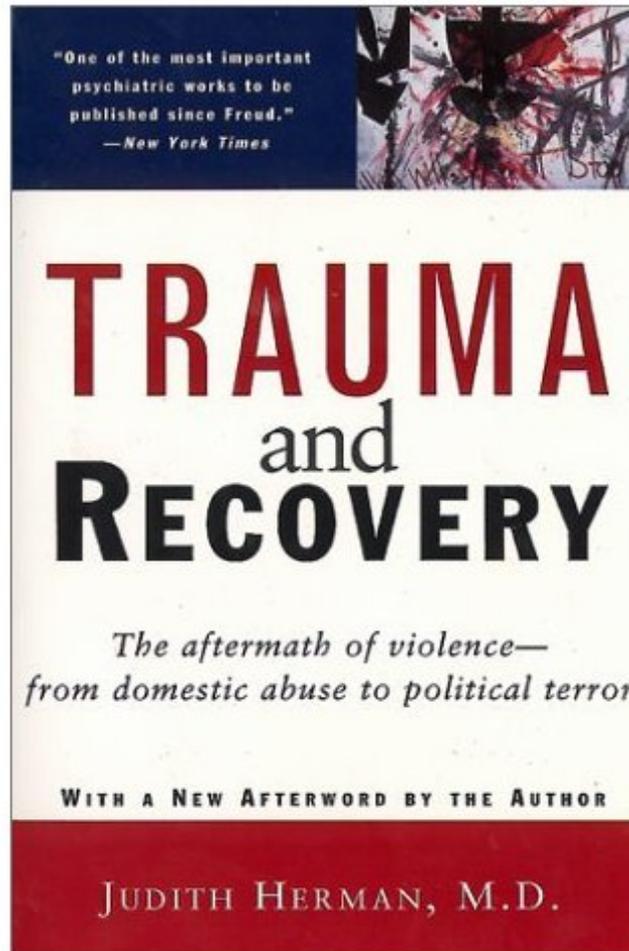


## “TRAUMA & RECOVERY” – PTSD RECOVERY



In *Trauma and Recovery*, Judith Herman presents a model that describes the healing process of people who struggle with a combination of problems related to neglectful, abusive, and otherwise traumatic experiences in their past.

The problems may include:

- Difficulty regulating emotions and impulses
- Emotional numbing
- Anger and aggression
- Substance addictions
- Behavioral addictions (pornography, risky sexual behavior, compulsive gambling, etc.)
- Self-harming behaviors (cutting, burning, etc.)
- Dissociation (spacing out, blanking out, losing time, etc.)
- Difficulty feeling stably and safely connected to self and others
- Difficulty forming a trusting and collaborative relationship to treatment providers

Dr. Herman proposes a three stage recovery model:

1. Establishing safety/autonomy/empowerment.
2. Remembering, mourning, and working through; and
3. Reconnecting to life.

Dr. Herman's premise is that trauma catastrophically shatters our sense of connectedness to self and other, and her model aspires to help people gradually, gently reestablish those connections.

### **Stage 1: Establishing Basic Safety, Autonomy, and Empowerment**

The first stage of dealing with and overcoming such problems, and of any helpful therapy or counseling, is about:

- Getting a 'road map' of the healing process.
- Setting treatment goals and learning about helpful approaches to reaching those goals.
- Establishing safety and stability in one's body, one's relationships, and the rest of one's life. The "Seeking Safety" curriculum can be very helpful here.
- Tapping into and developing one's own inner strengths, as well as any other available resources for healing. Herman emphasizes that personal empowerment is key!
- Learning how to regulate one's emotions and manage symptoms that cause suffering or make one feel unsafe. DBT can be particularly well-suited to this task.
- Developing and strengthening skills for managing painful and unwanted experiences, and minimizing emotionally valid yet pragmatically unhelpful or ineffective responses to them.

The key to healing from traumatic experiences in childhood is achieving these 'stage-one' goals of personal safety, genuine self-care, and healthy emotion-regulation capacities. Once these have become standard operating procedures, great progress and many new choices become possible.

Crucially, the first stage of recovery and treatment is not about extensively discussing or 'processing' memories of unwanted or abusive experiences – let alone seeking them out in therapy or trying to 'recover' them. It is better to focus on creating safety and empowerment, then letting traumatic memories emerge as it becomes safer and more possible to tolerate those agonizing recollections.

Of course, everything is not always so perfectly ordered and sequential.

For example, during the first stage it may be necessary to outline the contents of disturbing memories that are disrupting one's life. This may be required to help orient the therapist, as well as helping you manage the memories, or to understand why it is hard to care for oneself (e.g., the abuser acted like or even said you were unworthy of care or love). However, in this case addressing memories is not the focus of therapy, but a means to achieving safety, stability, and greater ability to take care of oneself.

Depending on the person, the first stage of treatment may also involve:

- Addressing problems with alcohol or drugs, depression, eating behaviors, physical health, panic attacks, and/or dissociation (e.g., spacing out, losing time).
- Taking psychiatric medication to reduce anxiety and/or depressive symptoms.
- Participating in Dialectical Behavior Therapy (DBT), a treatment for people having serious problems with tolerating and regulating emotions, interpersonal effectiveness, and/or self-

harming behaviors.

This stage is generally the focus in short-term, crisis-oriented inpatient or partial hospitalization treatment.

## **Stage 2: Remembering, Mourning, and Working Through**

This stage of recovery and treatment is often referred to as 'remembrance and mourning.'

The main work of stage two involves:

- Reviewing and/or discussing memories to lessen their emotional intensity, to revise their meanings for one's life and identity, etc.
- Working through grief about unwanted or abusive experiences and their negative effects on one's life.
- Mourning or working through grief about good experiences that one did not have, but that all children ideally deserve.

After establishing a solid foundation of understanding, safety, stability and self-regulation skills one can decide – mindful of the potential pain and risks involved – whether or not to engage in the work of stage two.

In fact, once the first stage of recovery has provided such a foundation, some people realize that thinking and talking about painful memories is not necessary to achieve their goals, at least in the short term. Some find that the memories are no longer disrupting their life and no longer of much concern to them.

For those who need to focus on disturbing memories – most often because those memories are still disrupting their lives – several 'memory processing' methods can be used during this stage.

In general, these methods involve re-experiencing the memories within a safe and healing therapy setting. Such work can be very effective at diminishing the influence of such memories in one's daily life.

Most importantly, there are very effective therapy methods that have been proven, through years of clinical experience and research, to bring great relief and healing by transforming memories and responses to reminders of harmful childhood experiences.

This stage generally takes place over a longer timeframe at the outpatient level of care.

## **Stage 3: Reconnecting to Life**

The third stage of recovery focuses on reconnecting with people, meaningful activities, and other aspects of life.

In this stage, the sense of connection to self and other that trauma severs can be deeply rebuilt, helping to recreate systems of meaning that were threatened by the trauma.

To a large extent, this stage can take place throughout treatment, but it generally becomes easier later in treatment when one is less overwhelmed by PTSD's more acute and debilitating symptoms.

## **Common to All Stages**

Throughout all stages of treatment, it is often necessary to address psychological themes and 'dynamics' related to one's history of unwanted or abusive experiences.

These include:

- Powerlessness
- Shame and guilt
- Distrust
- Reenacting abusive patterns in current relationship to self and others

In the first stage of treatment, these themes and dynamics must be addressed when they are obstacles to safety, self-care, and regulating one's emotions and behavior. Therapy can help with recognizing habitual behavior patterns, beliefs, and motivations that maintain self-defeating and self-destructive behaviors outside of conscious awareness or reflection.

Increased awareness of these themes and dynamics brings greater understanding, greater ability to take responsibility for them, and greater capacities to choose new, healthier responses and actions. Mindfulness meditation practices can also help cultivate such awareness and freedom.

### **What is Complex PTSD?**

Many traumatic events (e.g., car accidents, natural disasters, etc.) are one-time events. However, in some cases people experience chronic trauma that continues for months or years at a time – often on a daily basis. Many clinicians feel that the current PTSD diagnosis often does not fully capture the severe psychological harm that occurs with prolonged, repeated trauma. People who experience chronic trauma often report additional symptoms alongside the traditional PTSD symptoms, such as changes in their self-concept and the way they adapt to stressful events.

Dr. Judith Herman of Harvard University suggests that a new diagnosis – Complex PTSD – is needed to describe the symptoms of long-term trauma.

### **What types of trauma are associated with Complex PTSD?**

During long-term traumas, the victim is generally held in a state of captivity, physically or emotionally, according to Dr. Herman.

In these situations the victim is under the chronic control of the perpetrator and unable to get away from the danger.

Examples of such chronically traumatic situations include:

- Concentration camps
- Prisoner of war camps
- Brothels and sex trafficking
- Long-term domestic violence
- Long-term childhood emotional, physical, and/or sexual abuse
- Organized child exploitation rings
- Secretive and/or isolated religious organizations

It is also important to note how traumatic chronic *neglect* can be.

## **What additional symptoms are seen in Complex PTSD?**

An individual who experienced a prolonged period (months to years) of chronic victimization and total control by another may also experience the following difficulties:

- *Difficulty with Emotional Regulation. May include overwhelming sadness, suicidal thoughts, explosive anger, or inhibited anger.*
- *Altered Consciousness. Includes forgetting traumatic events, reliving traumatic events, or having episodes in which one feels detached from one's mental processes or body (dissociation).*
- *Impaired Self-Perception. May include helplessness, shame, guilt, stigma, and a sense of being completely different from other human beings.*
- *Distorted Perceptions of the Perpetrator. Examples include attributing total power to the perpetrator, becoming preoccupied with the relationship to the perpetrator, or preoccupied with revenge.*
- *Disturbed Relations with Others. Examples include isolation, distrust, or a repeated search for a rescuer.*
- *Loss of One's Systems of Meaning. May include a loss of sustaining faith or a sense of hopelessness and despair.*

## **What other difficulties are faced by those who experienced chronic trauma?**

Because people who experience chronic trauma often have additional symptoms not included in the PTSD diagnosis, clinicians may misdiagnose PTSD or only diagnose a personality disorder consistent with some symptoms, such as Borderline Personality Disorder. Unfortunately, this diagnosis runs the risk of being invalidating and stigmatizing, making it essential for clinicians always to assess for a history of trauma.

Indeed, clinicians should make a standard practice of assessing for PTSD specifically, keeping in mind that chronic trauma survivors may experience any of the following difficulties:

- Survivors may avoid thinking and talking about trauma-related topics because the feelings associated with the trauma are often overwhelming.
- Survivors may use alcohol or other substances as a way to avoid and numb feelings and thoughts related to the trauma.
- Survivors may engage in self-mutilation and other forms of self-harm as a means of self-soothing. (Keep in mind that if physical self-injury brings relief, then the survivor is in an extraordinary level of emotional pain!)
- Survivors who have been abused repeatedly are sometimes mistaken as having a "weak character" or are unjustly blamed for the symptoms they experience as a result of victimization.

## **Treatment for Complex PTSD**

Standard evidence-based treatments for PTSD are generally effective for treating Complex PTSD. At the same time, treating Complex PTSD also includes addressing interpersonal difficulties and the specific symptoms mentioned above.

Empowerment is key! Dr. Herman contends that recovery from Complex PTSD requires restoration of control and power for the traumatized person. Survivors can become empowered by healing

relationships that create safety, allow for remembrance and mourning, and promote reconnection with everyday life.

### **“Shock” vs. “Strain” Trauma**

“Shock” traumas refer to a discreet traumatic event – a bomb going off, an assault.

“Strain” traumas, also sometimes called “developmental” traumas, refer to an atmosphere of chronic invalidation, neglect, or abuse, in which for months, years, or a lifetime, one can never really “rest easy.” It’s important to understand how damaging neglect can be in its own right, especially if it extends over a long period of time.

Complex PTSD clients often have a lifetime of “strain” trauma punctuated by some particularly awful “shocks.”