpleasant encounter you wish were not happening. You feel bad for the clerk, angry with the customer, sorry for yourself, and a little bit

ashamed too. You wish you didn't need your item because you would like to vanish.

You are certainly witnessing with awareness, but you do not know what to do. You feel helpless. Even though this happens a lot, you have no clue how to respond. You take your turn in line and avoid the clerk's eyes as best as you can, pretending that the previous interaction didn't happen. You leave the pharmacy with a lingering bad taste in your mouth. You notice that your body feels jangled. You have butterflies in your stomach and although you want to listen to the music you have turned on, you cannot concentrate on it. You may be able to shake it before you get home, or you may arrive in a bad mood, responding with irritation at the nightly shenanigans of your children that usually amuse you. It is as if your head is still replaying the scene in the pharmacy and a part of you is still there, not in the present moment with your family. Later, in bed, you are surprised by a nightmare, an old-fashioned-type Western movie, where a bad guy comes into town and bullies two women in a dry-goods store and then spills red paint over bolts of their cloth.

Being upset, not knowing what to do, and then being disturbed by it for a time afterward is an experience we have all had. Who among us has been taught how to respond to these kinds of situations? Even professionally trained therapists I work with tell me that they, too, are often at a loss for what to do. When I take them through the steps I have developed to help them learn how to witness, it is an enormous relief. These steps are not hard to learn, for adults or children, as I will make clear in Part Three of this book.

Here is the final hypothetical scenario: You hear the interaction between the customer and the clerk and it upsets you. It produces common shock, one side of the witnessing coin. But you have an idea of something to do; the other side of the witnessing coin. When it is your turn, you want to acknowledge what has happened, but you also must get home. You step up to the counter and you look at the clerk directly. You give her a smile of sympathy. "Gee," you say as you hand her your prescription, "that customer was really unkind. I'm sorry that happened to you. I hope the rest of your evening is better." She smiles warmly back at you and says, "Thanks."

You have made a human connection that feels good to both of you. It is comforting to the clerk, and your ability to comfort her comforts you. Your bodies relax. Your minds feel calmer. You have made your local community a kinder place. You go home feeling a little more energetic than you usually do at this hour.

We can learn to transform passive, inadvertent, or unintentional witnessing into active acts of compassionate witnessing. These acts need not be big, dramatic, or sustained. They can be short and small, "ant steps," as a South African colleague of mine labels them.¹³ Even small ones can make a difference to our families, our communities, the world, and us. The steps can be learned and they can be taught. Habits formed in the here and now, in the ordinary comings and goings of daily life, create connections with others that can sustain us. Habits formed in the present will be there when we need them in the future.

Unwitting Witnessing

Globalization now encompasses exposure to violence and violation anywhere in the world. Through the sweeping reach of media we have the potential to witness disturbing events all over the planet. I read a newspaper account of a two-year-old girl who had fallen into a well in Romania. The paper reported that millions of Romanians watched the rescue effort, which was broadcast on all three of Romania's television stations over a period of six hours.¹⁴ Surely many viewers, seeing the distraught mother, knowing a young, helpless child was down in a dark well, must have experienced common shock. At the same time, many people may also have watched this human drama as if it were a particularly exciting made-for-TV movie. They wouldn't let themselves fully connect to the pathos of the situation.

A recent study published by the Journal of the American Medical Association provides an example closer to home. In my state of Massachusetts one in five high school girls has experienced physical or sexual abuse from a boyfriend. The study explored the relationships between their abuse and the major areas of adolescent health risk that had previously been identified by comparing the responses of girls who reported abuse with those who did not. Not surprisingly, girls who had been abused were more likely to engage in such risky behavior as heavy smoking, binge drinking, multiple sex partners, and attempted suicide than their nonabused peers.¹⁵

I read about this study in the newspaper and made one of those sharp inhalations. I am married to a physician and so I was able to read the full text of the article in his medical journal when it arrived the next day. I know these girls; I see them in my office, where I practice as a psychologist and family therapist, and I hear about them in the various settings in which I supervise and consult to other clinicians. Having heard these stories so many times over the years, I can create a scene, extend the time frames, and feel what happens not just when the slap or shove or threat occurs, but after. I also know that the girl who is abused on one day is likely to be a witness to similar acts of abuse suffered by her girlfriends on another. Studies often fail to ask questions about what people have witnessed, even though this is such a common pathway of exposure to violence and violation.

I can easily imagine that this girl has driven up to the school parking lot with her boyfriend. They're joking around, listening to a CD, singing, feeling silly and fine, and happy to see a crowd still hanging around the school. He parks, tweaks her spaghetti straps affectionately, they get out of the car, and he says, "Come here." She doesn't hear him. She's seen a friend and has started to walk toward her. He calls over to her, "Hey!" Distracted, she turns her head, now several feet away from the car, and looks at him with a questioning expression on her face. His tone escalates. "I said, come here!" She misreads this cue, thinks he is joking, that they are still having fun. She gives him a big grin, meaning, You're so cute, tosses her head back, and continues walking toward her friend. The next thing she feels is his hand on the small of her back, shoving her and she, not expecting it, loses her balance and falls to the ground. Caught off guard, she is shook up.

And so are others. About half of the twenty or so boys and girls milling around are turned in such a way that they witness his push and see her stumble to the ground. The next moments are a blur for many of them. Some of them "see" her pick herself up, look wide-eyed at her boyfriend, and, with tears in her eyes, say, "What did you do that for?" Others "see" her look at her girlfriend, who runs toward her, saying to the boyfriend, "What did you do that for?" Or, they "see" her turn to her boyfriend and with rage in her voice say, "What did you do that for?" Some of these witnesses experience common shock.

According to the report, that push may affect her at the moment and beyond, for hours, days, weeks, months, even years to come. It can affect her relationship to her body (she may use harmful substances; she may have unprotected sex), and it can affect her state of mind (she may consider or attempt suicide). It can also affect the members of her community. Even her boyfriend, who may be startled by his own aggression, though he might justify it to himself, to her, and to others.

The effects of one shove seep out. The girl tells her cousin, who tells her to break up with the jerk. The cousin tells her husband, who tells his wife it's not a big deal. As a witness to his wife's cousin's experience he has no reaction. Or, he does experience common shock. He tells his wife he'll settle the score, and then sets out to find the boyfriend. These young men are now engaged in a scenario that places them at great risk.¹⁶

There is a lot of violence. There are a lot of witnesses to it. We know that violence begets violence, and we are beginning to understand that witnessing violence does too.¹⁷ Nor are all the aftereffects of violence immediate. I work with a man whose father was physically violent toward his mother. He witnessed his mother being hit and he overheard terrible fights when he should have been asleep, but he was too frightened to relax into slumber. Although he is well educated about trauma, it had never really dawned on him that many of his disturbing feelings and behaviors at that time—and later—could be attributed to his having been a witness to his father's violence. He would say, "But I wasn't hit." He also remembered his father specifically telling him he had no right to his feelings.

Legitimizing Our Common Shock Responses

This anecdote raises another issue. For many of us it is difficult to give legitimacy to our own suffering as witnesses when the victims clearly suffer more. My male client could not register his own pain when he saw his mother's pain.¹⁸

While it is absolutely essential that we be capable of registering differences in scale, of appreciating, for instance, the difference between witnessing a slap or an ethnic slur on the one hand, and suffering an assault or racial profiling on the other, it isn't useful to use that appreciation of the difference to trivialize our distress if it comes from a lesser cause. Critical judgments about whether or not we are "entitled" to feel distress make us less aware of our own common shock. The goal is to care about all kinds and degrees of suffering, mindful that they are not the same.

Many of us are inured to common shock triggers. There are probably many reasons for this. First, there is the obvious: we are saturated with scenes and stories that are upsetting and disturbing and we defend ourselves from letting each one penetrate. Second, we develop habits of screening over time, so that we only barely notice what we are keeping out of mind. Third, many of us were trained as children to inhibit our common shock responses, perhaps because we were humiliated by a parent or peer for our reactions. We learned that it was not safe to let ourselves register our common shock responses, or we felt shame when we did. Humiliation and shame are aversive, and strengthen self-anesthetizing, which for some people may actually permit a fascination with and enjoyment of violence that would otherwise be intolerable. Whether adults or peers stop us from expressing our feelings, we learn that our feelings make others uncomfortable. Silenced, we become silent.

There are potentially serious consequences, however, to blunting our experience of common shock. In a series of experiments first conducted in the early 1960s, Stanley Milgram designed an experimental study of obedience.¹⁹ He invited people into a laboratory setting to assist him, supposedly, with an experiment on "learning." He wanted to observe the conditions under which someone would deliver a shock to a volunteer "learner" when the learner made a mistake. The learner was actually a confederate of the experimenter. No shock was actually delivered. However, the learner/actor grunted at 75 volts, complained verbally at 120 volts, and demanded to be released from the experiment at 150 volts. In the original experiment twenty-six people (65 percent) obeyed the experimenters' instructions fully and administered the highest shock possible despite hearing agonized screams from the learn-

er. Fourteen people refused to do so after the learner began protesting. Although this was a research project undertaken in an academic laboratory, its applicability to real-life situations is evident.²⁰

In the nearly forty years since this initial experimental procedure was published, there have been numerous replications of the study, many with intriguing variations. The findings have been remarkably consistent: A large proportion of individuals do administer shocks at higher and higher levels. They register the learners' minor distress, they witness it, but obey the experimenter and keep going, even tolerating their own intense personal distress. Those who administer the shocks are ordinary people, not aberrant souls at the margins of civil society. They are people inured to their own experience of common shock, with what would have been disastrous consequences to others had the electric jolts been real.

However painful it is to be aware of ourselves as witnesses to violence and violation, it is ultimately worthwhile to be so. If we are aware, we have choices. If we are inured, we can follow commands or take actions on our own that will horrify us later when we do let ourselves fully take in the reality of the situation. Aware of our common shock, we can work with it to mitigate violence in our lives.

Societal Implications

Common shock presents us with many challenges. The causes can be natural, man-made, or accidental; intentional or unwitting; insensitive or monstrous. Common shock experiences vary along a continuum from mild to severe and from normal to abnormal. We need to find ways to address all of these, not just the ones that "qualify" as significant. As a society we have collectively committed ourselves to deploy health-care and public-health resources to those events—like natural or man-made disasters—that produce massive disruption in people's lives. We accept that these experiences are problematic not just for the individuals involved but for society as well.

However, it is also important to attend to the milder distress responses to seemingly "minor" events and transactions that we witness. Some, certainly, will provoke transitory upset that vanishes, perhaps even out of recall. But some apparently minor upset isn't insignificant at all, nor will the long-term consequences necessarily be trivial. Paying attention to even mild common shock is constructive.

First, the effects of common shock cumulate. Even mild common shock, repeated over and over, may make us vulnerable to more major reactions at another time. Children who witness abuse in their families and people who are exposed to community violence are at risk for developing a variety of health and mental-health problems. In the early days after the terrorist attacks in America, many trauma experts accurately predicted that those who would suffer the most extreme reactions were those who were most directly exposed to death, injury, and loss. But they also cautioned that those who were sensitized to violence and violation by previous exposure to it would also be at high risk.

A second reason to pay attention to common shock experiences to seemingly minor triggers is that it may lead us to surprising, unexpected, and helpful insights into our lives. The triggers may be microcosms of larger issues. For instance, one time my family and I were having dinner with a black South African physician who was staying with us for a few days. In exile during the apartheid era, he had returned to the country at a time when there was still massive turmoil and unrest. He told us many stories, one of which I cannot shake, perhaps because he was so visibly shaken telling it to us.

He told us about an evening when a black five-year-old girl from a township who had been repeatedly raped had been brought to a clinic by her grandmother to be examined by him. "I have dealt with many victims of rape," he told us, "but it was one gesture she made that got me. I told her I would need to examine her, and before I could explain what I needed to do, she opened her little legs wide. It was utterly shocking."

That one small movement, spreading her legs apart, spoke for all the terrible oppressions that rocked her world and his. It was emblematic of the corrupting, destructive power dynamics that pitted white-skinned people against darker-skinned people, males against females, older people against younger ones, and stronger-bodied persons against weaker ones. Our South African friend wept, not just for the little girl, but also for the injustices her gesture expressed.

Empathy, the ability both to understand another's experience and to feel what she might feel, is a third reason to pay attention to common shock.²¹ Experiences of common shock that result from minor matters help us appreciate the life circumstances of people whose common shock experiences are far more frequent and severe than ours, creating an empathic bridge. With such appreciation we are more likely and able to take action together with and on behalf of people whose lives otherwise have made them seem unlike us.²²

A client of mine's son, age six, was taken to a local hospital emergency room for a severe asthma attack. While he was there, a man was brought in covered in blood from a gunshot wound. The child was clearly upset at the time, and subsequently he was more reluctant than before to return to the hospital for his treatment. His mother and I talked about ways she could help him, and

eventually our conversation also turned to what she might learn from the experience herself.

We realized that her experience could help her create an empathic bridge to others. The task was to see if she could use her experience as a stepping-stone to understand the dilemmas faced by mothers living in communities where their children are often exposed to violence,²³ without equating their experience with hers, or her child's experience with theirs.²⁴ Again, the point is not that the situation is similar to community violence, but that we can use experience in one situation to gain an appreciation of another. We may be more motivated to do so. Or we may feel that we have more of a starting place from which to understand than we had before. In attending to even relatively minor common shock experiences, we practice the habits that will help us respond to our own and others' major common shock experiences.

How we respond to common shock has significant effects on our own lives, and our individual responses have ramifications for the society as a whole. The individual's response may be directly or indirectly precipitated by larger social events or movements, and the collective response of those individuals to their personal common shock experiences may have a significant impact on the public character of the social order.

I have seen this recently in Kosovo, where I spent time in 2000 and 2001, working with Kosovar Albanian mental-health clinicians.²⁵ In Kosovo, Albanian villagers were made to watch the massacres of loved ones and neighbors. Everyone I met had experienced common shock and, in some form, was continually exposed to reminders that produced common shock experiences. For most, the exposure was of traumatic proportions.²⁶

In Kosovo the consequences of political decisions made at the regional and international level are writ large on the bodies and minds of the people. It can be felt, for example, looking in the eyes of a twenty-two-year-old Kosovar mother who rarely puts her toddler down, so vivid is her memory of the day a Serbian paramilitary soldier pointed his gun at her child and demanded her gold necklace. When I met this mother, it was fourteen months after the episode. She was living in a large extended-family compound in a rural community, spending the vast majority of her time with women relatives, all of whom were also severely distressed. The other women remarked on her inability to separate from her child and were concerned about it.

What effects will this have on the little boy, a witness to his mother's common shock at having witnessed a threat to his life? How will he interpret the messages he gets from his mother as she holds him tightly to her? What impact will this have on his subsequent actions as a young man in a land whose ownership and control have been contested for generations? And what of the other hundreds of thousands of children, those living now and those who will be born, whose experience of this time in Kosovo's history will definitively shape its future?

Precisely because effects go both ways—from citizens to society and society to citizenry—it is difficult to dissect neatly the private dimensions of those events and transactions from the public ones that give rise to common shock. This book is written in the hopes of changing our collective response to the witnessing of violence. First, we need to become aware of common shock experiences in others and ourselves. These are the “thousand natural shocks/ That flesh is heir to,”²⁷ Hamlet's phrase that gives this chapter its title. Next, we need to know what to do about them. Violence creates a social fabric that is both torn and degraded. This book offers an approach to repair that every one of us can undertake.

Overview of the Book

I present a way of understanding the two-sided phenomenon of witnessing, both its toxic power and healing potential. There is no point in trying to shield ourselves from witnessing violence and violation; we couldn't even if we wanted to. But we can act on the insight that witnessing violence and violation is harmful to us by learning more about how it affects our bodies, minds, relationships, communities, and world.

I am particularly indebted to the hundreds of children, adults, couples, and families I have worked with over the last thirty years for insights about both sides of the witnessing coin. Disguised, some of their stories appear in this book.* I have also served as the clinical director of a trauma evaluation and treatment team in the Boston area for a decade, and insights from those years inform these pages. In the last two years I have read over a thousand articles, chapters, or books, and spoken with hundreds of people in many parts of the world to synthesize what people know about witnessing, from direct firsthand experience as well as scholarly ideas about facets of it. Finally, I have paid close attention to the stories of my own life that have made me so interested in witnessing, and so sure that witnessing well can be healing.

In Part One I will show how certain kinds of witnessing harm us while another, compassionate witnessing, when conditions are safe and we have deliberately chosen our action, can be positive. As readers you face the challenges of witnessing even in reading this book. It is important to pace yourself at a rate that you can manage without getting uncomfortably upset or going numb.

Over the years I have come to understand that there are multiple pathways through which we are exposed to violence and violation, some of which I had been oblivious to. It has been sobering and exhilarating to realize the ways our lives are affected by wit-

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Chapter 1

nessing. Part Two details four paths by which we are exposed to violence and violation and shows the connections between events happening on the global stage and those that happen within our families and inside our very cells.

Part Three addresses what we can do about this. My focus is on the ordinary and the everyday because I believe that we can make a difference, right now, right here, wherever we happen to be. Compassionate witnessing has the potential for transforming violence at every level, from the personal to the societal. Few of us are in a position to change the world dramatically, with one action, but all of us can change the world by transforming how we witness the violence and violation we observe daily. While the book addresses the shadows they cast upon our lives, it also shows us how to step into the light.

*In order to protect clients' privacy and confidentiality, case material is either fictional or composite, drawn from my clinical and supervisory practice.

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