Trauma's Legacy: Social, Emotional, and Cognitive Effects

Rachel Goldsmith’s Discussion Questions for Monday, March 8:

Non-Violent Social Change


1. (From the forward) To what degree are Americans aware of a connection between their powerlessness around 9/11/01 and other instances of powerlessness in their lives?

2. What is it going to take to change our world and our culture from an order based on violence and oppression to one with different bases? How do you see this process unfolding?

3. Several ideas Wineman presents echo religious tenets. What is the relation between the way of being Wineman describes and religion? How has religion been used to support Power-Under dynamics, and how has it been used to support Power-Over dynamics?

4. What is the danger in viewing the oppressor as a human Other? Why is this so threatening?

5. Let’s discuss rage as a response to trauma. Such a perspective differs from the canon of emotional responses usually described by psychologists.


1. How can we change our culture to come to the aid of people who have been betrayed and offer reconnection? It seems likely that the very people who have been most hurt may be least likely to seek and risk reconnection.

2. What is the current state of listening in our culture? How are we taught to listen both in general and in mainstream psychological training?

3. What is an example of simultaneously playing the “doubting game” and the “believing game”?
4. Why do you think people have such a proclivity for simplicity? How can our culture encourage complexity?

5. What are our prospects for encouraging mainstream psychological training to emphasize real relationships?

6. How can educational institutions address the null curriculum?

7. How can we shift the field of psychology to address societal factors? Why is there a continued discrepancy between psychology and the medical model it supposedly emulates that discounts “germs” or environmental factors that impact functioning (see Ross, 2000)?


1. Can we envision a culture of care for trauma survivors that is not dominated by psychiatry or a power-over dynamic? What vision do you have?

2. How much has the “conceptual baggage” of psychiatry influenced you and your work? To what extent can we reevaluate our conceptualizations within the structures of our work in psychology?