Reflections

Chilean miners' experience and parallels to surviving the foster care system

Healing, trauma, and recovery

Jacqueline Marie Maurice PhD MSW

his article highlights my experiences in the foster care system1 and powerful reflections on Los 332 (the 33 miners who were trapped underground in San Jose, Chile, in 2010) and their lives and neardeath experiences of entrapment and imprisonment in a caved-in San Jose mine 800 km north of Santiago, Chile, 700 m below the earth's surface. I present profound experiences of powerlessness, hopelessness, psychic and spiritual darkness, and a collective sense of anxiety and anger while highlighting the intrinsic process of healing, trauma, and recovery. These experiences are articulated using a narrative medicine model,³⁻⁵ which employs wholism, is grounded in experience, encourages reflection, and identifies the role of family physicians in healing. These experiences are a jumping-off point for relational, psychological, emotional, spiritual, and physical transformation. Not only is trauma curable, but the process can be a catalyst for profound awakening—a portal to emotional and spiritual transformation.6

I am a Métis woman from Meadow Lake, Saskatchewan. I am a product of the child welfare era known as the "Sixties Scoop." In 1967, the Adopt Indian Métis Program was implemented to respond to the high number of aboriginal and Métis children coming into the care of social services. In my case, I was never registered for adoption. I became a permanent ward of the Saskatchewan government and endured 14 foster homes until the age of 15.

The traumas and atrocities I experienced gave me a sense of connectedness with Los 33. The psychic and spirit shift that I experienced in foster care was as profound as when the mine caved in on Los 33 on August 3, 2010.

I situate myself as an empathetic observer of the events surrounding Los 33 and as a survivor of my foster care experiences. My challenge is to respectfully interpret the factual experiences of Los 33 while interpreting and reflecting on the parallels and events of my lived experiences.

Los 33

Los 33, aged 19 to 63 years, were trapped for 69 days in a San Jose mine. Los 33 might have responded by feeling

This article has been peer reviewed. Can Fam Physician 2013;59:658-9

powerless and hopeless; experiencing psychological, spiritual, emotional, and physical darkness; and feeling individual and collective panic, anxiety, and anger. It is important not to generalize these responses in relation to this atrocity. Los 33 might have experienced various levels or orders of these psychological and emotional reactions. Herman relates that the ordinary response to an atrocity is to banish it from consciousness.7 Certain violations of the social compact are too terrible to utter aloud. Atrocities, however, refuse to be buried.

Los 33 experienced powerlessness and despair. This powerlessness created feelings of shock and selfpreservation. With a shock response, there is an immediate disconnect from self, family, community, and life. Within a state of powerlessness lie the intrinsic and instinctive skills of self-preservation. With Los 33 and their journey that paralleled my foster care experiences, self-protection can be shown through fight, flight, or freeze responses. Defense mechanisms are initiated by powerlessness, emptiness, and overwhelming grief from being disconnected from family, next of kin, and close friends. At this relational, physical, psychological, emotional, and spiritual disjunction is a conscious or unconscious decision to fight, flee, freeze, or die. The loss of relationships leads to self-preservation or death of self.

My experiences and those of Los 33 facilitated hopelessness, loss of relationships, homelessness, and loss of self in relation to the world around us. How Los 33 and I responded to and continue to respond to hopelessness and powerlessness will either be the seeds of destruction or be a process of reconstruction of self, relationships, and life. Tasks and responses to grief and loss, especially in relation to these crises and traumas, include accepting the loss of important relationships, community, and reality; feeling profound and powerful grief; acquiring new skills to fight, flee, or freeze; and reinvesting energy.8

Physical, psychological, emotional, and spiritual darkness

An elder once commented that nothing much can grow in the dark. The opposite of growth and cellular regeneration is physical deterioration, breakdown, illness, and death when basic needs are not responded to. The physical survival of Los 33 in their first 17 days of absolute darkness with minimal supplies was miraculous. Would

physical defenses feed their bodies? Would physical darkness create psychological, emotional, spiritual, and relational malnourishment, as it did at various times in my foster care experiences? What determines physical malnourishment, deterioration, resurgence, and survival, and by whose standards?

Further, is resilience environmental, genetic, or intergenerational? James reported her wonder at the remarkable resilience of children who experienced attachment and trauma problems after surviving war, poverty, and disaster. James explains that although children might not come through the experience completely unscathed, with good, consistent family care, they are able to cope, and their scars might be few.9 The successful journeys of resurgence of Los 33 parallel the children's immediate embrace from family members. However, my experiences in the foster care system have not resulted in a similar reunification success story. An ongoing process of healing and recovery continues to be the balm for my loss of family relationships. Resilience is spiritual and not just environmental, genetic, or relational.

Physical nutrition nourishes power, concentration, brain signals, and neurologic resurgence of the mind. The entrapment of Los 33 for 69 days and my foster care experiences are ultimate tests of empowerment or disempowerment of one's psychological and neurologic endurance and strength. The successful rescue of Los 33, who appear to be in good physical, psychological, emotional, and spiritual health, is a testimony of their journey from psychological darkness to profound transformation and enlightenment. The principles of light, collectiveness, community, leadership, surrender, dignity, respect, humility, faith, hope, prayer, belonging, and gratitude contribute to overall health. Los 33 are the ultimate role models and exemplify light. To attribute Los 33's successful navigation of their profound experience to resilience would be an understatement.

After 69 days, Los 33's experiences of entrapment, darkness, and trauma turned into rescue, triumph, success, and miracles. In physical and psychological darkness, emotional blackness is a turning point. Stress can ignite, impede, or facilitate fight, flight, or freeze responses. Powerlessness and hopelessness continue to be intrinsic to facilitating our healing, recovery, and profound transformation.

Los 33's experiences facilitated an energy and a resurgence of their humanness, relationships, determination, and vision. As the San Jose mine shifted, so

did their resolve to live and love. The strength of Los 33 ignited a collective spirit of community, which gave them hope and a home larger than they comprehended, and facilitated a rebirth in the depths of Mother Earth.

Role of family physicians in the healing process

The psychic and spirit shift I experienced in foster care was as profound as when the earth's elements caved in on Los 33 on August 3, 2010. The spirit shift I experienced through healing and recovery from foster care was as profound as when Los 33 resurfaced on October 14, 2010. The phoenix has risen from the depths, ashes, and debris of Mother Earth—Los 33 live and spirits have been reborn.

My life within the foster care system provided experience, strength, and a voice, all of which are relevant to medical education and the entire medical community. Los 33's entrapment and my foster care experiences encourage reflection and assist with identifying the role of family physicians in healing. Family physicians are ideally situated at the forefront of identifying and treating trauma, and facilitating healing and recovery processes. Family physicians are faced with a barrage of demands on their time and for patient care, but the consequences of untreated trauma can be devastating. Knowing, identifying, and treating symptoms of trauma can be highly effective and create a sense of healing and well-being in the lives of both those facilitating and those receiving healing. #

Dr Maurice is Assistant Professor in the Department of Academic Family Medicine at the University of Saskatchewan in Saskatoon.

Competing interests

None declared

References

- 1. Maurice JM. De-spiriting aboriginal children: aboriginal children during the 1960s and 1970s child welfare era [dissertation]. Toronto, ON: University of Toronto; 2003.
- 2. Herrero V. All 33 miners rescued from Chile mine. USA Today 2010 Oct 14. Available from: http://usatoday30.usatoday.com/news/world/2010-10-12-Chile-miners_N.htm. Accessed 2013 May 7.
- 3. College of Family Physicians of Canada. Family medicine in Canada: history and narrative. Mississauga, ON: College of Family Physicians of Canada. Available from: www.cfpc.ca/HistoryNarrative/. Accessed 2013 May 7.
- 4. Mehl-Madrona L. Narrative medicine: the use of history and story in the healing process. Rochester, VT: Bear & Company; 2007
- 5. Greenhalgh T, Hurwitz B. Narrative based medicine: why study narrative? BMJ 1999;318(7175):48-50.
- 6. Levine PA. Healing trauma. Restoring the wisdom of your body [audiorecording]. Boulder, CO: Sounds True, Inc; 2008
- 7. Herman JL. Trauma and recovery. The aftermath of violence—from domestic abuse to political terror. New York, NY: BasicBooks; 1997.
- 8. Leick N, Davidsen-Nielsen M. Healing pain. Attachment, loss and grief therapy. London, UK: Routledge: 1991
- 9. James B. Handbook for treatment of attachment-trauma problems in children. New York, NY: The Free Press; 1994.