

Trauma SELFHELP WORKBOOK Introduction

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National Library of Australia: Cataloguing-in-publication entry

Day, Francess, 1962– . Put together your own life: Recover and rebuild your life after trauma

References. Includes index. ISBN 0 000000 0 X. 1. post traumatic stress disorder I. Title. 616.8521

Introduction

As we grow and develop, we develop a view of the world, beliefs, and patterns of behaviour, skills and a sense of who we are and how the future will be. People in our lives respond to us in certain ways and we come to know what to expect of them. If we liken this to building a 200,000 piece jigsaw, we usually start with the corners and edges, creating a framework, then begin adding pieces that come to hand in the places that stand out to us. Our perceptions will determine the varied ways that the picture can emerge. Each piece of the jigsaw contributes to who we are, our future, competencies, beliefs, ways of relating and how others relate to us.

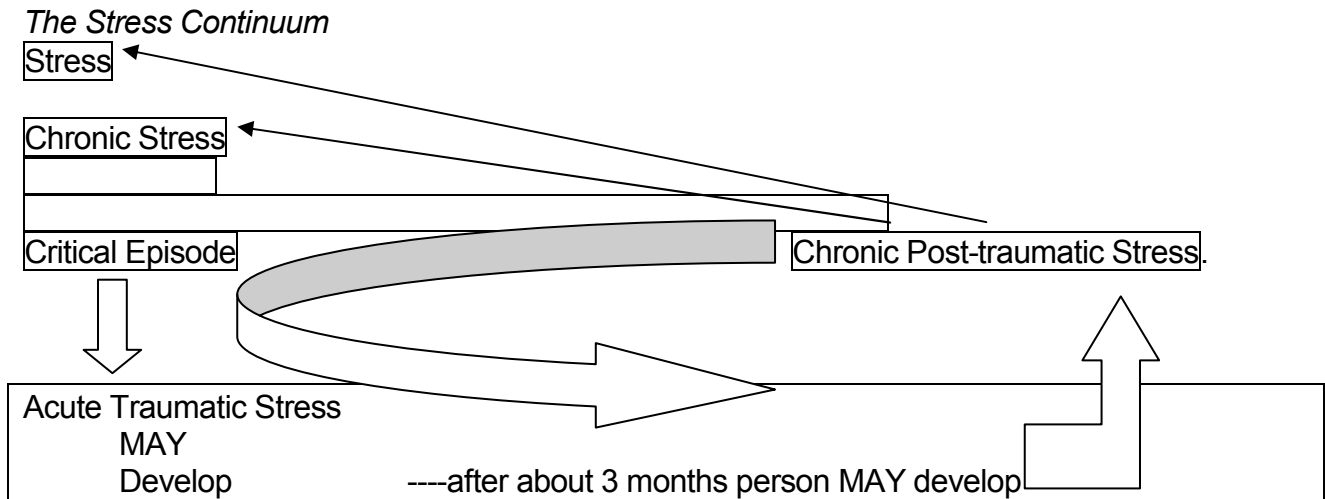
When traumatic stress occurs to us, part of that picture is messed up, pieces are lost under the carpet or furniture and it takes a while to find them and put our picture together. To complicate this, there are new, jagged, horrible pieces that need to be found a place in our picture of who we are and how the world is. Sometimes we want or need to (sometimes unconsciously) hide them under the carpet for awhile because they are just too overwhelming to contemplate. We need to spend time rebuilding essential components of our self and world in order to regain our previous level of functioning and develop a role that feels capable of handling trauma and the fear of it recurring.

Where do we start?

The early chapters of this book start us at the foundations; rebuilding the corners, edges and framework that may have been damaged, then you need to follow where the need is. Some people who were subjected to traumatic experiences in early childhood may have never developed a solid, reliable framework and need to spend more time building this before looking at trauma material. In this process, an empathic, highly skilled therapist will assist the development of the necessary foundations of trust and safety.

Stress and Trauma

Trauma is a word that means various things to different people, as does the word stress. For the purposes of using this workbook, let us define trauma as an episode or series of events where a person experiences feelings of extreme helplessness, powerlessness, loss of control, terror or fear. Sometimes we may be the direct victim or simply a bystander or family member(s) who witnesses aspects of the traumatic event.



We all experience various levels of stress in life and different people experience events with individual interpretations of the level of stress it causes them. We respond in a variety of ways to what we interpret as stressful and you and I don't necessarily display the same signs of stress. However, a set of possible signs of stress has been developed that distinguishes simple stress from *chronic* stress signs. Another set of body responses and behaviours characterise *chronic* stress as distinct from *traumatic* stress.

Key elements of traumatic stress involve a sense of helplessness, powerlessness, loss of control, terror, fear, shock or horror. Events are usually those that we are not prepared for – overpowering, shocking, sudden – and involve loss, injury or abuse. This is a global description from my experiences, rather than limited to the *Psychiatric Diagnostic Statistical Manual*. Physically, our flight/fight response is activated and the reaction lingers for varying periods and in varying intensities because things like flashbacks, reliving and other triggers keep the whole scenario going (like a DVD on replay). In the following paragraphs is an overview of the different levels of traumatic stress.

The difference between *acute* and *chronic* post-traumatic stress is essentially time; however, as time passes, other signs show that characterise chronic from acute traumatic stress. Judith Lewis Herman (Trauma & Recovery 1992, p. 86) states that “Chronically traumatised people no longer have any baseline state of physical calm or comfort.” Generally, numerous somatic symptoms along with insomnia, agitation, tension headaches, gastrointestinal disturbances and abdominal, back, neck or pelvic pain are common complaints. Some people experience tremors, choking sensations or rapid heartbeat.

Judith Lewis Herman (Trauma & Recovery 1992, p. 121) describes a complex form of traumatic stress which can develop in a person who has experienced subjection to totalitarian control over a prolonged period (months to years). She cites the following examples: hostages, prisoners of war, concentration camp survivors and survivors of some religious cults. Also included are those subjected to totalitarian systems in sexual and domestic life, domestic battering, childhood physical or sexual abuse, and organised sexual exploitation. We need to add those who were institutionalised as children and/or transported from their country of origin. On page 158, Herman states that those with simple post-traumatic stress fear that they may be losing their minds, but those people with complex traumatic stress often feel that they have lost themselves. On page 87, she describes how “unlike the intrusive symptoms after a single acute trauma, which tend to abate in weeks or months”, complex trauma symptoms

“may persist with little change for many years after liberation from prolonged captivity” and she goes on to cite examples of soldiers from the Second World War, the Korean War and survivors of the Nazi concentration camps.

Lenore Terr describes the effects of a single traumatic episode as Type I Trauma as distinct from the effects of prolonged, repeated trauma, which she calls Type II Trauma. Her description of Type II includes denial and psychic numbing, self-hypnosis and dissociation, and alternations between extreme passivity and outbursts of rage (Herman 1992, p. 120). Herman (p. 87) states that the most exaggerated of post-traumatic stress disorder (PTSD) symptoms “in chronically traumatised people are avoidance or constriction. When the victim has been reduced to a goal of simple survival, psychological constriction becomes an essential form of adaptation. This narrowing applies to every aspect of life – to relationships, activities, thoughts, memories, emotions, and even sensations.” She later describes how this leads to the “over-development of a solitary inner life”.

While we are addressing this extreme form of complex traumatic stress, it is worth referring once more to Herman (p. 87) where she states that “people in captivity become adept practitioners of the arts of altered consciousness”. Remember that Herman’s use of these terms is to describe a human adaptive function designed to survive such atrocious situations, that if these adaptations didn’t occur, the person would probably not survive. She goes on to describe how “through the practice of dissociation, voluntary thought, suppression, minimisation, and sometimes outright denial, they learn to alter an unbearable reality.” She states that at the time of her writing, 1992, “ordinary psychological language does not have a name for this complex array of mental manoeuvres, at once conscious and unconscious.” She suggests that Orwell’s definition of ‘*doublethink*’ may be the best:

“*Doublethink* means the power of holding two contradictory beliefs in one’s mind simultaneously, and accepting both of them. The [person] knows in which direction his memories must be altered; he therefore knows that he is playing tricks with reality; but by the exercise of *doublethink* he also satisfies himself that reality is not violated. The process has to be conscious, or it would not be carried out with sufficient precision, but it also has to be unconscious, or it would bring with it a feeling of falsity... Even in using the word *doublethink* it is necessary to exercise *doublethink*.”

Throughout this book, I will refer you to my first book, *Putting together the pieces* 2002, which describes the complexity of all of these variations of traumatic stress, except Herman’s definition of complex trauma as it has been clinically defined on page 121 in her book. Many of the symptoms she has described, have been illustrated by word pictures and my personal experiences in *Putting together the pieces* 2002 therefore this book will only add to that knowledge.

General principles in Managing and Recovering

This book is about management and recovery strategies, so we will leave the definitions and descriptions of the various forms of traumatic stress for you to research, and introduce some general principles that have been founded on the experiences of many people and are the results of reputable studies. For *simple post-traumatic stress*, we can usually progress through most of the processes described in this book and reach some sense of closure and recovery in a matter of months after the traumatic episode.

Judith Lewis Herman outlines the need to first create safety which involves managing the stress, reactivity and hyperarousal symptoms, recognising and naming these symptoms, using daily logs to chart symptoms and adaptive responses – this helps us measure our improvement or identify what exacerbates things. She also recommends manageable homework tasks – something that I use with people frequently and really what this book is about you doing. What also needs to be addressed is the development of concrete safety plans, and the gradual development of a trusting relationship(s) with support persons or a counsellor. She makes a final comment about the need to also address the social alienation with social strategies beginning with mobilising our natural support system (p. 160).

Throughout this book, you will notice that all of the above aspects and more are addressed in the following chapters, most of which have a dedicated chapter, and you may be able to identify these using the index at the front. Although we respect the individuality of each person and their needs and that not everybody prioritises aspects, or progresses in the same order, there are a couple of things that do need to be addressed first and foremost.

Instead of building ‘a house of precarious cards’ that, with a breath, can collapse and you are left with yet another damaging experience, we want to first build a strong foundation. No matter what traumatic stress you’ve experienced, please work through Chapter 1, ‘Rebuilding our sense of safety, security and control of our own life’. If you are having difficulties completing the activities and concepts, please ask somebody who knows how, to help you. This is extremely important, and I have quoted many practitioners in the following paragraphs and throughout the chapters to emphasise this.

If, however, your traumatic stress seems to have been more chronic (lingering longer than a few months after a traumatic event) or complex (resulting from a prolonged traumatic episode), the process is not so straightforward. It is recommended that you spend as much time as it takes on first establishing your sense of safety (see chapter 1) and developing a trusting relationship with either a counsellor or other support people (see chapters 2, 4, 5 and 8).

As mentioned at the end of the author’s note, you may have some apprehension about consulting a counsellor, or you may have had some bad experiences, however, as a recovered survivor of chronic trauma, who had both of these misgivings, I can only encourage you to try again with a new person. My way of putting it is to ask; *‘If you need to move something immovably heavy then you would get somebody to help you, wouldn’t you?’ Does it not make sense then, to get somebody who knows how to shift chronic/complex traumatic stress difficulties to help you clear your plate, so that you can then start to enjoy some quality of life in the coming months and years?*

Again, I will quote Judith Lewis Herman, a very wellrespected writer and practitioner with over 20 years experience, because she states things categorically and her attitude and knowledge validates the perspective of trauma survivors. She states, “Recovery can take place only within the context of relationships; it cannot occur in isolation.” (1992, p. 133).

This really challenges us because often traumatised people prefer to withdraw from people, however, this is because our sense of trust and capacity for intimacy, and some of our autonomy, initiative, competence and identity may have been damaged from the traumatic experience. These capacities were originally identified by E. Erikson 1963, quoted in Herman’s book, and she goes on to say that “just as these capabilities are originally formed in relationships with other people, they must be reformed in such relationships” (1992, p. 133).

So the task is to find somebody we can begin to try to trust and create safety with, who knows about how to rebuild or, in the case of early childhood abuse, build it for the first time, taking into account the negative experiences of the trauma episodes. As I mentioned previously, interview prospective counsellors as it is a very important job that they will be doing for you and counselling is a deep relationship! To emphasise this point, I will quote Herman (1992, p. 133) again, “The first principle of recovery is the empowerment of the survivor. She must be the author and arbiter of her own recovery. Others may offer advice, support, assistance, affection, and care, but not cure.” I hope this quote conveys the strength of what I am emphasising here: that any services that we pay for are just that – serving us and our goals. Just as we employ a tradesman to apply their specialist knowledge in repairing some part of our home, we also employ a counsellor to provide information and strategies for us to rebuild aspects of ourself or our environment.