

Coping with Trauma and Post Traumatic Stress Disorder

Ed Beckham, Ph.D. and Cecilia Beckham, L.C.S.W., B.C.D.

Many persons in our society experience a traumatic shock sometime during their lives. Fires, hurricanes, tornadoes, bombings, murders, war, rape, child abuse, spousal abuse, car accidents, and many other terrifying occurrences can force their way into our lives. In fact, events such as this may occur to 70% or more of us. Trauma is believed to be significantly underestimated, and the true prevalence is probably even higher. While all of us would like to believe that we are going to escape the occurrence of terrible events in our lives, the chances are that any one individual will experience at least one major trauma.

Emotionally overwhelming events can send shock waves through every aspect of our lives. They can damage our psychological stability and take away our sense of well being. Uncontrollable, devastating experiences usually generate feelings of being unsafe, powerless, and vulnerable. They can cause a group of symptoms called Posttraumatic Stress Disorder (PTSD) which is as powerful and difficult to cope with as any other psychological disorder.

A traumatic event may be a one time occurrence, such as a serious car accident, witnessing a murder, or being raped. Or it can be a series of repetitive events such as ongoing incest or combat. Trauma may be physical, psychological, or a combination of both.

Some people react more strongly to such events than others. Or two people may develop different types of psychological symptoms in reaction to trauma. This is because the impact of negative events is heavily influenced by the way in which it is perceived. For example, suppose that two different persons are involved in a car accident. Afterwards, one is frightened and has difficulty riding in automobiles because they are convinced that they are going to die. They have difficulty driving and are bothered by images of another car running into them head on. They may blame themselves for reacting slowly and not getting out of the way in the original accident. Another person may react differently. They may totally blame the other driver who hit them. Their reaction may be one of anger and retaliation through lawsuits. For them, the accident may prove that life is unfair and that others cannot be trusted. While they continue to be preoccupied by the wreck, they may have less anxiety and depression. They may instead feel primarily angry.

Did You Know?

--In North America, 17,000,000 people experience traumatic events each year, and of those, 25% go on to develop PTSD.

--Forty percent of Americans have been exposed to a traumatic event before the age of 30, and of these one in four will develop PTSD.

--Current estimates are that 45% of women will be raped at some point in their lifetime. The lifetime rate of occurrence of PTSD in rape victims is 35%.

--The trauma of rape produces the highest rate of long term PTSD symptoms of any single traumatic event. Survivors are more depressed a year after victimization than they are immediately following the assault. And many have not recovered as much as four to six years after the rape.

--Three percent of women develop PTSD after an aggravated assault.

--Ten to 30% of car accident victims will develop PTSD.

--Only 4 out of every 1000 soldiers in World War I probably had PTSD, but 31% of Viet Nam vets had the symptoms of this disorder.

--Between 16% and 34% of women are physically abused by their partner at some point in their lives. Some estimates are as high as one out of every two women experiencing such abuse.

--34% of boys and 48% of girls reported attempted or completed sexual victimization. Fifty to 70% of psychiatric patients report being abused as children.

What is Post Traumatic Stress Disorder?

People are generally very relieved when a traumatic event finally passes, feeling that now they can put the situation behind them and that everything will be alright. But emotional distress can sometimes occur to a degree that it leaves an enduring imprint upon a person's life. Sometimes, people have difficulty coming to terms with frightening memories, and they may be strongly affected by them for years to come. They can become frozen in time so to speak. Images related to trauma can linger or resurface years later, and along with them can come feelings of terror or depression. Sometimes, the aftermath symptoms begin immediately following a stress. Other times, they being only years later, such as after a policeman has retired, or after a physically traumatized wife leaves an abusive marriage. Early repetitive childhood abuse can be so devastating that it actually interferes with the development of a sense of self and adversely affects the very foundation of the personality. When symptoms interfere to a significant degree with a person's life, it may be an indication that they have developed a condition termed "Post Traumatic Stress Disorder" (PTSD).

PTSD can occur in crime victims (such as in rape, assault, or bombings); witnesses to violent crimes; civilians and soldiers in war zones; victims of natural catastrophes (tornadoes, hurricanes, floods); victims of animal assaults; traumatic accident victims; victims of child abuse; and medical personnel and volunteers who assist in accident and disaster situations. PTSD can affect every area of a person's life. Emotionally it can create feelings of anxiety, anger, guilt, loss of self-esteem, helplessness, loss of trust, and irritability. In terms of a person's thinking, it can lead to confusion, difficulty concentrating and remembering, difficulty

planning for the future, negative thoughts about the future, and intrusive memories. Following a trauma some people feel like they are going crazy. Some may be filled with nervous energy while others feel exhausted and unable to perform even minimal daily tasks. Some react by withdrawing while others want to be surrounded by people 24 hours a day. Some feel solely responsible for what happened while others are enraged at the people or events whom they blame for the experience.

Although PTSD is categorized as an anxiety disorder, it can also include additional emotions such as depression, shame, guilt, anger, and grief. Trauma victims may also have difficulty imagining that there is a future for them. This experience is referred to as having a “foreshortened future.” Trauma victims generally feel that they are now different from others. Their experience seems so removed from normal human events that they feel set apart. They believe that others cannot really appreciate what they are experiencing and what they have been through.



Points to Ponder

PTSD is apparently more severe and longer lasting when it is the result of human choice and action rather than when it results from natural disasters, accidents, or disease. Why do you think this might be?

While individuals with PTSD have a wide range of responses, there are certain symptoms which are most typical. These tend to cluster into three areas:

1. Persistent re-experiencing of the trauma
2. Repeated avoidance of anything associated with the trauma
3. Physiological responses associated with anxiety

Persistent re-experiencing of the trauma

Individuals suffering from PTSD tend to have recurring, disturbing memories of the event which push into their awareness. Another way of saying this is that the memories are intrusive. During their waking hours, persons may relive the event, seeing everything just as it happened. This reexperiencing--called a flashback--is like a hallucination, but it does not mean that the person is “losing their mind” (that is, becoming psychotic or schizophrenic). They are not losing touch with reality in general. Instead, it is as if a videotape is temporarily replaying in their mind. The person may also have nightmares about what happened to them. Any object or event which is similar to their trauma may trigger the intrusive memories, resulting in a great deal of emotional pain and distress. For this reason, some types of experiences (colors, smells, objects, sounds) are

referred to as “triggers.”

Repeated avoidance of anything associated with the trauma

Partly because memories and flashbacks can be so intrusive and upsetting, another aspect of PTSD is trying to block out and avoid memories and situations associated with the experience. The memories and flashbacks are often automatic and difficult to control. What the trauma victim with PTSD generally attempts to do is avoid thinking about anything connected with the fearful experience. This in turn can generalize to avoiding any emotionally charged situation. Some of the ways that individuals may attempt to stay away from memories include:

- blocking any thoughts or emotions which could lead to them thinking about and remembering the event
- avoiding talking about the experience
- not going places or doing things which could trigger memories of the trauma

Overall, avoidance may become so great that there is a significant decrease in interest or participation in important activities. Socially, trauma can lead to withdrawing from others, feeling less attached to people, and not being able to work.

In addition, the mind may automatically block out some aspects of what happened so that it cannot be fully remembered. When the pain becomes unbearable some people cut off from feelings and memories by dissociating. It is believed that dissociation is the mind’s attempt to shield the person from having to face all of the pain of a situation at one time--pain with which they are not able to cope. Thus it can be seen as a survival strategy. People describe dissociation in a number of ways including feeling disconnected, being outside their body, not being aware of their surroundings, and losing track of periods of time. Denial of thoughts, feelings, and memories associated with the trauma is a hallmark of the disorder. It may initially serve a purpose in that it allows the person to gradually face their situation rather than being overwhelmed and disorganized by an immediate onslaught of feelings. But if the avoidance and denial continue for very long, then psychological problems can begin to develop.

While some parts of a memory may be successfully blocked out, other details may remain very vivid and burned into the person’s mind. The loss of parts of a memory is one type of dissociation. Unfortunately, it is a solution that later becomes a problem as it is likely to generalize and become a response to all emotionally charged situations. As a result, the person is not able to realistically deal with life’s problems and effectively develop coping strategies. If a serious trauma occurs in childhood, the young person may try to forget it. But it is not likely that they will heal simply by burying the memories and trying to forget them. Once the child has invested energy in distancing from the memories, the child will be reluctant to try to bring them back out.

Dissociation appears to make it more likely that the individual will develop a chronic case of

Post Traumatic Stress Disorder. Even though you may not consciously remember certain parts of the experience, it can still affect your behavior. It can be bewildering to have strong responses and intense emotions and not know what is triggering them. For many trauma survivors it appears that as long as they don't fully remember what has happened on a conscious level, they are incapable of resolving the trauma and truly learning that they are now in a safer situation. That is, if you have blocked out the memory of people shooting at you in a wartime situation, it may be impossible for your brain to truly learn that this is no longer happening or about to happen. The greater the delay in processing and integrating the experience, the more difficult the recovery.

There are other ways of blocking memories as well. Some persons use substances such as alcohol or drugs to block out emotional pain. It is also common for trauma survivors to feel somewhat numb and emotionally detached from others. They may have difficulty feeling anger or love. This may be an attempt to avoid dealing with significant feelings.

Physical changes associated with PTSD

PTSD is classified primarily as an anxiety disorder, and anxiety is usually accompanied by a variety of physical changes, such as increased heart rate, muscle tension, excessive perspiration, and many other symptoms. An ongoing state of tension in the body can cause an exaggerated startle response, sleeplessness, and nightmares. Chronic stress also compromises the immune system. Fatigue and hyperalertness (always being keyed up and on guard) are common as well. The fight or flight system of the body is constantly turned on. The brain and central nervous system appear to become overreactive to emotional stimuli and can remain that way throughout one's life. Recent research suggests that trauma may cause lasting and possibly permanent biological effects. This may be especially true of trauma that occurs in early childhood. Studies in laboratory animals suggest that extreme stress affects the brain through certain chemicals (glucocorticoids and perhaps serotonin).

The Effects of Trauma on Our Beliefs about the World

In childhood we gradually develop beliefs about ourselves and about how the world works. These beliefs are shaped over a period of time based on life experiences. If our needs are generally met by our parents and other significant others, we are more likely to view the world as positive and secure. On the other hand, if we are repeatedly abused or neglected by those we are connected to we are likely to see the world as a frightening place in which we are at the mercy of others. If abuse is from family members, then we may come to believe that people who love us will hurt us. We tend to hold these beliefs deeply and we base our thinking, feelings, and actions on them. They are the filter through which we view all our experiences. They shape and define who we are. For some people, the world appears primarily to be a safe place populated by basically good people who are kind and dependable and to others it seems a very dangerous place where people will take advantage of you and hurt you and you must constantly be on guard. When trauma occurs, it can be so disruptive that practically overnight your view of yourself and

the world is shattered. Extremely stressful events can cause us to rethink our beliefs about our self-worth, our safety, our ability to control situations, how trustworthy others are, and so on. Some people believe that as long as they are good and do not hurt others that they will be safe and that the world will be a secure place for them. The occurrence of a violent or otherwise traumatic event challenges such beliefs. The world is no longer viewed as benevolent and predictable. Instead, it may appear to be a frightening place, and the trauma victim can feel powerless, helpless, and incompetent. One client stated that after her traumatic experience she viewed the world as one huge minefield. It takes time for us to integrate a terrifying or horrifying experience into how we view our lives and how we view the world in which we live. Some persons are not able to reestablish a feeling of being comfortable in the world without assistance from a therapist.

How does the trauma take away a sense of safety? Not only does it harm or threaten to harm someone, but it also creates a feeling that the world is unpredictable. There no longer seems to be a “safety signal,” that is events which would be expected to lead up to danger and thus to warn of problems. For example, a car might unexpectedly jump a curb, severely injuring a pedestrian on a sidewalk. Without warning events, the sense of being able to predict danger is taken away. In addition, the event may seem to be meaningless. Why did that car at that moment lose control and hit that particular pedestrian? These questions often appear to be unanswerable. There may seem to be nothing which would predict whether the same danger or a similar one will happen again. Also, once a person has been hurt, they are sensitized to the reality that bad things happen which are out of one’s control. Although everyone knows this intellectually on some level, people normally end to block this thought out of awareness in order to be able to go about their daily lives.

If the trauma involved violence, betrayal, or negligence on the part of another person it impacts our ability to trust people. If a woman is raped by an acquaintance or if a man is assaulted and robbed at gunpoint, it is likely that the victim will feel both unsafe and distrustful. Trust and safety issues are closely connected. If a person is always wary and cautious regarding others, it will be difficult for them to feel safe. In addition to having difficulty trusting others, trauma survivors may no longer trust themselves and their own instincts. Ironically, this can lead them into situations in which they increase their chances of being re-victimized.

Witnessing Trauma versus Directly Experiencing It

Sometimes, a disorder similar to PTSD can result, not from ourselves being in danger but from seeing someone else die. Many rescue workers such as firemen, police officers and medical personnel are impacted by repeated experiences of seeing people die in traumatic accidents and disasters. They may not feel “entitled” to have symptoms or to receive support since they were not one of the victims being rescued. Nevertheless, they experience horrific images as well. One of the most difficult aspects of dealing with this type of problem is dealing with the flashback images. These are generally deeply distressing, and the images are usually seen as being beyond their control. They may be triggered by the mention of some specific event or by the recurrence

of an event similar to the original trauma. Since in the course of their work police officers, firemen, rescue workers and medical personnel are likely to witness many similar types of traumatic deaths there are frequent triggers of past experiences. In addition there is a cumulative effect of one trauma scene layered on top of another.

If someone witnesses a particularly horrifying death (and/or aftermath) of someone to whom they are close the impact can be even more difficult to face. Not only are they having to remember something truly terrible, but they may be remembering a very painful image of someone whom they would like to remember positively and warmly--not as they were in a frightful or gruesome death. Situations involving suicide, murder, torture or accidents which involve dismemberment are some examples of this type of trauma.

What Determines Whether a Person Will Develop PTSD?

Many individual traits influence the degree and type of impact a traumatic event may have. Some of these factors are:

--the type of trauma. If the event involved betrayal by loved ones, the psychological trauma is greater because it takes away a person's feeling that they are safe around loved ones. The need to feel secure in the world, at least around certain close family members, is very important psychologically. When a person is deprived of this, it can be very disruptive to the personality and to the individual's sense of well being.

A different risk factor for greater trauma occurs when a person believes that his life is in jeopardy. This appears to increase the amount of fear during the experience and the impact of the event on later symptoms. It may seem strange therefore that if the person was not physically injured in the course of the trauma, they are also likely to have a more severe reaction. However, it is thought that without obvious physical injuries, persons receive less support from others. They may also have greater feelings of survivor guilt since different people experiencing the same event may have died or suffered more injuries.

The more uncontrollable and unpredictable the person perceives the event as being the more severe the reaction is likely to be.

Trauma that is repeated over time has a more significant impact than single traumatic events. Prolonged and repetitive trauma creates personality changes and increases the intensity of physiological symptoms. In addition, victims of repetitive trauma may have few periods of rest from their stress.

--availability of a social support. It is extremely important for traumatized individuals to feel that they have the support of family and friends. Research has pointed out the significant role that social support plays in healing from traumatic experiences. Yet many

trauma victims, even those with good relationships prior to the trauma, feel all alone. In some situations the nature of the trauma impacts on existing relationships changing them forever. Some people may be uncomfortable around you because of the intensity of your feelings and some may not appear to understand why you don't "snap out of it". Still others may simply not know how to reach out to you. When some or all of your support system has experienced the same trauma as you, such as a natural disaster, they may not be able to comfort you because they are struggling with their own overwhelming feelings. You may feel like pulling away from your family and friends but it is important to try to talk to them first and share your feelings. Sometimes they need specific information from you as to what would be helpful and what would be unhelpful. Staying connected during the recovery period with those who have demonstrated caring, concern and emotional support may be difficult and challenging but is very therapeutic. Processing the traumatic experience is central to resolving the trauma, and talking with others appears to be a very important part of this process. Persons who do not have a receptive social support system to whom they can turn to process the experience and receive solace appear to be more vulnerable to depression and other emotional difficulties at a later point.

--**temperament.** People who are able to adapt to change are more likely to be able to deal with major stresses.

--**the ability to process feelings.** Another important factor appears to be how well the individual processes feelings. If he has been the type of individual that has held in emotions in the past, e.g., the "John Wayne" type, then it is likely that he will not process the trauma well. In general, there is evidence that women recover more readily because they are able to talk about their experiences and the feelings associated with them, whereas men tend to keep in their feelings.

--**coping style.** When persons cope through the use of denial, such as denying that an event bothered them or by blocking out memories, they are not likely to adjust well. Similarly, when people attempt to avoid any reminder of the event, their outcome tends to be worse. Numbing and dissociation predict that PTSD symptoms will persist into the future. A vicious cycle can arise when people attempt to deal with intrusive thoughts, feelings, and memories by blocking them out. Suppressing these makes it impossible for the mind to process the event and thus can cause continued problems.

Anger can also be a way of coping. However, it has been found that persons with a lot of anger over what has happened to them tend to fare more poorly in the long run. If the initial response to a trauma is primarily fear rather than anger, the person's long term symptoms are generally less severe.

--**how the person views the cause of the trauma.** If a person blames themselves for a traumatic event they are more likely to have severe symptoms. If they believe in their own mind that the cause of the trauma is due to them and that it is likely to occur again

because they cannot change, then it is more likely that they will develop long term symptoms. For example, if after a house fire, a person blames themselves for being careless and sees their carelessness as a long term personality trait which is likely to cause more problems for them in the future, then they will probably have significant PTSD symptoms.

--the ability to find meaning in the event. If one finds meaning in the experience and/or sees it as an opportunity for growth, they are much less likely to develop PTSD.

--age. The younger the person is, the more significant the impact of a trauma. The personality and brain are still developing and can be highly influenced. Moreover, the young child has fewer psychological and practical defenses against extreme stress.

--pre-trauma level of functioning. If a person is having difficulty functioning prior to a severe stress, then their ability to deal with an extreme event will be compromised.

--insight and intelligence. Persons with strong intellectual resources and the ability to process and analyze difficult situations have an advantage in dealing with trauma.

--past life experiences. Prior incidents of uncontrollable stress, such as childhood abuse, can make a person more vulnerable to being overwhelmed by traumatic events later in life.

The Treatment of PTSD

Persons with PTSD usually need a therapist to help them deal with their problems. There are a variety of reasons for this. One is that the nature of PTSD leads the person to avoid the very issues that they need to address. A second reason is that the person can possibly be retraumatized just by remembering the event(s) which created the PTSD unless they are exposed to the memories in a therapeutic manner. A therapist generally attempts to provide a safe environment as well as generous emotional support to help the person remember. This is usually done in a gradual manner and in a way that provides the client with some control. The therapist is also likely to keep them grounded in the present so as to avoid being flooded with intense emotion. Without this therapist involvement, the person is likely to avoid any remembering at all or to become overwhelmed by it. The therapist helps the client to judge when to pursue a memory and when to step back and calm themselves. The need for a therapist is even greater if the traumatic experience was prolonged, repetitive, and intense. This type of trauma is more likely to cause significant emotional difficulties.

The two most common treatment approaches are group and individual therapy. Many survivors find that participating in a therapy or support group in addition to their individual therapy provides the most help overall. Support or therapy groups are particularly beneficial because trauma victims feel different and set apart. Participation in a group where others feel the same

way or have had the same experience can show the person that they are not so different after all. They benefit from being able to connect with people who understand through own firsthand experience what they are going through.

At the current time, no one therapeutic approach has emerged as the treatment of choice. It appears that clients benefit most from a combination of therapeutic techniques. Some of the most important of these include

- making sure that the person is now realistically safe
- creating a sense of safety and trust in the relationship with the therapist
- dealing with painful memories
- helping the person to express a range of feelings about the trauma
- overcoming triggers of flashbacks and of other PTSD symptoms
- decreasing anxiety and stress by using coping and self calming techniques
- understanding how past experiences affect the person's present life
- changing negative thought patterns
- making sense of the trauma and seeing the world as meaningful again
- imagining a positive future for oneself
- dealing with the depression which comes with PTSD
- dealing with anger about trauma and revictimization
- reconnecting with the world and reestablishing relationships

Getting Safe

It is very important for the person to make sure that they are safe from further harm. It does no good to explore the psychological impact of a past trauma if there is an ongoing threat or probability of further harm. A rape victim or an assault victim needs to make sure that they have taken steps to protect themselves.

Things to Do

Make sure that you have taken all reasonable measures to insure that you are no longer in danger. If, for example, a person has been injured in a tornado, there are new technologies available to create "safe rooms" which are almost totally protected. If a person has been in a bad wreck while driving in a compact car, they might want to buy a much larger car which would offer them more safety. If someone has been stalked or assaulted, then getting a victim's protection order or buying an alarm system would be very important. Checking the locks in one's house and car would also be wise. The unrealistic aspects of PTSD cannot be dealt with as long as the realistic aspects of danger have not been addressed.

Creating a Sense of Trust with the Therapist

If you are in therapy or decide to enter into it, your therapist is likely to work first on developing

a sense of trust. Your belief in the world being a safe place was probably shattered by what you went through. In addition, you may have been victimized by someone that you trusted. It may take time for you to trust that the therapist can handle your feelings and your memories and that she will not let you be overwhelmed by them. In one sense, it is the therapist's job to create these feelings of safety. On the other hand, clients need to do their part by sharing feelings of distrust or wariness so that these can be discussed and worked through.

The Importance of Dealing with Memories

Once you have developed a trusting relationship with your therapist, she is likely to encourage you to begin exploring the trauma. Some clients wonder why painful memories have to be talked about at all. After all, they seem to be the cause of the problem in the first place. It may appear to be more logical to simply try to ignore them. However, forgetting does not appear to be an option. It is not likely that the experience can be integrated into your life unless it is faced directly and specifically. There is evidence that difficulty clearly remembering a trauma is directly linked to the development of PTSD symptoms. For your therapist to help you, she must push beyond vague, general memories to specific details of the experience that caused fear and pain in the first place.

In dealing with trauma, it is important that you not only remember what happened and how you felt but that you begin to process it and put it into perspective. At the point of coming into therapy, your recollection of the event may be only a jumbled collection of feelings and memory fragments. But as you talk with your therapist, hopefully you will begin to make sense out of your experience. This is an essential step toward integrating the trauma. One study found that people who wrote about their trauma and started seeing it in new ways did better than persons who had repetitive thoughts but did nothing with them. People who wrote about their trauma and the feelings associated with it not only felt better emotionally but also had better physical health. On the other hand, simply ruminating over and over about the basic facts of an event is not helpful and does not lead to improved health. It may even lead to a diminished efficiency of the body's immune system.

Research shows that some people do forget part or all of their trauma. Forgetting does not mean that their symptoms go away, however. They may continue to have anxiety, depression, stress related illnesses or substance abuse without seeing a connection between these symptoms and the trauma.

When a client has difficulty remembering significant parts of the event, relaxation and visual imagery, free association, dream interpretation, and hypnosis are methods which can sometimes be used to help them to get in touch with the repressed material. However, these methods are considered controversial because real memories can merge with recollections that may have been inadvertently influenced by the therapist. A decision regarding the use of any of these techniques needs to be carefully made after discussion between the client and therapist.

Things to Do

Some helpful ways of recovering memories are:

If you are aware that certain sounds, smells, or colors trigger emotional reactions within you, try placing yourself in a situation where these occur. You may want to have your therapist or a support person with you for this.

Look at photos of yourself or others at the time of the trauma which trigger some type of emotion within you. Or look at pictures of the general area or site where the trauma took place. Another alternative is to look at and handle objects from the time of the trauma.

Listen to music associated with the event or with that time.

Look at and handle memorabilia that you associate with the trauma or the time frame surrounding the trauma.

Revisit the scene of the event.

Talk with people who were there at the time or utilize research to obtain new information about what happened.

Talk to other survivors about their experiences. It is especially helpful if they went through something very similar.

Read books about trauma and first hand accounts of survivors set forth in poetry, novels, and autobiographies.

Record your memories on a home video or audiotape, and listen to it.

Use artistic expressions such as poetry, dance, and painting that will bring out feelings and thoughts associated with the experience.

Things to Do--Replacing Traumatic Images

Once memories are retrieved, they can bring with them considerable emotional pain. One way of dealing with this is imagery rescripting. This involves re-imagining the traumatic event but this time with a more positive outcome. The negative, traumatic memory is replaced with a different image. For victims of violence or abuse, instead of remembering how they were helpless and could not resist the actions of their attacker or abuser, they may picture in their mind standing up to the person and successfully fighting to defend themselves. For one parent who discovered the body of their young adult following a suicide, it meant carrying a picture of their child so that they could replace

the horrific image in their mind with an image of the person when they were alive and healthy.

Learning to Express a Range of Feelings About the Trauma

Therapists have found over the years that there is a certain amount of healing which occurs just from being able to describe and discuss traumatic events and the emotional reactions a person has had to them. It is important to be able to express all of your feelings about what happened to you rather than only one or two feelings, such as fear or anger. Horrific events can cause anxiety, disgust, rage, confusion, shame, sadness, hopelessness, numbness, emptiness, and other feelings. By listening to your account of the trauma a therapist will attempt to understand what you experienced. Moreover, a therapist will try to help you understand and accept more fully what your experiences were.

Trauma victims sometimes split off emotions from the events. This is especially true with repetitive trauma. Emotions and memories may be put into different compartments, as it were. To heal, the person needs to be able to attach feelings to their source, that is to what happened.

It is not enough to remember only a vague, general outline of what happened. The specifics of the trauma must be brought out for the person's therapist to understand the unique way the event impacted upon the client. The specifics also have to be brought out for the person integrate the experience. Normally, the survivor avoids talking about these details because of the feelings they bring with them. Nevertheless, as a result of fully processing what happened, the person is eventually able to revise his/her basic beliefs about the world so that they can once again feel relatively safe, secure, and confident.

In addition to reviewing the actual events it is equally important to be in touch with the breadth and depth of the feelings associated with the trauma. Due to detachment and numbing some clients can go through the motions of detailing the traumatic events but at the same time no emotional reaction. They act as if they are though they are recounting something that happened to someone else. Other persons are so emotionally reactive that when they recount the trauma it is as though they are experiencing it again in the present. They may even lose contact with their surroundings as those they are back reexperiencing it.

The anxiety which a person experiences in recounting traumatic events is not simply about the event itself or the danger it posed. There is usually anxiety that other feelings which are extremely painful, such as shame, may also surface. One of the goals of therapy is to help the person be able to tolerate discussing what happened and to be able to stay with the emotions until they learn that they can cope with them. They need to understand that they can survive the memories and the feelings which accompany them without being psychologically overwhelmed.

Dealing with Triggers of PTSD Symptoms

The first step in coping with triggers of flashbacks and memories is to become fully aware of them. They can be events, thoughts, smells, sounds, or images. It is important to have a plan for coping with triggers once they are discovered. One of the most helpful responses when experiencing intrusive memories or flashbacks is to ground yourself in the here and now, using as many of the five senses as possible. This could include looking at the front page of a current newspaper or at a current family photo. As a part of the process of grounding it is important to remind yourself that you are in a different place and time than when you experienced the trauma and that you are now safe. When working on triggers, give yourself permission to feel anxious, but tell yourself, "I need to focus on the task of carrying out the plan I developed to deal with this." Also, think of who you can turn to for ideas and/or help.

Getting Personal

To become conscious of events or things that trigger symptoms, ask yourself the following questions.

--What happened before, during and after the flashback or intrusive memory?

--At what point did you start feeling emotions associated with the trauma (perhaps before a full blown flashback occurred)?

--Search back to other times in the past when you felt this way. What was the context?

--Are there similarities between different triggering situations? One way to determine the answer to this question is to keep a written record and study it for common threads.

--Consider anything that might impact your different senses. Memories may be triggered by such things as colors, smells, time of day, sounds, music, seasons of the year, the weather, certain facial expressions, bodily sensations, another persons' physical appearance, the way someone is dressed, choice of words, tone of voice, etc.

--Determine whether there are important activities which you avoid because they act as triggers.

Things to Do

Calling a friend or family member for support may calm you and help ground you.

Using breathing and relaxation exercises can also be beneficial.

You may benefit from having a "safe place" to go that will increase your feelings of security when you feel frightened. Some trauma survivors set up such a place in their home and put objects such as candles, pictures, mementos, stuffed animals, a favorite

quilt and so on which are comforting to them.

Try to visualize putting the intrusive thoughts or feelings into a box, trunk or bottle. Imagine the repetitive memories as a playing on a TV which you can turn off.

Use positive self-talk to coach yourself and calm yourself down. Talk to yourself in a supportive and nonjudgmental manner.

You may want to tell yourself the following: "While I feel that I am in danger, that is only a feeling and not reality. What my emotions are telling me is not true. This is a false alarm. It's okay for me to feel this way, but it's not realistic. I need to ground myself in the reality of the present moment. The past is over and done. I can live in the present, and I have more control than I did in the past."

Other ideas for self-calming are listed later in this chapter under the section on decreasing anxiety.

Now, list some things that you want to do when you begin to feel overwhelmed after experiencing triggers.

More Ways of Dealing with Triggers: Cognitive and Behavioral Techniques for Decreasing Anxiety

Is it better to overcome triggers or to avoid them? Simply avoiding triggers is taking a band aid approach to dealing with PTSD and can even be seen as part of the cause of PTSD. Anxiety disorders by definition involving avoiding important activities. There needs to be a method by which a person can learn to tolerate the events and stimuli which in the past they would have avoided out of anxiety. Exposure is a such method. It is tested technique which assists the person in coming into contact with anxiety provoking situations, and it has been found to be specifically helpful for persons with PTSD.

In a therapeutic and safe environment, the person is gradually exposed to the memories and triggers which surround the trauma. This is done first in the person's imagination. The therapist may have the client to close their eyes and recount events surrounding the trauma, including their actions or the actions of others. In addition, they are again presented with the thoughts and feelings associated with what was happening. Props to help make this process more vivid can include certain clothes, photos, or memorabilia. Therapy homework is often prescribed which

can involve listening to tapes from the sessions. In addition, the person may be instructed to approach and come into contact with real life aspects of what they fear. This can help to desensitize them to situations or objects. It also helps them to overcome their feeling of being helpless. They learn that they will not be overwhelmed by feelings of anxiety and that they can now tolerate the emotional activation which occurs. This increases feelings of mastery and competence.

Using progressive muscle relaxation and other forms of self-calming

Relaxation techniques can often be helpful in coping with the bodily tension and increased physiological arousal which accompanies anxiety. When you are angry or anxious, you will need to find ways of calming your body. Some trauma victims feel uncomfortable when they are relaxing, in part because they feel less in control of their environment, especially if they are reclining with their eyes closed. Relaxation, just like any skill, takes time and practice; therefore it is important not to abandon it before you have given yourself enough time to benefit from it. Some helpful ways of relaxing include taking deep breaths into the abdomen and using progressive muscle relaxation. Details on both of these techniques are included in Chapter/handout #5, "Coping with Worry and Anxiety." Many people also benefit from using one of the relaxation tapes which can be purchased. If you cannot find such a tape, your therapist may be willing to help you make one.

Self-soothing activities are most effective when a person first starts to feel anxious or upset. By using these early in the cycle of escalating tension, the person can prevent negative feelings and thoughts from becoming overwhelming. However, in order to catch such feelings in their earliest stages, it is first necessary to be tuned into them. If you have trouble identifying your emotions it may be helpful to carry a small notebook with you wherever you go and every hour or two record what you have been feeling. Over a period of several weeks you will find that this trains you to have a heightened awareness of when your emotional states start to shift.

Things to Do

In addition to relaxation exercises, you may find the following to be helpful:

Spend 10 seconds rubbing a tense part of the body

Change position and stretch

Talk more slowly

Sit down and lean back

Take a walk

Take a warm bath

Go to your favorite place where you feel safe

Listen to soothing music

Garden

Read poetry or a calming, uplifting book

Use meditation or yoga exercises

Engage in a hobby

Write in a journal or express yourself through some artistic or creative activity such as dancing, drawing, making some arts or crafts project

Talk to a supportive person

Imagine a pleasant, comforting scene

Remember a favorite experience in your past

Engage in an internal dialog in which you say soothing, encouraging and positive statements to yourself

Organize some small area of your house which will help you feel that you are bringing order to your life

Changing negative thought patterns

It has already been pointed out that trauma disrupts one's basic beliefs about the world. Re-evaluating and adjusting core beliefs in light of the traumatic event is an important part of the healing process. In order to do this a person must be willing to test their beliefs with as much objectivity as they can. For example, if a woman has been raped, the experience may have shattered her long held belief that she was safe. She may then begin to believe that she is never secure. If this belief becomes entrenched, she may refuse to go out and even become a prisoner in her own home. She can never learn that there is still some safety in her world because she never leaves the guarded confines of her home. A person cannot disprove a belief if they never act in a manner which challenges it. In order to change a belief, a person must be willing to gradually take risks that will enable them to firsthand see the effects of their behavior and how the world will react to them. It is not unusual for depressed or anxious people to ignore contradictory information which would indicate that they now have a relative degree of safety. It is important to make a conscious decision to keep an open mind about beliefs regarding your safety or control and to be willing to modify these thoughts based on the evidence. It is helpful to realize that safety, trust, and control are often partial rather than all-or-none, and that they may vary depending upon the situation. It may also help to evaluate your beliefs about safety as to whether your thoughts help you or hurt you in developing a meaningful, satisfying lifestyle.

Persons with PTSD suffer from a variety of types of negative thoughts. In addition to the traumatic images and memories, they are often bothered by negative thoughts of guilt, worthlessness, and hopelessness. Cognitive therapy techniques work on directly changing negative thoughts. These methods are discussed more fully in Chapter/handout #3, "Coping with Negative Thinking." In general, they involve identifying negative beliefs that are causing depression, anxiety, guilt, helplessness, and so on, and then analyzing and challenging them. Cognitive therapy emphasizes looking at evidence for and against negative thoughts, and looking for more positive alternative explanations of events when they are appropriate. This type of treatment does not try to pretend that the world is safe when it is not. It does, however, encourage the person to have a balanced view of the safety of everyday life. It also encourages the individual to apply appropriate standards when judging the self rather than passing harsh

judgements which cause guilt and low self-esteem.

The following is an example of cognitive restructuring dealing with negative thoughts related to childhood abuse:

Objective Situation (The “Event”)	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts
<p>Male boss is making advances</p>	<p>Here we go again-- just like when my father took advantage of me sexually.</p> <p>I’m being victimized again. I have to give in or I will lose my job.</p> <p>I’m helpless. I can’t cope with this.</p> <p>I’m going to freak out and lose control.</p>	<p>Fear</p> <p>Helplessness</p> <p>Dread</p>	<p>This is not “just like” the situation with my father.</p> <p>There is some similarity, but this time I am an adult. This time I have some power. I may not have total control, but there are things that I can do to protect myself.</p> <p>When I was a child, no one would believe me. Now I have friends that will support me. They will listen to me and give me advice on what to do next. I also have legal options to protect myself.</p> <p>I have choices. I can always change jobs if I need to.</p>

Here is another example of cognitive restructuring. This time the cognitive therapy focuses not on feelings of helplessness but on general feelings of anxiety which are stemming from the anticipation of danger.

Objective Situation (The “Event”)	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts
<p>Life is proceeding normally and smoothly without any major stressors occurring to the person.</p>	<p>When is the other shoe going to fall?</p> <p>Something bad is bound to happen. I can feel it.</p> <p>After all, what happened to me in the past just happened out of the blue. That can happen again. With no warning the bottom can drop out.</p> <p>Nothing bad has happened for awhile, so my luck is going to run out soon.</p>	<p>Apprehension</p> <p>Fear</p> <p>Anxiety</p>	<p>While it is possible that something bad may happen, it is no more likely to occur now than at any other time.</p> <p>There is no such thing as luck “running out.”</p> <p>Because something bad happened to me in the past does not mean that I am doomed to suffer more misfortune than others.</p> <p>This is fortune telling and emotional reasoning. Just because that I feel that something bad is going to happen doesn’t make it true. My feelings have often been wrong in the past.</p>

Time for Practice--Challenging Negative Thoughts

Use the following form to challenge some of your own negative thoughts.

Objective Situation (The “Event”)	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts

The Process of Therapy--Recreating How You View the World

In addition to working on being safe, most forms of therapy work on helping the person integrate the traumatic experience psychologically. This is considered accomplished when the client can view the experience as unfortunate but as only one negative experience in the scope of a life that has had and will continue to have positive and rewarding experiences. By the conclusion of successful therapy the trauma will have receded into the background and the client will be able to discuss and think about the event without undue avoidance, anxiety, depression, or anger.

One of the keys to recovery is reestablishing a way of viewing the world and self which incorporates what has happened without becoming fatalistic and pessimistic. In order for the experience to be integrated there first has to be a remembering of exactly what happened. This allows the person to begin the task of putting it into perspective. The person has to adjust some of their basic beliefs to account for why such an event could happen in the first place. Until this occurs, the memories are likely to stay “active” in the brain. However, once the person develops a view of the world and of themselves which can make sense of the event, the brain can begin to

let go of the memory--to put in "on the shelf" so to speak.

Overcoming Feelings of Guilt

Self blame is a common reaction to trauma. Some individuals blame themselves for the choices they made before, during, or after the experience. To some degree this can be an adaptive response because it enables the person to feel that they had some control. They can believe that if they change their behavior, there will be less chance of a similar trauma happening again in the future. On the other hand, if a person blames themselves for a personality trait which they do not believe that they can change (e.g., cowardice, stupidity, and so on) then they are likely to feel that they will continue to be vulnerable to more bad things happening to them in the future. Forgiving oneself for the choices made during and after the trauma is essential for healing.

Special issues regarding guilt occur when there is childhood abuse. For example, a child may believe that they were hurt or molested because they were bad. Feelings of guilt tend to be intensified if the child felt they asked for, deserved, or brought on the trauma. For example, if a child asked for a back rub from an adult who turned out to be sexually abusive, then there might be intense self-blame. In sexual abuse, sometimes children feel guilt because mixed with their anxiety and terror is a certain amount of physical pleasure. The body is programmed to have a pleasurable physiological response when certain nerve endings are stimulated. Just as it is not possible to keep the heartbeat from accelerating when a person is frightened, it is also hard if not impossible to keep the body from responding to pleasurable stimuli. Another issue to remember when feeling guilty about early trauma is that children do not have the strength to protect themselves. Even when children do try to fight back, they are likely to be overcome with increased force by the adult.

Getting Personal--Letting Go of Guilt Feelings

If you have difficulty forgiving yourself, rerun the trauma in your mind and instead of visualizing it happening to yourself, think of it occurring to someone you love. How would you react and what would you feel toward the traumatized person? Would you be as hard in judging them? Would you be as quick to blame them as you are in blaming yourself? Could you forgive them? If so, what makes your situation so different that you cannot forgive?

If you think that you have failed morally, would you hold others in a similar situation to the same standard? Why would you hold yourself to a higher standard than you would hold others?

On the other hand, if you actually did something wrong which related to or caused the trauma, then it may be important to make amends to the person you hurt. Whether or not you did anything wrong, it can be still be helpful in decreasing feelings of guilt to volunteer time to helping other trauma victims

Persons sometimes feel guilty about reactions which are built in to the mind and body. A person who sees a horrific sight may automatically run. A person who is frightened will also sometimes freeze and be unable to move. To what degree did a fight, flight, or freeze reaction determine your behavior? In the first stage of shock, people often freeze. Then panic can set in. Have you taken into account how the effects of emotional shock could have affected your reaction?

Given the choices you could have realistically made in the situation, how could you have handled it differently? What is the evidence that if you had chosen a different reaction, the outcome would have been better?

Are you engaging in “reverse fortune telling?” That is, are you saying to yourself, “If only I had done . . . , then things would have turned out better”? If you are saying this to yourself, do you really know that they would have turned out differently or better? Is there any chance that they could have turned out worse for you or for others? Even if you decide that it would have been better for you to have acted differently, you need to keep in mind that everything is being viewed in hindsight. At the time the event was occurring, you did not have the luxury of being able to consider all the possibilities.

Are you viewing the situation in an all or nothing light? That is believing that what you did was either completely right or completely wrong? Are you exaggerating the negative effects of your actions? Are you remembering what you did which was constructive and positive?

Dealing with Depression

Both guilt and hopelessness can be aspects of depression. As PTSD continues, the person is more likely to become depressed rather than just tense and anxious. It may be helpful for you to look at chapter/handout #6, “Coping with Depression: Dealing with Negative Thinking,” and chapter/handout #7, “Coping with Depression II: Enhancing Your Relationships and Lifestyle.”

It is important to keep in mind that the feelings of hopelessness which result from PTSD and depression are symptoms of these disorders rather than being a reflection of actual facts. Two things are occurring in depression which cause feelings of pessimism. One is a tendency to jump ahead and predict negative outcomes on the basis of little or no evidence. The second tendency in depression is that the person has difficulty solving problems. When they can see no options to their difficulties, then they are likely to feel that the future holds nothing for them.

Imagining a Future for Yourself

One of the symptoms of PTSD is losing the sense of having a future. This can occur because the loss of a sense of safety leads one to believe they shouldn't count on there being a personal future for them. Or it can occur because events no longer seem predictable and thus, there seems to be

no way of achieving important goals. Either way, the loss of a future perspective can cause a person to lose direction, motivation, and focus. They may cease trying things to improve their situation.

Getting Personal--Looking at the Future

With the aid of a therapist or friend, look at some of the possibilities for your life in the future. You may feel that there is nothing left for you, but with the help of another person, you will be able to see that indeed there are still possibilities for satisfying life experiences.

Dealing with Feelings of Anger

The anger stemming from PTSD has to be dealt with in small doses. Many persons fear that their anger will overwhelm them and get out of control. You may want to look at Chapter/handout #15, "Coping with Anger."

Anger is a normal emotion. It is built into us, and it can be a useful feeling, although it can also be disagreeable and unpleasant to feel it. Anger is a feeling and not an act. It is therefore in itself neither bad nor good, and expressing anger does not automatically lead to aggression. Anger can be used to help you get what you want and what you need. It can energize and motivate you to assert yourself, thus making it more likely that you will get your needs met.

On the other hand, it is not good to devote the major amount of your psychological energy to feeding your anger and allowing it to dominate your life. There needs to be a balance. Some people are angry because of the injustice which happened to them and the unfairness of the trauma. Their primary reaction in such a situation may not be anxiety but anger. Another source of anger can come from the perceived lack of sympathy from others. At first after a trauma, friends, family, and job supervisors are likely to be understanding and to make allowances. However, as time goes on they are also likely to expect a victim to "get over it." Other people are likely to underestimate the time needed for full healing.

Sometimes anger comes out of being retraumatized or revictimized in the aftermath of the original trauma. Here are some examples of this:

- coming back from Viet Nam to hostility
- being raped and then having your character put on trial in a criminal proceeding
- losing your home in a disaster and then being victimized by an unscrupulous contractor

Getting Personal--Recognizing the Role of Anger

Make a list of the traumatic aspects of the situation and whom you hold responsible (besides yourself). Include those people whom you feel made things worse by their

reactions or behaviors afterwards.

What role did anger play in your trauma? Did you express or block your anger? What messages have other people given you about how you should deal with your feelings, including anger, about the trauma?

Do you have any anger about symptoms or negative changes in your life that have resulted from the trauma?

Are you angry at others, feeling that there has been an inadequate response to your suffering?

If you have fantasies of retaliation, recognize that these are normal for trauma survivors. However, if these fantasies become obsessions or if they become bizarre, they need to be discussed with your therapist.

Things to Do: Finding Ways of Coping with Anger

If you start to have problems with lashing out in anger:

Rate the intensity of your angry responses from 1 to 10, with 1 being no anger and 10 being rage. As your anger rises, it is important to recognize that your body is starting to emit certain chemicals, such as adrenalin, into your bloodstream. It is helpful to become aware of the signs of anger buildup in yourself and to be able to defuse it before you reach a level of losing control.

Notice signs of tension in your body. Also, notice what you are thinking. You can escalate your anger or defuse it to some degree by what you are saying to yourself. For example, watch out for thoughts such as, "They can't do this to me; I can't stand this; some one is going to pay;" and so on. When you express anger, it is unwise to vent the full force of it because you are likely to alienate other people, and instead of cooperating in helping you work through your problems, they may become defensive or counterattack.

Try taking a timeout for yourself. Some people feel better if they have a safe place to go to when they are angry. Indicate to the other person(s) that you need to leave the situation or to have some time alone. While this may be awkward, it can be better than doing something that you regret such as lashing out in a verbally or physically abusive manner. Once you are away from the situation, you can do something to drain off tensions, such as taking a walk or riding a bike.

Wait until your anger has diminished before taking any action regarding it. During this time out, which might last up to an hour, do not binge on alcohol, drugs, or food. Some activities which may help you are listed in the section above on "Using progressive

muscle relaxation and other forms of self-calming.”

Reconnecting with the World

In order to help clients resolve trauma, therapists usually attempt to help them you reconnect with the world and to strengthen ties to significant people in their lives. Some PTSD clients have disconnected themselves from their normal world of friends, recreation, and work. Even if they are not overtly pulling away from family and friends, they may be emotionally distant. While the early phases of therapy may deal with the past, later phases usually need to assist the person is achieving a satisfying adaptation in the present.



Points to Ponder

For positive experiences to occur in our lives, there usually has to be some effort on our part. We typically need to plan for positive events to come about. If we become so discouraged about the future that we see no point in preparing for it, then it becomes more likely that the bad events will outweigh good ones in our lives. We cannot overcome trauma by simply waiting or magically hoping for good things to happen.

Other Treatment Techniques: Eye movement desensitization and reprocessing (EMDR)

EMDR is a new, promising technique for treating PTSD. However, it has not yet been fully accepted by the mental health community, and it remains somewhat experimental. It involves having the person recall the trauma in their imagination and focusing on the negative emotions, thoughts, and sensations which were present. At the same time, the therapist induces rapid eye movements in the client, usually by sweeps of their hand in front of their line of vision for about twenty seconds. After this procedure, the client is asked to describe what they experienced. Some clients find that there are changes in the images associated with the trauma and in how they think about the event. Visual images may seem more distant and less vivid. They may also seem less anxiety provoking. Breathing may be more relaxed, and the person may show and experience less muscle tension. In later eye movement sessions, new images and associations about the trauma are targeted. This process is repeated until all of the images associated with the event create little or no distress.

Medication as a Treatment Strategy

Medication may be helpful in reducing the anxiety and depression associated with PTSD. Many psychotherapists would advocate using drug treatment only as an adjunct or temporary measure. However, this is a decision to be made by the person and the mental health professionals they are consulting. In some cases of PTSD and depression, a longer term use of medication may be

justified. For more information on the types of medication which can be used, see chapter handout #17, "Understanding Medications for Depression and Anxiety."

Coping with PTSD Associated with Childhood Abuse

Childhood trauma is usually somewhat different from adult trauma. For one thing, it often involves abuse which is prolonged and repetitive. Repetitive abuse in childhood is very destructive because it interferes with the development of a sense of self, which is the very foundation of the personality. In addition, the earlier the onset of abuse the more likely it is to cause subtle changes in brain physiology. Some researchers and therapists believe that there are three clusters of symptoms which particularly characterize persons who have been subjected to long term and/or repetitive trauma: dissociation, physical complaints (such as back and neck pain, abdominal and gastrointestinal problems, and headaches), and long term depression.

Recalling, Processing, and Integrating Memories

There are a variety of reasons why remembering and confronting childhood abuse experiences can be difficult. When children, who have limited coping strategies, have to survive the strong feelings created by repetitive abuse they may resort to extreme measures. This is because they have few options or choices in how to cope. They may wall off different aspects of their experience. Bodily responses connected to the trauma can become disconnected from emotions. In addition, feelings can be disconnected from thoughts, and visual memories may be isolated from auditory memories. This process has been compared to a broken or shattered mirror. There are isolated pieces of memory which are split off from each other.

One of the ways that children split off painful feelings and memories is through the use of denial. They may deny that anything bad is happening to them. They may deny that their parent doesn't seem to love them. They may deny that they have feelings of fear or anger.

One of the essential goals of recovery is gradually dissolving the "walls" between different pieces of childhood experience and pulling together the fragments of memories into a whole. In order to do this it is necessary to explore and process what happened. This is often slow and painful. Most survivors are frightened of remembering what happened and adverse to facing the distress which the memories trigger. However, a therapist can facilitate the process of remembering and integration by creating a safe, supportive environment.

Getting Personal--Remembering

Try to understand why you might not want to remember what happened to you. Although survivors of abuse may believe that continuing to keep the secret is unbearable and that they are ready and willing to recall the memories, they may find that they still struggle

with remembering significant aspects of what happened. The fact that they don't remember can indicate that some part of them still wants to keep the memories repressed. You will need to work with your therapist to determine the pace at which your memories are processed. If you go too quickly, you may be tempted to leave therapy. On the other hand, since avoiding anything associated with the trauma is one of the key symptoms of PTSD, it is important that you and your therapist keep focused on the ultimate goal of bringing the memories to light. Only by disclosing your abuse can you receive understanding and emotional support from others.

As a child what were you afraid would happen if you disclosed the abuse? What are you afraid of now? What circumstances have changed since you were a child that would alter your original reasons for keeping the secret? If you told someone about the abuse when you were a child, what was their reaction? How did their response impact on you? It is important to break the secrecy which has surrounded your abuse. Children are often threatened about what would happen if they told about it. Were you threatened? What were you told would happen if you talked about it? As an adult, you are likely to have different concerns about what will happen if you break the secrecy. For example, you may be afraid of a negative reaction from your spouse. What are you afraid will happen if you tell?



Points to Ponder

If you were able to survive the actual abuse experience, then you will be able to survive remembering what happened to you.

Dissociation--Childhood's Defense of Last Resort

An extreme form of denial and splitting off of memories is "dissociation." This involves the total separation of one part of awareness from another. This is a childhood solution to extreme stress that becomes a problem in itself. It is important to recognize this process when it occurs. Here are some of the typical ways that it manifests itself:

- total forgetting of important memories and experiences
- feelings of numbness
- feeling as if one is a child again and re-experiencing the feelings associated with the trauma
- reliving a past experience as if it was happening again (a flashback)
- losing periods of time

The opposite of dissociation is integration. As the person processes and links together the various fragments of experience, the tendency towards dissociation starts to be overcome. Working on overcoming this process not only helps the person to put together the bits and pieces from childhood, it also helps them to make sense of aspects of their current life. This is because the tendency to wall off pieces of experience usually continues into adulthood.

Getting Personal

People feel that they have no control over dissociation. It just happens. But you can gain control over it. If you space out, learning to be present when you want to be is important. Are you aware of dissociating? Do you sometimes disconnect from the world around you? Although it can appear to be an instantaneous process, dissociation generally is preceded by warning signs. There are normally subtle indicators which mark when a person begins to start this process. By noting these you can gain some control over this.

Things to Do

Describe how you feel and what you do when you dissociate. What happens just before and after? What are you thinking? Keep a record in a notebook when you are aware that you are about to do this or have done it. You will probably see a pattern after a while. Perhaps you will find that this happens when you are sad, angry, or threatened. Identify the need you are meeting by disconnecting with the world. Find a way of meeting that need in a more adaptive manner. For example, if you are feeling threatened and need to feel safe, you may be able to meet your safety needs through being assertive or using self-calming techniques.

Talk to yourself, saying such things as, "I want to be in the present," or "I am willing to stay in the here and now." Remind yourself verbally of things that are going on around you. Who is there with you? What is going on? Stay grounded in the present. Use a picture of your family as it currently exists or the front page of a newspaper to become grounded in the present.

Get someone to talk to you. Explain to them ahead of time what you will need from them. For example, it may be helpful for someone to reassure you that you are an adult now and that you are safe. They can also help to coach you to relax.

Learning to Trust Again

One of the most important parts of the abuse to process is the relationship with the abuser. Since most child victims know the person who is harming them, it is important to explore their feelings toward the perpetrator and how they related to them. If the abuser was a parent, this exploration becomes even more significant. The relationship with a non-abusing parent is also important

because they are often perceived as being neglectful or non protective. Because of the harm which came from trusted family members and the lack of protection, survivors have difficulty developing trust in others. In the context of exploring how the abuser impacted their life survivors may work on the issues of forgiveness and confronting the perpetrator or those who were viewed as non-protective.

Another result of childhood abuse is that survivors can have difficulty trusting their own feelings. This can interfere with remembering since to some degree retrieving a memory involves trusting an internal image, feeling, or experience. In sexual abuse, when a child feels there is something wrong with what they are experiencing but an adult tells them that it is a good thing and seems to enjoy the contact, it is understandable that the child would begin to question his inner reactions. Since many survivors found that their feelings were treated as unimportant and were ignored, they may have begun to discount their own needs, intuitions, and feelings. Or they may have concluded that it was safer to keep their feelings to themselves.

Remembering abuse is also difficult because of all of the fears that were originally associated with "telling." This includes threats of retribution from the perpetrator, fears that one will be seen as bad, anxiety over possible abandonment, and fear of not being believed. If the abuse was sexual and some pleasure was experienced there may be strong feelings of shame that inhibit memory.

Overcoming Guilt and Shame

Feelings of guilt and worthlessness have often become entrenched in persons abused when they were young. Children tend to conclude that if bad things happen to them, it is because they are being punished for having been "bad." In addition, the abuser may have told the child that the abuse is the child's fault. The perpetrator in sexual abuse may have used enticement or entrapment strategies such as providing special privileges, money, rewards, attention, or affection to obtain the child's cooperation and silence. This can play a role in intensifying guilt feelings. It is essential to understand that cooperation with abuse and consent to it are two different things because there is an unequal power relationship. Even when a child is not told that they are responsible for their abuse, they will very often assume that their behavior brought it on. Self-blame may feel safer and more bearable than acknowledging that there are experiences over which one has little or no control.

Self-blame erodes self-esteem and creates feelings of shame. These feelings thrive and deepen in the secretive atmosphere that surrounds abuse. Most child victims are told directly or indirectly to keep the abuse a secret. By keeping the abuse concealed, the child cannot receive any reassurance or corrective feedback from others. Talking about the abuse enables the adult survivor to move from denial to acknowledging the reality of what happened and to overcome misperceptions which may have persisted for years. In addition, talking about what happened can help decrease feelings of isolation.

Getting Personal

If you are blaming yourself, ask yourself how realistic it is that you could have controlled any of the circumstances surrounding your abuse.

Things to Do

Try to locate drawings, writings, pictures of yourself, and any mementos of your childhood to help you see yourself as a vulnerable child who was not responsible for the abuse.

Identify a child whom you know or a child whom you don't know who is about the same age as when you were abused. Would you blame that young person if they were being abused?

Identify the exact thoughts producing guilt and shame in you. Make a list of statements that would challenge each one.

Imagine a child who is the age you were when you were first abused. Picture details of the way this child looks, acts, is dressed, and so on. Give the child a name and imagine that child being abused. Then write a letter to this child.

Self-Esteem Issues Arising from Childhood Abuse

Since self-esteem develops out of self-acceptance, self blame is a significant barrier to the development of a healthy, positive image of oneself. Moreover, abuse is often accompanied by a lack of stability and consistent nurturing, further undermining self-esteem. In an abusive home, the basic psychological needs of a child are often not being met. This can lead to feelings of emptiness and worthlessness which can continue on into adulthood. It is not necessary to like everything about oneself, but it is important to believe that one's strengths outweigh the weaknesses. Good self-esteem also includes the ability to acknowledge that some characteristics of the self need to be changed and that others simply have to be accepted. Chapter handouts #3, "Coping with Negative Thinking," and #6, "Coping with Depression--Working on Negative Thinking," can both be helpful in improving self-esteem and eliminating excessive negative thoughts about the self.

Things to Do

First, identify some of the negative messages that you were given as a child. These may have been said to you outright, or they may have been implied by the treatment you received. What negative messages about your self-worth did you get from being abused?

Which of these do you still believe and play back in your head? What triggers them now?

If you feel like you had positive self esteem and then lost it, when did you stop feeling okay about yourself?. What was happening? What were your thoughts at that time? How does the current situation remind you of the circumstances when you were a child?

The most common negative thoughts that victims of abuse have include

I don't deserve to be happy.

I'm unlovable.

I'm damaged goods.

I can't accomplish that so it's not worth even trying.

It has to be perfect or it's no good.

Whatever I do, it will never be good enough.

What I want is unimportant.

Identify which of these negative thoughts you most commonly have and any other negative thoughts which come from your abuse. Make a list of statements that would challenge each one. If you find there are negative thoughts which have no evidence to support them, then label them as the distortions that they really are.

Identify those qualities about yourself that you like the most. Ask some of the people to whom you are close to write down three positive aspects about you and your personality. Go over these in your mind and repeat them. Integrate them into your self view. Make a list of positive affirmations about yourself and practice saying them to yourself each day

Determine what you like least about yourself. Which of these characteristics can be changed and which cannot? Those which cannot be changed need to simply be accepted (such as an aspect of your appearance). Create a plan to work on some of those which can be changed.

Reconnecting with the Child Within in Order to Integrate the Trauma

Some persons who have been abused as children experience a part of themselves as very young, helpless, and vulnerable. This part appears to be a remnant of their childhood personality and contains many of the feelings which existed in childhood. It has not been fully integrated into the adult personality. Childhood memories and the feelings of helplessness and worthlessness which are connected to them have been so painful that the person has actively tried to distance from them. There can even be a self-loathing as the person considers how they were as a child. They may perceive themselves as having been weak, stupid, ugly, shameful, bad, and so on. Because of this process of disowning the child within, there was no opportunity to process and to integrate what happened with the total personality.

If you learn to take care of the child within, you are taking valuable steps toward healing

yourself. You have to address the unmet needs of that traumatized part of yourself and make a commitment to recognize and meet those needs. This is similar to reparenting that part. One of the most significant things you can do is to provide yourself with a sense of safety and security.

Getting Personal

Ask yourself, "what would it take for the girl or boy inside of me to feel safe? What would it take for that part of me to feel acknowledged and valued?"

Things to Do

By learning to listen to your inner voice, you can begin to believe in your own thoughts and perceptions again. How can you learn to listen to your inner voice? Some methods include meditation, quiet time for introspection, and taking solitary walks.

Journaling, which involves writing about the abuse and its impact on your life as a child and as an adult, is another powerful technique for getting in touch with all aspects of yourself and your deepest feelings. You may also want to consider writing a letter to the child within you.

Write about how you feel about the child inside of you and what you can do to nurture it.

Have a written dialog between your adult self and your inner child. Have the adult self acknowledge that it has pushed down, forgotten, or abandoned your inner child. Let the child respond with feelings of hurt, fear, or whatever is inside of you.

Picture the abuse situation. Have the adult self enter as a loving, powerful figure, removing the abuser in a firm way. Picture the adult self then offering protection to the child.

Dealing with the Sense of Loss of Childhood

When a child is abused, they not only experience hurt, harm, and threat, they also lose the childhood which many people take for granted. Abused children lose a time of happiness and freedom from excessive care. Instead their childhood is characterized by terror, anger, sadness, and despair. They may have no safe haven or respite from fear. Child victims tend to feel isolated and different from their peers. Young children that are subjected to sexual abuse have been sexualized long before they are ready. At a time when the personality is developing, the budding sense of self can be shattered by abuse. If the abuse became known it may have led to being separated from family members or losing or altering significant relationships, further depriving them of a normal childhood.

Things to Do

Write about your grief over the abuse , including the loss of childhood innocence and normal childhood experiences.

Write about the personal costs of having been abused, such as the psychological symptoms, the physical symptoms, the difficulties in relationships, and the time, money, and effort required to heal. How do you feel about the costs that you are having to pay for the abuse? Do you feel angry or sad about it?

Coping with the Desire to Injure Yourself

There are other ways in which the injuries of childhood continue into the present. One is the tendency for victims of abuse to victimize themselves, harming themselves in a variety of ways. These self-destructive behaviors can include cutting or burning or suicide attempts. On the other hand, the self-injury may be more subtle, such as doing things which will prevent success or which bring on social rejection. For some persons, there is a feeling of relief or even pleasure from self-injury.

Some therapists believe that children who are abused do not learn effective ways of self-comforting. While it may sound strange, for some people, self-injury may actually be a form of self-comfort. Persons who are not raised in a nurturing, empathic environment do not learn from experience how to comfort themselves in a positive way. As survivors grow older they tend to choose self-destructive or harmful ways to soothe unpleasant feelings including drug and alcohol abuse, sexual promiscuity, overeating, starvation or excessive dieting, bingeing and purging, living a reckless lifestyle, over-exercising and self-mutilation (cutting or burning themselves). Self-destructive behavior can serve a number of other functions in addition. In some instances it serves to regulate and reduce very intense, negative feelings. It can be a way of expressing inner rage, or it can be an escape from feelings of emptiness and numbness. It may be a way of punishing the body because one feels that it is bad and deserves punishment (e.g., for being involved in sexual abuse). It may provide a sense of control since the person now has control over their own pain. It almost always is a reenactment or a replay of some aspect of the abuse they suffered as children.

There are several ways to address the problem of self-destructive behavior. One of those is to become more adept at recognizing, acknowledging, and expressing feelings. Another important step is to develop a variety of positive self-comforting behaviors to take the place of the more harmful behaviors.

Things to Do--Comforting Yourself

Upon reflection, you may find that you have found ways of comforting yourself which are

unhealthy and not good for you. You may have turned to food, sex, alcohol, or drugs. Write about how you can comfort yourself in healthy ways and how you can receive some solace in positive ways from others.

Example:

<i>Joanie's List of Ways to Comfort Herself</i>
<i>I can take a bubble bath.</i>
<i>I can call my best friend Sarah.</i>
<i>I can sit in my favorite chair with my favorite magazine and a cup of Earl Grey tea.</i>
<i>I can bundle up in my grandmother's quilt (if it is cold).</i>
<i>I can play with my Labrador Retriever.</i>
<i>I can listen to my favorite music.</i>
<i>I can gaze at the stars if it is nighttime.</i>

Now, create a list for yourself:

<i>Your List of Ways to Comfort Yourself</i>

Overcoming Feelings of Helplessness from Childhood Abuse--Becoming Assertive and Setting Boundaries

In traumatic childhood abuse situations, a child is generally helpless in relation to a more

powerful person. As an adult it is important to reverse the feelings of helplessness by reestablishing a sense of control. If you were abused as a child, you probably learned that it was impossible or ineffective to be assertive and that people would continue to violate you physically, sexually, and emotionally at will. In fact, that may have been a reality. However, now that you are an adult, this is no longer true. It is likely to take some time for you to challenge your long held beliefs and realize that it is now possible to exercise power. You can begin to exercise control in a positive and healthy manner in the here and now.

Many trauma survivors swing to one extreme or the other--either aggressively trying to take control and calling all the shots or shying away from any apparent use of power and becoming passive. But absolute control and power are neither possible nor desirable. It is essential for survivors to understand what they can and cannot influence. If they attempt to control things which are not within their power to influence, such as the behavior of other people, then they are likely to end up feeling helpless again, just as they may have felt in childhood. Power and control do not mean pushing other people around or dominating others. Instead, they involve setting boundaries and asserting oneself when people cross those boundaries. An essential part of setting limits is saying no to things a person doesn't really want to do. As an adult it is not only permissible to be assertive, it is also now possible, whereas in childhood, it may not have been. Adults have the power to end relationships if another other person refuses to honor their needs and personal boundaries.

In an attempt to exercise control, some PTSD victims are easily triggered into becoming very irritable and angry--even explosive. However, this is not control. It does not generally help them gain power over themselves and their environment, although it may temporarily have the effect of bullying others into submission. In the long run, explosiveness usually causes people to feel out of control and can make others back away and reject the person.

At the opposite extreme, many persons who have been abused are afraid of power and see it only as a destructive force. They are fearful of being assertive and setting limits. Because in their experience the exercise of power by an adult led to them feeling humiliated, intimidated or terrorized. They now want nothing to do with it. They may also fear that if they do not give in and please other people that they will be abandoned, rejected, or hurt. It is important for such persons to realize that power is simply utilizing energy to make things happen. When control, knowledge, skill, and responsibility are joined together, they can create a powerful force for good. Self-awareness in itself is a source of power because knowing what one feels, thinks, and wants helps a person to make healthy choices and to be in control of their life. If a person is unaware of what is going on inside of them, they will have little self-awareness, minimal direction, and hardly any power to make positive things happen for themselves or their family.

Getting Personal

In what types of situations do you have the most difficulty setting boundaries and standing up for yourself? How are these related to your abuse experience?

What messages did you receive about asserting yourself when you were a child? Perhaps you were frightened and ended up saying yes when you wanted to say no, to run away, or to fight back. As a child, what would have happened to you if you had resisted or said no to abuse?

What do you think will happen if you are assertive and say no to others in the present? Do you think they will be upset or hold it against you? If so, why do you think that? Is there any evidence that people will not hold it against you and that they would accept you being assertive?

Do you find yourself overly concerned with pleasing or placating others? What do you hope to accomplish through this behavior? Do you repeatedly put your needs and wants below those of others? If so, how do you think this relates to your abuse?

What does it mean to you to have power? When do you feel most powerful? When do you feel most helpless?

See chapter/handout #4, "You Can Assert Yourself," for more information that may be helpful to you on this issue.

Things to Do

Look for instances in your everyday life when you can practice saying no. You may want to start with the easiest situations and gradually work up to harder ones. Decide ahead of time how you will handle it if someone becomes angry or won't take no for an answer.

Role play assertiveness situations with your therapist or with a friend. Look for circumstances in your everyday life when you can practice saying no. Start with the easiest situations, and gradually work up to harder ones.

Keep a log of your experiences in which you want to assert yourself or actually do assert yourself. Include your feelings. Is it easier or harder to say no to others as your practice doing it more?

Write about how you feel when you assert yourself. If you experience negative feelings and end up saying yes when you want to say no, ask yourself what you are afraid of.

Dealing with Sexual and Emotional Intimacy Problems Resulting from Childhood Abuse

Childhood abuse can result in problems with both emotional and physical intimacy in adulthood. Physical and emotional abuse may result in problems primarily with emotional closeness, whereas sexual abuse can cause impairments in both. In all forms of abuse, there is a violation of trust which makes it difficult to be later be close and vulnerable with people.

Abuse can make a person feel fundamentally flawed or even worthless. They tend to see themselves as not being worthy of love and respect. They anticipate that others will eventually see them for what they are, especially if they reveal much of themselves. Thus they have low levels of trust and anticipate betrayal or abandonment. For this reason, they may invest considerable energy in putting up a front, which in turn makes intimacy impossible. The constant fear of being abandoned by a significant other can make an individual act insecure or jealous. This in turn can push away the very person that they are most afraid of losing.

Childhood sexual abuse causes other problems in intimacy as well. Sex performed on a child is generally painful and frightening which can lead a person to be averse to sex later in life. However, the situation is more complex than that because there can be moments of sexual pleasure mixed in with the abuse. If there are any enjoyable sensations during the abuse--and there often are some--then the child tends to feel guilty and ashamed and will likely later associate these negative feelings with the pleasure of sex. The association of shame with sex can heighten a person's aversion to experiencing sexual pleasure later on, even when it would be appropriate as an adult.

Some children may conclude from being sexually abused that all they have to offer to others is sex, and as a result they can have difficulty forming relationships which are not sexualized in some respect. They may even later develop a sexual addiction later in life. On the other hand, some child victims will conclude that they want nothing to do with sex at all. Males who are abused by other males may develop sexual identity problems. In adolescence and adulthood, they may become overly concerned that they are homosexual. They may view the fact that they did not fight back and successfully resist the perpetrator as evidence that they are not "real men."

In adulthood, there are typically two different types of situations that can arise in persons who were sexually abused as children--either lack of sexual interest or a tendency to oversexualize relationships. Sometimes a person will swing back and forth between promiscuity and not wanting to be touched. It is even possible for both reactions to occur at the same time--a person can behave in a sexually provocative manner but not really enjoy the sex itself.

Women may have "learned" that their worth to men is in their bodies and in their sexuality. Sex can also become overly dominant in the personality because abuse occurs one's character is fully formed. When a person has been reinforced for being a sexual object, having sex becomes a way of maintaining self-esteem and of being connected to others. Without it, a person may feel empty, bored, and isolated. This can turn into a sexual addiction for both men and women. In treatment, the person can learn that in fact, they were the subject of a subtle type of propaganda--that they are only valuable for their sexuality. Once they understand this, they can begin to learn other ways of finding self-esteem.

To deal with the a lack of sexual interest and pleasure, it is usually important to first deal with the abuse itself. It is also very helpful to have an understanding partner who is educated about and realizes the impact of your childhood experiences. They need to be supportive and patient

because it generally takes time for an abused person to become desensitized to the anxiety surrounding sex and to begin to enjoy it. In order for this desensitization to occur, it is important not to avoid sexual intimacy experiences. After persons are married, problems with sex sometimes increase. This may be due to several factors. Intimacy with a boyfriend or girlfriend is being physically close to someone who is outside of the family and who is less likely to evoke incest feelings. After being married, sex is performed with a family member, which can lead to feelings of disgust similar to those experienced earlier during incest. In addition, as a partner ages, they are more likely to have physical characteristics similar to those of the abuser.

It is important to make sex as different as possible from the abuse experience. During abuse, the child is helpless and out of control. Their needs are not met. It is an experience designed to meet the needs of the abuser. It is not about making love but about lust and control. It is very important that you partner understand that sexual experiences need to be gentle and enjoyed within the framework of a caring and respectful emotional relationship.

Turning Towards the Future

One of the symptoms of PTSD is a feeling of have little or no future. Moreover, in the depression which often accompanies abuse and PTSD, there is a sense of pessimism or hopelessness. The feelings of helplessness which come from childhood abuse can lead to the idea that the future is not something which can be influenced anyway. It is important to have a sense of hope that you have a future and that it can be positive for you.

Getting Personal

What were your dreams as a child? What happened to them?

If you were to start being hopeful again, what would your hopes be? What is one thing you could do to contribute to making each hope a reality?

<i>Hopes</i>	<i>What I can Do to Achieve Them</i>

Other chapters in this book which you may find helpful and relevant to coping with Post Traumatic Stress Disorder include:

Chapter 2	What is Stress and What is Coping?
Chapter 3	Coping with Negative Thoughts
Chapter 4	You Can Assert Yourself
Chapter 5	Coping with Worry and Anxiety
Chapter 8	Coping with Grief
Chapter 9	Coping with Panic Attacks and Agoraphobia
Chapter 12	Coping With Phobias
Chapter 13	Coping with Social Anxiety
Chapter 15	Coping with Anger
Chapter 17	Understanding and Using Medications for Depression and Anxiety

Further Reading for Clients

- Flannery, R. (1992). Post-traumatic stress disorder: The victim's guide to healing and recovery. Holyoke, Mass.: Crossroad.
- Herman, J. (1992). Trauma and recovery. New York: Basic Books.
- Matsakis, A. (1992). I can't get over it: A handbook for trauma survivors. Oakland, California: New Harbinger.
- Miller, D. (1994). Women who hurt themselves: A book of hope and understanding. New York: Basic Books.
- Rosenbloom, D., Williams, M.B., & Watkins, B.E. (1999). Life after trauma: A workbook for healing. New York: Guilford Press.

Further Reading for Therapists

- Courtois, C.C. (1988). Healing the incest wound: Adult survivors in therapy. New York: W.W. Norton & Co.
- Everly, G.S., Jr., & Lating, J.M. (Eds.) Psychotramatology: Key papers and core concepts in post-traumatic stress. New York: Plenum Press.
- Foa, E.B. Rothbaum, B.O., Riggs, D.S., & Murdock, T.B. (1991). Treatment of posttraumatic stress disorder in rape victims: A comparison between cognitive-behavioral procedures and counseling. Journal of Consulting and Clinical Psychology, 59, 715-723.
- Keane, T.M., Fairbank, J.A., Caddell, J.M., & Zimering, R.T. (1989). Implosive (flooding) therapy reduces symptoms of PTSD in Vietnam combat veterans. Behavior Therapy, 20, 245-260.
- McCann, L., & Pearlman, L.A. (1990). Psychological trauma and the adult survivor. New York: Brunner/Mazel.
- Wilson, S.A., Becker, L.A., & Tinker, R.H. (1995). Eye movement desensitization and reprocessing (EMDR) treatment for psychologically traumatized individuals. Journal of Consulting and Clinical Psychology, 63, 928-937.