

## **APPENDIX**

# **Support for Healing: A Guide for Family Members and Friends of Childhood Trauma Survivors**

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## INTRODUCTION

Through the many years that the Diocese of Kalamazoo has offered the Trauma Recovery Program, we have heard that family and friends associated with the participants could also use an orientation. This booklet is intended to be a help for you to understand trauma and the Trauma Recovery Program – to acquaint you with some of the concepts and vocabulary that we use; and to give you a "head's up" for what you may encounter.

The **goal** of the Trauma Recovery Program is to help individuals live healthier and more satisfying lives by helping them learn to understand the impact of their trauma, and to learn or improve their skills as they deal each day with their thoughts, feelings, and behavior. The Program includes homework to help them develop their self-awareness and improve their skills in identifying, managing, and expressing their feelings and their behavior that flows from those feelings.

## WHAT YOU MAY SEE

While family members or friends participate in the Trauma Recovery Program, they may have a variety of responses:

feeling emotional exhaustion

showing emotions they have tended not to show before

being frustrated things aren't going as well or as fast as they'd like.

We tell them that they "may feel worse before they feel better" as they begin to uncover and experience what they pushed away for so long.

## WHAT YOU CAN DO

Learn what you can about childhood trauma and its long-lasting effects. This booklet is brief but contains important introductions to the topic.

Listen carefully when your family member or friend wants to talk.

Try not to interrupt because they may be having a very hard time trying to tell you whatever it is.

Try not to ask questions because it may be experienced as "probing" deeper than they are willing or able to go at that moment. You can ask if you are simply trying to clarify or understand, but not to "get more information."

If the TRP participant is your spouse, be open to a shift in your relationship. Marriage is a relationship in which the partners are connected in a system. So when one partner changes, or grows, or heals, then the other spouse naturally has to change as well. A new or larger space needs to be created for your partner to be able to change.

However, if you resist, or say "I don't need to change" or "I don't have a problem; my spouse does," then it is also impossible for your spouse to change.

## WHAT IS TRAUMA?

**Trauma** is an event or series of events combined with an individual's vulnerability that creates an obstacle in normal human development.

Examples of traumatic events include

- any kind of abuse (physical, emotional, verbal, and/or sexual)
- severe neglect (which may be intentional or unintentional)
- abandonment (or a sense of abandonment, such as suicide, divorce, death, military service, or hospitalization)
- tragedy/natural disaster (such as a fire/tornado/flood/accident)
- minority status (esp. in presence of oppression, prejudice, etc.)
- medical problems (of the child, parents, or siblings).

Vulnerability comes with being a child, and the younger the child, the more vulnerable. Other factors that influence a child's sense of not being safe are related to the temperament or personality of a child; the child's age and length of time during which the trauma event(s) occurred; and the absence of support (their living situation)

The Trauma Recovery Program is based on the *Trauma Model* that helps individuals to heal by learning how to integrate their feelings, thoughts, and behaviors. Therefore, this model encourages effective living in the present rather than intentional recall of repressed traumatic memories.

## SIGNS OF UNRESOLVED TRAUMA

Signs of trauma appear within a range or continuum of behaviors, thoughts, and feelings, not a checklist that determine whether one has or doesn't have trauma. We use an approach that suggests there is a greater or lesser degree to which the signs of trauma are present.

Readers may recognize some of these in family members or friends or even in themselves.

*A pattern of out-of-control and self-injurious behavior:*

- Addictive behaviors (smoking, over/under-eating, gambling, drinking, compulsive behaviors, etc.)
- Habits and patterns of repeated behavior to avoid feelings (promiscuity, internet use, sleeping, etc.)
- Chaos in life (problems in relationships, employment, finances, etc.);
- Self-harmful behavior (scratching and cutting, burning oneself, hair pulling, etc.)

*Inability to tolerate feelings or conflicts:*

- Numb, withdrawn, isolated, don't show emotion in appropriate situations
- Intense or overwhelming feelings come suddenly and rapidly (e.g., rage)
- Depression (problem sleeping, eating, poor energy, low motivation, poor self esteem, poor memory, anxiety)
- Panic feelings (trouble breathing, feeling as if having a heart attack, fearful, anxious, etc.)

*Staying stuck in the behaviors of a victim, perpetrator, or rescuer:*

- Seek out relationships with abusive people
- Prompt abuse from others rather than waiting for it to happen
- Perceive abuse which confirms their belief that they are unworthy and unlovable
- Hurt others (different than appropriate self-protection)
- Act aggressively toward others who are weak and vulnerable
- Compulsively need to help others, often to their own detriment
- Act generously but not in accord with the relationship.

*Intense self-blame, feelings of unworthiness, or belief their life is ruined:*

- Belief that the original trauma was their fault
- Irrational/illogical beliefs about personal responsibility for present events
- Belief that they are bad, a failure, unlovable, a loser, damaged, insignificant, worthless, etc.
- May induce others to treat them badly, confirming their self-belief

*Difficult patterns of interpersonal attachment:*

- Inability to tolerate their ambivalence toward the perpetrator even after the trauma ceases
- Inability to tolerate their ambivalence toward other trusted figures such as failed rescuers or those who denied the trauma
- Inability to tolerate their ambivalence toward significant persons currently in their lives

*Difficulty maintaining healthy relationships:*

- Avoid relationships altogether
- Avoid close relationships because of inherent risk
- Avoid situations that might lead to closeness
- Protect themselves, e.g. unfriendly to others before others are unfriendly to them
- Have intense but brief relationships
- Remain attached even when the relationship is unhealthy
- Perceive the relationship in a distorted manner

*Black and white thinking and other cognitive distortions:*

- Child-like, concrete, and magical thinking
- What they think is normal and real doesn't coincide with "real life"=
- "Life rules" and "automatic thoughts" derive from cognitive distortions rooted in their childhood
- Cling to their distortions despite challenging or contrary evidence
- Provoke a non-existent reality into being in order to verify a distortion
- Collect evidence to support their distortions while ignoring evidence to the contrary
- Patterns of distorted thinking (such as generalizations, all or nothing, discounting, jumping to conclusions, assuming, labeling, & emotional reasoning)

*Suicidal ideation:*

- Talk about suicide
- Wish they were dead
- Have a plan to end their life

### *Pathological dissociation:*

- Loss of (long) spaces of time (can't remember what they said or did)
- Appear to "switch" personalities, or be different people, even in speech and behavior
- Trances or sleepwalking
- Childhood companions, "voices," "too much noise in my head"
- Inability to recall important information, usually of a stressful or traumatic nature
- Confusion about personal identity or assumption of a new identity

## **Concepts and Skills**

These are some of the things that your family member or friend will be learning and trying out as new or stronger skills.

### **Grounding**

Trauma survivors are experts at keeping their bodies in the present while their thoughts and emotions are somewhere else. The Trauma Recovery Program teaches group members to utilize their five senses to keep their thoughts and emotions in the present, both in and out of the program.

### **Processing Feelings**

Traumatized children learned to disconnect from their feelings in order to survive. They are afraid of feeling their emotions because they seem so big and unmanageable, and so they develop extreme strategies to avoid their feelings. Group members are encouraged to experience their feelings while learning strategies to manage them effectively. The ultimate goal of the Program is that survivors will be able to experience their deep sadness and grieve the losses they have experienced due to the trauma that occurred.

### **Attachment Ambivalence**

Humans have a biological need to be connected in relationships. For young children, life itself depends on these connections. When an individual is in danger or pain, there is also a biological urge to recoil from the source of the threat or injury. This contradiction in biological urges when there is a neglect or physical, emotional, or sexual abuse — to connect or to recoil — creates ambivalent (confused) feelings about their relationship with the offender. The more that the child's real or experienced survival depended on a perpetrator, the more dramatic the internal conflict and its consequences later in life.

### **Cognitive Distortions**

Survivors of childhood trauma are prone to cognitive distortions. Their understandings of people and the world are based on their traumatic experiences a long time ago. Then they turn them into general rules to conduct their lives instead of looking at each new situation and judging it for itself. They become so used to thinking in certain ways that when something new comes along, they do not see the event or person for what it is, but instead move into their automatic thought patterns and beliefs. It is very hard to correct cognitive distortions because "they seem true." In reality, they are at least partially distorted, if not entirely inaccurate. Cognitive distortions tend to "fan the flames" of survivors' feelings, and that leads to more extreme

behaviors. As survivors correct their cognitive distortions, the intensity of their feelings diminishes and their behaviors will become less extreme.

### **Calming the Body's Stress Response**

Trauma survivors tend to carry a lot of stress in their bodies. This is because they react to negative reminders of their past as if those triggers are just as threatening as their traumatic events of their childhood. These external stress and internal perception prompt a sense of urgency which intensifies negative emotions and prompts behavioral responses. Therefore, it's necessary for survivors to learn skills to interrupt their physical stress responses. Prayer, meditation, yoga, guided imagery, and exercise are some effective techniques. Just as the body can learn to respond to a negative trigger with a physical stress response, it can also learn to respond with a relaxation response.

### **Locus of Control Shift**

Children who have been physically, emotionally, or sexually abused, place the locus of control for the abuse with themselves. Often, an abuser promoted this mind set. Beyond that, this mindset helps the victim avoid feeling helpless, vulnerable, and powerless in the face of the abuse. For victims, if the abuse is happening because "I am bad," they can always hope that, if they change, the abuse will stop. In its original context this is a protective illusion. When that illusion is generalized across experiences, it keeps the victim locked in a cycle of bad feelings, self-abuse, and destructive relationships. A major focus of the Trauma Recovery Program is to contradict the locus of control shift, a step-by-step process which initially leaves survivors feeling exposed and vulnerable, but eventually leads to self-acceptance, grieving, and healing.

### **Victim/Rescuer/Perpetrator Triangle**

In the original situation of abuse, there was a victim, a perpetrator, and a failed-rescuer. Victims of abuse reenact this triangle in other relationships, assigning themselves, and finding others, to assume prescribed roles on the triangle. In the Trauma Recovery Program group members are educated about this process and taught skills in self-caring and mutually respectful relationships.

### **Forgiveness**

In this program forgiveness is not about forgiveness by God; it is about forgiveness by a person who has been deeply and personally injured or harmed. Forgiveness is a series of conscious thoughts and actions, an inner response, which includes letting go of a desire for vengeance or harm toward the offender and letting go of negative emotions such as resentment. Letting go creates a positive change in the injured person's physical, mental, and emotional well-being. Forgiveness restores a sense of personal power and can lead to improved interpersonal relationships.

Forgiveness is often confused with other things. It does not require an apology or even contact with the person who caused the harm. It does not mean to forget the injury, to condone what happened, or even to tolerate injuries. Forgiveness does not require reconciliation with the offender, because that person may be dangerous, unavailable, or dead. The Trauma Recovery Program helps group members to understand the concept of forgiveness, and supports them as they take the first steps in a long and demanding process.

**Prayer**

One of the most important parts of Jesus' ministry was to bring healing to those in darkness and pain, and so the Trauma Recovery Program is situated in the ambience of prayer. Prayer helps the group members to center themselves in the present space and time. In each session of the Trauma Recovery Program, we ask for the healing power of Jesus' Spirit to flow into and through the group members, to help others to heal and to be healed ourselves.

**Grief**

Grief is at the core of the feelings which trauma survivors try to avoid. The grief stage comes late in trauma recovery because survivors set up defenses against the deep pain they will experience during grieving.

The content presented by survivors during the early stages of therapy focuses on the bad things that happened to them during the trauma. The content of the grief stage focuses on the good things that should have happened during their childhood, but didn't. As survivors mourn the childhood they didn't have, the extravagant behaviors and defenses become quiet, and the benefits of recovery work begin to emerge externally as well as internally.