

Unbearable sadness of others' pain

By Laurie Barkin

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Iris Chang, the 36-year-old author of "*The Rape of Nanking: The Forgotten Holocaust of World War II*," immersed herself a decade ago in the stories of those who had survived the period in 1937 when Japanese soldiers invaded a city in China and slaughtered 300,000 people. More recently, Chang interviewed survivors of the Bataan Death March. After listening to the stories of American survivors in Kentucky, she suffered a breakdown and was hospitalized for three days. She returned home to the Bay Area, where, despite therapy and medication, she committed suicide Nov. 9.

Compassion fatigue. Secondary trauma. Vicarious traumatization. These are the terms used to describe what happens to empathic people like Chang who lose their way home after bearing witness to stories of man's inhumanity to man. After five years of working as a psychiatric nurse consultant on a trauma unit, I began experiencing nightmares, palpitations, shortness of breath and an ever-growing fear for my children's safety. Then, I attended a trauma conference where I heard the term "vicarious traumatization" for the first time. My symptoms became understandable and I knew that a break from my work was necessary.

Trauma professionals talk about exposure to traumatic events in terms of "dose." Recent developments in trauma research allow us to map changes in the brain that occur as a result of trauma. Even secondary exposure, especially the strong dose that Chang accumulated over time, may cause observable changes. Cops, firefighters, therapists, reporters and frontline health-care workers are also at high risk.

Treatments are available. Taking steps to reduce stress before symptoms appear is even better. This includes a supportive work environment, harmony at home, regular exercise, balancing work with pleasurable activities and time spent with friends, especially ones who make you laugh.

Mourners said that Chang was a person who "felt others' pain intensely" and that she "wouldn't take time off." Another said, "For Iris, no problem was unsolvable." Maybe that's what happened. Iris Chang confronted the reality of evil in our world and died trying to do something about it. I imagine how the voices haunted her nights and trespassed into her days; how each story pulled her in deeper; how she made herself bear the unbearable in order to give words to unfathomable feelings; how she absorbed the suffering of others so that we may learn to be better human beings.

The only problem is that we don't want to listen. We don't want to hear. We don't want to believe. Talking about feelings has never been the fashion in this country. We would rather medicate them or drown them in alcohol. We are not taught how to care for the emotional needs of others. We are uncomfortable when someone we know expresses pain or sorrow. We avoid such situations because we fear we will say the wrong thing or become emotionally overwhelmed ourselves. But acknowledgement, care and comfort are what people who bear witness need. Sometimes though, even the cushion of a loving family and devoted friends isn't enough to rescue those who have descended deep into the pain of others.

Iris Chang illuminated the lives of many people, but in the process, she lost the light of life within herself. Like the firefighters at ground zero after the Sept. 11 attacks, she sifted through the remains of tragedy without a break, without concern for her own mental health. We need to nurture people like her who have dedicated their lives to seeking truth and in so doing, risk losing their way home. We must offer them respite from their work, feed them with appreciation, listen to their feelings and drag them away when they get too close to the maw of despair.

Laurie Barkin, a psychiatric clinical nurse specialist, is writing a book about her work with survivors of trauma

他人之痛——无法承受的悲伤

劳瑞·芭金

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张纯如,《南京浩劫-被遗忘的大屠杀》(*The Rape of Nanking: The Forgotten Holocaust of World War II*)一书三十六岁的作者,十余年来一直埋头于1937年日军侵占南京大肆屠杀30万同胞期间幸存者所经历的事件之中。最近,张纯如采访了巴丹死亡行军(*Bataan Death March*)的幸存者。她在肯塔基州听完幸存美军讲述的经历后,因精神崩溃住院三天。回到湾区家中,尽管已服药治疗,她还是在十一月九日结束了自己的生命。

同情耗竭,继发性创伤,替代性创伤。这些术语常常被用来描述像张纯如这样富有同情心的人在见证了人对人所施加的非人暴行后精神迷失的状态。做了五年精神创伤科心理护理咨询师后,我开始噩梦不断、胸闷气短,对孩子安全问题的恐惧与日俱增。于是我参加了一个心理创伤论坛,在那里我第一次听到“替代性创伤”这个术语。我开始对自己的症状有所理解并且知道有必要停下工作去休假了。

心理创伤专家用“剂量”一词来指涉创伤性事件暴露在当事人面前的冲击程度。心理创伤方面的研究的新近发展让我们可以描述人类大脑因心理创伤而产生的种种变化。甚至是次级暴露,特别是像张纯如那样经长时间累积的强大剂量冲击,是会对大脑造成显著的改变。警察、消防救火人员、心理治疗师、记者和第一线的医护人员也都是高危人群。

有些治疗方案是可行的。在出现症状前采取行动的话效果更好。治疗方案包括友好互助的工作环境、和谐的家庭、有规律地锻炼身体,在工作与娱乐之间取得平衡,同时有空和朋友——特别是能让你开怀大笑的朋友——共度时光。

悼念张纯如的人们都说她是那种“对他人之痛感同身受”而且“不知疲倦、使命必达”的人。也有人说,“对纯如而言,没有办不到的事儿。”也许正因为如此。面对我们这个世界中的邪恶现实,张纯如为了能够改变它殒身不殆。我可以想象,那些冤魂的哀鸣是如何令她夜不能寐,日不能食;每一个幸存者的经历是如何令她愈陷愈深;为了将深渊般的痛苦呈现为文字,她是如何让自己承担那难以承受的巨痛;她是如何肩负他人所经历的苦难以求得我们能够吸取教训成为更好的人的。

唯一的问题是，我们不愿倾听。我们不想听，不愿相信。倾诉内心的感受在这个国家一直以来都被认为是件窘事。我们甚至让他们吃药或者把他们灌醉也不愿意敞开心扉。我们没有学过如何关照他人的情感需求。当我们认识的人表达痛苦或悲伤时我们心里难受。我们会回避这种情境，因为我们担心会说错话或者自己在情感上变得手足无措。但是认可、关怀和安慰正是那些见证者所需要的。有时，哪怕是满怀爱意的家人和忠实的朋友也不足以将深陷于他人之痛的人们解救出来。

张纯如的一生照亮了许多人的生命，却也在这一过程中让自己的生命之光殒灭。与那些在 9.11 恐怖攻击后赶往现场的消防员一样，她不眠不休在这场悲剧的废墟中忘我地筛查搜索。我们需要培育像她这样不顾自我归宿，将生命投入到追求真相的事业之中的人。我们必须让埋头于工作的他们有喘息之机，给予他们以赞美，倾听他们的心声，在他们快被绝望的深渊吞噬时把他们拽回来。

劳瑞·芭金，临床心理科专科护理师，正从事撰写有关身心创伤幸存者的著作。
(简淑惠, 马海宁合译)