

The Post-Traumatic Gazette No. 2

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How Does PTSD Affect Families?

Lots of families struggle with some of these:

•Everyone focuses on the survivor's problem: The family system becomes focused around the survivor's symptoms of PTSD. Feeling good about ourselves depends on how well the survivor is doing. We're brought up to believe that if we are a good enough wife, mother, father, husband, child, our family members will have no problems. (Don't believe it. Everyone has problems). The trauma survivor often will agree. Survivors often have no idea that their behavior is in any way related to the trauma. Yeah, I'm upset because you don't keep the kids quiet. Yeah, I'm having these problems because you're so messy. Yeah, if you kids were good, I'd be fine. Don't believe this either. Nothing we do, no perfection in us, can change what happened to our survivors in the past. There are no time machines.

We tend to think we are fine and the survivor is not, that if the survivor would get better, our lives would be fine. To keep the family system running smoothly, we may develop patterns which are ineffective for dealing with our loved ones, patterns which keep them stuck, like always rescuing them, calming them down, cheering them up, looking for a solution.

I used to do this all the time, trying to fix Bob. I didn't know he had PTSD, but I knew he had problems (not me) so I kept coming up with solutions: read this book, see a shrink, move, new job, read this book. None of them ever worked, partly because I did not know what the problem was (PTSD) but mainly because I didn't know whose problem it was. I thought it was my problem. I thought he was my problem. I saw no egoism in this. I saw myself as a very loving giving person who would do anything to help her husband. I didn't see that I also couldn't tolerate his very natural emotions because I thought trying to cheer him up and keep him from expressing anger was nice. I could not allow him to express anger, sadness, despair—so he was unable to heal. I failed to see the resentment and fear his pain raised in me but it came out in the occasional

tearful indignant bout of recrimination or in sweetly self-pitying remarks like "Honey, why aren't you ever nice to me?" followed by helpful hints on how to be nice. I was a bit hard to live with.

Despite my intentions my actions (nagging, instructing, demanding, hovering anxiously over them, being unable to let them feel what they felt) were often quite painful to my family. Everything I did was for a payback (not that I knew this). Bob was supposed to love me and make me feel good about myself. When he couldn't, I could feel better than him, after all I did for him. It was not an effective way to get love.

•Codependency/control: Not all people become as dysfunctional as I did. On the other hand if you think PTSD hasn't affected you, maybe it has and you can't see it. I couldn't and I'm a magna cum laude college graduate. I spent years trying to control Bob's PTSD symptoms without knowing what PTSD was. I felt I caused them, I could control them if I could just figure out how to be a better wife, and I could cure them if we just found the right self-help book, treatment or whatever. These are the three C's of codependency. I once heard Janet Woititz (author of *Adult Children of Alcoholics*) say "How do you tell if you're codependent? If you're dying, someone else's life flashes before your eyes." How I laughed! If I had been dying, Bob's life would have flashed before my eyes because I didn't have a life. He was my life!

Some of us also try to control whatever it is the survivor is using to cope with PTSD: drugs, alcohol, food, sex, risk taking. The word codependency, like the diagnosis of PTSD, developed from work with actual people, the wives of alcoholics who did not suddenly become happy when their husbands got sober. I find it a really useful concept. If you don't like the word use another one. For me the essence of codependency is that other-focus. I will be fine when something outside

my control is the way I want it to be. For me it was "when Bob gets better." (There's a parallel here to the bargaining stage of grief and I was feeling a lot of grief over my failure as a wife.) As a result of this other-focus, codependents become reactors and lose the capacity to act. They tend to forget themselves while focusing on the someone else, on helping or fixing him or her. Losing track of what you want, what you like, dislike, need, and of what you feel means you don't know how to take care of yourself. A person who is incapable of taking care of herself is not someone I would turn to for advice, yet I expected Bob to follow mine!

•A vicious cycle: If like me, you have been dealing with PTSD for a long time with no (or bad) help, and without taking time out to take care of your own needs, you may be caught in a cycle. We start out full of love and pity (the rescuer) to help the survivor, but if we don't know what the problem is, our solutions don't work. Furthermore, PTSD is not our problem, so we can't solve it. It is the survivor's problem. (This is called a boundary issue.) When our solutions don't work, we get pissed (the persecutor) and start saying things like, "If you just did what I suggest, you'd be fine!" or worse, "Why aren't you over that yet?" Then we start bitching to our friends (the victim), "Let me tell you what he/she did to me this week!" After we've been mad for a while, some new solution comes to us and we go through the cycle again. And again. I did.

It never occurs to us that our solutions can't work for our survivors because we are not them. Part of recovery for trauma survivors is regaining control of their lives, so following our directions is not healing. Resistance to our suggestions, even if they are right, can be a sign of healthy individuality as opposed to unhealthy enmeshment.

•Personalizing: The families of trauma survivors may personalize everything due to our very natural frustration. I feel hurt, therefore he or she meant to hurt me. *Feeling Good*, by Dr

The Post-Traumatic Gazette

David Burns talks about this kind of **cognitive distortion**. The book was very helpful to me and Bob. Family members feel the survivor is doing this to me. Angry at me! Depressed because of me! Jumpy because of me! Numb because he doesn't love me anymore! It may have nothing to do with you, but if you are wrapped up in someone else's life the way I was it is almost impossible to conceive of the idea that something not related to the relationship is at the root of the survivor's reactions. And of course being human, survivors will tell you it is your fault, especially if they don't know about PTSD. Yeah, if you kept the kids quiet, I wouldn't be so jumpy. It's not true, but it seems reasonable so we try harder and harder so the survivor won't be upset. It doesn't work. There is also a seductive egotism in personalizing everything—we are so important. This can also lead to the idea that after all I've tried, if I can't fix it, nothing can. Don't believe it.

• **Develop survivor thinking:** We also may take on the world view of the survivor: become isolated because our friends dump us or we dump them over the survivor. We may live in a state of constant anger based on "Why is this happening to me?" We become mistrustful after the cruel things people say to us about our survivor or because of misdiagnosis and mistreatment by professionals. Makes it hard to trust that getting worse in therapy is going to get them better. (It will.) We become depressed because we keep trying and nothing works. We feel guilty because we can't fix this and that proves we are bad people. We have low self esteem because we know if we were doing this right our loved ones would not be having these problems. When everything is on a downhill spiral we become fearful. We can't act, only react to whatever happens so our lives feel totally out of control. We develop tremendous self-doubt. I used to wonder if it was normal to want hugs. Bob didn't seem to think it was and I couldn't tell anymore. That was why I found ACOA books so helpful in understanding my own life: the first characteristic on the ACOA list was "ACOA's do not know what normal is." Neither do people who live with undiagnosed untreated PTSD. We wind up walking on eggshells, trying to keep from upsetting our survivor. We are numb, because

after all we've tried, all the times we've gotten our hopes up, all our effort, we can no longer afford to have feelings. We feel helpless, hopeless and that it is all our fault because we know that if we were good enough wives, partners, parents, children our loved ones would not have problems. We are also exhausted by the multiple roles we may wind up assuming to keep our family together: spouse, friend, confidante, wage earner, sole parent. Children of trauma survivors are often forced into parental roles at an early age, sacrificing their childhood to help hold the family together.

• **Denial:** Denial that there is a problem rears its head, and then denial that anything can help because we've tried everything. We wind up blaming each other and trying to be perfect so no one can blame us for anything that goes wrong.

• **A stable dysfunctional system:** We cycle through this stuff over and over. It's not comfortable or flexible. This kind of family system is not good at dealing with change. New problems are catastrophes to which we can only react. The family gets progressively more dysfunctional. Both survivor and family become more stuck, more ineffective, more unhappy. Behavior that would not have been tolerated at first eventually becomes everyday.

• **Perpetuating the problem:** Family members do not identify how their behavior can help perpetuate the problem. After all we are only trying to help.

Over the course of time our genuine loving caring can become directing or manipulation. This quite naturally leads to resistance. Even if what we are advising would help, the survivor is not going to do it because he or she needs to keep some feeling of control in his or her life. That is what they lost when traumatized. Traumatized people develop very sensitive control/manipulation detectors because they could not control the trauma. Autonomy is one of the goals of recovery. (Some therapists fail so miserably with trauma survivors because they, too, are codependent. Rather than empowering the survivor to recover, they believe they have the power to fix people if they'll just follow directions.) We also may care so much we lose our ability to tolerate the survivor's pain and start telling them to get over it.

Trying to be helpful can become shameless having to be right. Bob used to tell me I would die before I would admit I was wrong. I remember thinking it was too bad he was such a sore loser, because if I had been wrong, I would have admitted it. It just so happened that in the course of the first 25 years of our marriage, I was never wrong. Today I'm often wrong. I no longer mind making mistakes. I tell myself I'm working on my perfectionism.

Finally, our victim attitude (look what you did to me/ made me do) leads to healthy resistance in the survivor or to feelings of shame and hopelessness if they believe you. The fact is we have problems, too. Every one does. Healthy survivors resist our view that everything is their fault and we have no faults.

We develop these characteristics because we are human, want to help, but don't really know what would be helpful.

PTSD can affect even functioning families in many ways. In one study of families of Vietnam veterans with PTSD, all of whom were successful enough to have private insurance, Linda Reinberg, PhD, a psychologist in private practice, found that the mothers were just as or more depressed than the veterans. The kids were depressed too. The families felt different from other families and felt grief over that fact. The dads were overprotective and emotionally distant. The kids thought they and their mothers had to take care of dad. The kids had a cluster of symptoms: aggressiveness, underachieving at school, feeling they had to take care of their parents, numbness, problems with concentrating, an impaired feeling of belonging, and a tendency to self medicate with alcohol and drugs.

Other family effects of PTSD: Childhood abuse survivors may pass the abuse on because they are often so numb they cannot tell how much it hurts. "It didn't hurt me to be whipped," they say, trained to think of abuse as discipline. "My dad messed with me and I'm ok. Why is she whining so much?" a numb incest survivor says.

PTSD can lead to violence and terror in the home. People in flashbacks or rages are terrifying. So is the sound of someone screaming in a nightmare. Survivors hit out in their sleep, and if

The Post-Traumatic Gazette

you get hit, it's traumatic. Rage attacks can wind up in beatings. The traumatized families of trauma survivors have PTSD of their own. Remember a traumatic stressor is worse when the cause is human neglect or human cruelty. Think how much worse the effect is when the neglect or cruelty is from your beloved partner or parent.

Dual survivor families are pretty common. Sometimes the very thing that attracts two people is their perhaps unconscious recognition that someone else has been through the fire and can understand. It turns out not to be so easy to live with, however.

Denial and numbness affect families profoundly. Secrecy becomes a family pattern: Don't talk, don't trust, and don't think or feel. This causes major problems because you not only keep what is going on at home secret from others, you keep it secret from yourself, and you cannot take care of yourself.

Numbness hurts family members. We don't feel loved. Numbness discounts us. We feel we don't matter.

We become defensive. "So what's your problem?" comes up a lot in numb households. Denying the affects of trauma makes it hard to be accepting or helpful to the everyday problems of others. Kids especially get discounted.

The survivor's numbness teaches family members not to feel either. We can't take care of ourselves because feelings are what tell us how to do that. Numbness teaches us that we are not important and we become people who will do anything for love, like the generation who went off to Vietnam to earn America's love or became hippies to get free love.

The PTSD family may produce kids who have to look good so the parents can feel good about something (family heroes); or who have to be bad (scape-goat) so the parents can focus on the problem child and try to straighten him or her out instead of facing their personal PTSD and relationship problems. If you have a perfect child and a bad child, you might want to look at this.

Spouses and children from undiag-

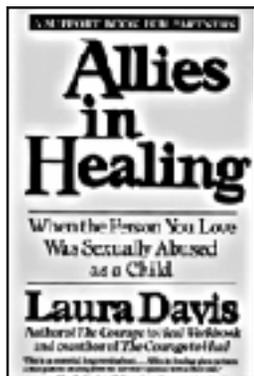
nosed, untreated survivor families are often afraid to hope, afraid of what will happen next. We try to control everything which makes us bone weary and desperate. We, too, need help.

Today there is more information available on PTSD and more help. People do not have to reach this level of dysfunction if they are willing to educate themselves about PTSD and then to work together as a family to get the help they need to recover.

Many survivors cannot understand why their families should have problems, after all, we were never in Vietnam, never raped, never sexually abused as a child, or whatever. Yet one of the hardest things for many survivors is the memory of the others who did not survive or who were also raped, wounded, burnt, etc. That is how the family feels. We see the wounds and we would give anything to take away the pain, but our best efforts are to no avail.

Book Reviews

NOTE: Getting your library to order these books may be helpful to your community.



Allies in Healing: When the Person You Love Was Sexually Abused as a Child, by Laura Davis Harper-Perrenial, 1991, 14.00.

Laura Davis is co-author of *The Courage To Heal*. The publishers call this "a support book for partners." If you live with a child sexual abuse survivor and are looking for help, this is a good place to start. Nine chapters answer questions partners often have. The book has a lot of valuable suggestions on ways of dealing with the differing needs of two people struggling to keep a relationship going when one is in the throes of PTSD. Partners learn about developing boundaries and taking care of themselves. There is none of the "You can get over this in 20 days" rah-rah junk that mars a lot of self-help literature, nor any of that bogus "You can heal anything instantly if you put your mind to it" stuff. Child sexual abuse is a serious long term stressor even if there was no violence and no penetration. Sixty pages are devoted to partner's stories of how they have dealt with recovery. There are 33 pages of healing books and other resources. Realistic.

When the Bough Breaks: A Helping Guide for Parents of Sexually Abused Children, by Aphrodite Matsakis, PhD, New Harbinger, 1991, 11.95.

In the first issue of the PTG, I discussed Dr. Matsakis' *PTSD: A Complete Treatment Guide*. This book is another winner, full of wisdom and experience, practical suggestions and serious discussions of society's tendency to deny abuse, deny the seriousness of its affects, and blame the victim. To me this is the kind of realistic discussion of issues which families need. Dr. Matsakis doesn't pretend that recovery is either easy or fast.

"So many children (and adults) enter therapy, then quit when the therapy begins to deal with painful material—just when the most progress can be made. More than anyone else in your child's life, you can make the difference at this critical juncture by helping him endure the emotional upheavals that are part of healing so that he can get well. You're the one who can reassure him over and over that his pain will pass; you can explain that pain is his guide through the shadowy mountains to the sun on the other side." [p83].

"...your child needs to learn to 'honor' rather than despise what he[or she] did in order to survive." [p 93].

The Tools for Healing chapter is especially useful to anyone connected to PTSD, not just parents of sexually abused children.

More on page 7.

PTSD and Me

When I decided to start The PTG, I wanted to share how living with PTSD, especially undiagnosed and untreated PTSD, affects families.

I have lived with PTSD since my husband, Bob, came back from Vietnam in 1966. When he got back from Vietnam, Bob weighed 119 lbs. He's 5'11." His eyes had that thousand yard stare. His memoir *Chickenhawk* tells the story of that year. We didn't think his experiences in Vietnam should affect him. We were told not being able to sleep, jerking awake all night would go away after a few months. He didn't tell me or anyone about the dead babies in his dreams. He just thought he was crazy. As he continued to have problems he became more and more emotionally distant. I thought I was a bad wife or he would not be having these problems. Often he agreed. Why would we relate these things to something that was over, that happened to him on the other side of the world?

We lived with PTSD for 14 years without knowing its name, because it didn't have one until 1980. I felt tremendous guilt, became very controlling, and started an other-centered quest for the thing that would fix my life: when I got Bob straightened out. I had no idea what was wrong, but I was sure it was my fault.

I thought he didn't love me because of his emotional numbing, his attempts to isolate himself, and his lack of interest in things we had done together. I concluded I was unlovable. I saw his substance abuse not as self-medication to maintain numbness in the face of unbearable thoughts, feelings, and memories, but as deliberate naughtiness. Wild rides on his Honda 750 looked to me like stupid immaturity (except when I joined in) instead of a sense of a foreshortened future. The fact that he couldn't sleep became a joke. Rage attacks meant he was a jerk. When he couldn't remember something I'd told him, I got mad because I had never heard of the inability to concentrate, another symptom of PTSD.

My whole life became centered on fixing Bob. My upbringing told me that I could make other people happy. He wasn't happy. I wasn't happy. I figured I just wasn't trying hard enough. I knew you can do whatever you put your mind to. It never occurred to me to try another way. Even after I found out what PTSD was, my quest was still what we should do to fix Bob. I had no

idea that I had problems and that my actions and reactions were making it impossible for Bob to get better. We were stuck in a series of ineffective patterns.

Finally a very caring Vietnam veteran nurse said to me, "And who is taking care of Patience?" I realized no one was taking care of Patience. I had no idea how to do this and I was afraid to try in case I did it wrong. I felt if I made a mistake, I was a mistake. I also felt like after all I'd been through and done for others they should take care of me. I resented that they didn't. I also thought I didn't deserve care or I'd be getting it. At that time I was writing *Recovering From the War* and first discovered Adult Children of Alcoholics literature. I really identified with the list of symptoms, starting with "Adult Children of Alcoholics don't know what normal is." Finally, I started going to an ACOA meeting (after I tried for a year to recover by just reading the books).

As I analyzed the patterns I grew up with and had developed since my marriage, I noticed that I had been affected by PTSD. My father was a surgeon in Europe during World War II. Once his hospital became part of the front line during the Battle of the Bulge. Something about the way he told me that made me realize he was talking about an experience that had really affected him. I was about eleven. He said he didn't like to talk about the war. We never did again.

Our family was organized around the principle don't bother Dad. He was brilliant, always on call, worked tirelessly, never took vacations, invented operations, had a few drinks every night to unwind. We thought this workaholicism was normal. So did everyone else in America. My mother, like many other wives of WW II veterans, was left a desperately lonely woman, emotionally deprived, angry, lost. She tried to have a perfect family which entailed a lot of correcting of us kids. I grew up feeling there was something intrinsically wrong with me, that no one could love me just for myself, but maybe if I were good enough I could earn love. I consider this feeling, which is very common, a direct legacy of war. We had things, but we didn't have emotions or permission to be imperfect, human.

I've worked on myself since then, learning to change patterns of behavior in myself that are not the way I want to

be. I can only change one day at a time, (much more slowly than I'd like), but that gives me compassion when I see how hard it is for others to change. This has let Bob recover in his own way: His symptoms are much less distressing to him and to me than they were. Five years ago, I wrote in *Recovering* that Bob absolutely could not say when he was having a bad day. Today he can. That is a miracle.

I don't know what your situation is. Whether you grew up with PTSD or your partner has recently been traumatized, whether you see a family member as the problem and the rest of you as fine, or you know that no one will be unaffected by a trauma even if it only strikes one of you, read and educate yourself about trauma and work at recovery for all family members. A lot of books reviewed in this issue can help.

Families are systems. What affects one member will affect others. In "Bridging Normative and Catastrophic Family Stress", in *Stress and The Family*, Vol. 1. McCubbin and Figley, eds., 1983, Charles Figley describes the ways functional and dysfunctional families cope with trauma. Functional families acknowledge and accept that there has been a trauma. The problem belongs to the family and they look for solutions and are willing to change rather than seeing it as the survivor's problem and blaming him or her for it. They seek outside help and are flexible about family roles. It is pretty humbling to go through such a list and see yourself in the dysfunctional column every time, but today I can forgive myself for that. I was doing the best I could do at the time, following patterns I grew up with or developed out of ignorance.

If you are in that situation and you've picked up this Gazette, please read on and find the help that works for you. There was nothing available like the PTG or the books I am reviewing in this issue when my Mother was struggling with my Dad's unavailability. Nothing was available to me either when Bob got back from Vietnam. Years later I wrote the book I wish I had had, *Recovering From The War*. Today there is lots of help, lots of books are available for all types of trauma, PTSD has a name, and there is treatment available. I am grateful that today no one has to get as unhappy, hopeless or dysfunctional as I did.

How Families Can Recover

As I said before, **families are systems** and what affects one family member affects the rest of the family. To expect a trauma survivor to do all the recovering is to place an unfair burden on him or her. It is also unrealistic to expect to be unaffected by the problems of your nearest and dearest.

If someone you love has recently been traumatized or has recently disclosed something traumatic to you, self examination is in order. Do I expect miracles (just put it behind you)? Am I willing to see that I may have been attracted to this person because he or she was numb, hypervigilant, needy, etc? Am I willing to face this possibly long and painful journey as I would if my partner had cancer, or am I going to bail out? No one can answer this for you, but remember that all people have problems. This one is treatable. If you work together the prognosis is good. If the survivor isn't willing to work, you can still have a good life if you work on your own recovery. And your recovery will rub off on your family.

Even if you are new at this and have not become as focused in on fixing the survivor as I was, it is going to be difficult to watch someone else go through the pain of recovering from trauma. What are you going to do when your survivor is raging, upset or crying and you suddenly want to "cheer" him or her up? It is the wrong thing to do. How do you find the strength to let the survivor feel what he or she feels? **You need your own support system** whether it is friends who understand, a professional, or a group of people who have been through something similar. You need to know that it is okay to take care of yourself. Listen when you can and when you can't, be honest about it. Get help for yourself. Trauma is disaster, but it doesn't have to stay disaster. It can be an opportunity to grow. I'm not glad that Bob saw so much blood and death in Vietnam, but I am grateful that coping with the

aftermath gave me the chance to grow, change, and do something that has been of value to others.

One of the reasons I've focused so much on the long term affects of living with PTSD is because there are so many families struggling with undiagnosed PTSD out there.

To recover, family members need to **take the focus off the survivor**. By focusing on ourselves we take the burden of "making us happy" off the survivor. That makes it easier for them to deal with their problems if they choose to. It also makes it less easy for them to blame their problems on us.

We also put the focus on what we actually do have the power to do, changing our own actions and reactions. We cannot change others but we can waste our whole life trying.

Furthermore, when we start to take care of ourselves, we show (not tell) our survivors that it is okay to take care of themselves. Playing the Lone Ranger, doing for others and never asking for help, does not fit with what we're telling the survivor to do—get

Principles of Recovery:

- Respect the trauma and the survivor
- Respect the pain of your partner who has been affected
- Rethink your lives in a no-fault way
- Develop and practice respect and compassion for each other.
- Don't compare pain but share it.
- It takes time.
- It is okay to hurt.
- We heal by degrees.

help! Why should they if we don't?

When I started getting help, Bob became more open to taking care of himself. He didn't do it in ways I wanted him to, but that is okay. I have to let him be him. I do not rub

it in if he makes a mistake. I am also able to accept and learn from my own mistakes. The only way people learn is from their mistakes. Two-year-olds don't give up on walking because they stumble or trip and fall. They keep trying 'till they develop the skill they need. Grownups can do that too.

When either partner gets help the family patterns change and that is upsetting for everyone. It doesn't feel safe. Keep that in mind.

If your survivor goes for help, you may go through a process of mourning. Denial (we were just fine 'till you got into therapy/ AA, etc.), anger (you and your damn therapist/ group), bargaining (stay home and I'll love you), sadness (I'm afraid you'll change and not love me), and finally acceptance are the stages you may cycle through a number of times. I had to give up my clear rescuing focus (no one else cares, but I do). I had to admit I was powerless to fix Bob. I felt like I had lost so much because of his PTSD, I didn't want to lose the idea that I had the power to fix this and just wasn't doing it right. It was reality, however, and although I cried over it, I realized it was true.

Then **I had to admit I had become dysfunctional** over the years as I tried to cope with PTSD. This about killed me. I was really ashamed of it. I thought I should have known about PTSD and codependency before the terms were even invented and should have known better than to become codependent. Today I have a recovery slogan I invented for when I'm should-ing on myself: *everything after the word should is bullshit*. It was very hard to admit I had problems, and it hurt.

Even though I had never been a group person, I went to a support group. I simply could not change my behavior on my own. I could not stop telling Bob how to feel, drive, think, talk, etc. Nor could I stop obsessing about his problems long enough

The Post-Traumatic Gazette

to work on mine. In a 12 step ACOA group I found what I needed: tools I could use and time to use them and other people who were using them. I learned from seeing them take new suggested actions that I could, too. Progress not perfection was one motto I loved. Another was Whoops! I used to say, "Whoops! That was an entirely free sample of my codependency. No charge and sorry about that!" when I slipped back into control. Bob would laugh instead of getting mad.

Getting help for yourself may feel selfish and your survivor may accuse you of selfishness. It's a sign of caring. Survivors usually don't say will you still love me if you change? What they usually say is why the hell are you going to that dumb meeting again! I want you here. Translated, that means "I love you and I am scared." Use a "broken record" to deal with that. Say over and over in a kind, caring and concerned voice, "I love you and I'm going to the meeting because it helps me feel good about myself and I'll be back at ___."

Recently in the Al-anon Forum magazine, I saw the essence of good communication phrased thus, "Mean what I say, say what I mean, but not say it mean." Not saying it mean was the hardest part for me because I thought I didn't have the right to say what I felt or wanted, so I'd scream or snarl or sulk. Now that I know I have that right, I can say things in a kind caring and concerned way. Somehow people hear me better.

Learning to listen was probably the healthiest thing I did for myself. When I'm listening to Bob, we're being intimate. I also had to learn to ask for what I need. "Bob, I need to whine and snivel about something for a minute, but I don't need you to give me a solution." That's how he learned to listen to me. I read *PET (Parent Effectiveness Training)* by Dr Thomas Gordon which is a book about how to listen and empower children to solve their own problems. It has a section on

active listening children so young they can't talk, which helped with a veteran who wouldn't talk. *Straight Talk* by Miller, Wackman, Nunnally & Saline, and *Messages* by McKay, Davis and Fanning are two other communication books I read and found very helpful. There's a whole chapter on this in *Recovering*. Learning to communicate effectively is respectful of both yourself and your survivor. If you already know how to do this it will help in the recovery process for you both.

Principles of Recovery: For me it is important for me to *respect* Bob's experiences of trauma. He has been affected. He will never be innocent and unaffected, but that is okay today. I had to *rethink our lives in a no-fault way*. His PTSD is circumstantial evidence of the hell he went through. My codependency is evidence of how much I care. Our problems are evidence of how hard it has been for us both, but we can recover. It is not our fault that we have had this particular problem in our life.

Finding good help is important. Most of the books I've reviewed in this issue cover finding a therapist or group. Next issue is on 12 Step recovery which is where I've gotten most of my help.

To recover we have to **develop and practice respect for each other**. We **don't compare pain** but we can **share it**. I feel about Bob the way he felt about the wounded guys he tried to save in Vietnam. He can identify with that.

I had to **give up blame and develop compassion** (which I thought I had). I had to **learn to agree to disagree**, that having to think alike was a sign of a dysfunctional family. I had to **learn to respond rather than react, which is like having an emotional pause button**. I had to detach and work on me.

It says in the Al-anon One Day at a Time, "I do have the power to change myself and nothing can prevent it but my own unwillingness. Never let me

imagine that my satisfaction with life depends on what someone else may do..." (August 21) Those are words to live by for me today.

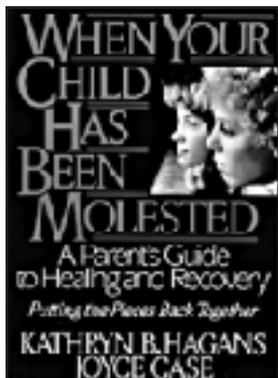
That doesn't mean that I don't sometimes want to change Bob or fix him. I suspect I'll recycle those feelings occasionally for the rest of my life. That's okay. But when they do come up, I look within to see what is going on with me and work on that. Bob is fine just the way he is. He went through hell, he has scars, and I love him anyhow.

Recovery from fixing others is a slow process. It takes time. It is okay to hurt. We heal by degrees. We don't have to do it perfectly or on someone's timetable. We are pioneers in a new field (PTSD families), and we are working out the ways we can recover, one day at a time.

If you haven't developed a lot of the dysfunctional patterns I did, focusing on family recovery will help you. Remember, it is okay to say you are overwhelmed and can't listen any more. It is okay to ask your survivor for help. They aren't helpless. They survived. It is okay to take care of yourself. Look for help and you will find it.

If someone as defensive and dysfunctional as I became could recover, anyone can.

Good luck!



When Your Child Has Been Molested: A Parents Guide to Healing and Recovery, Kathryn Hagans and Joyce Case, D.C. Heath & Co. 1988, 18.95.

Fifteen chapters of good down to earth talk about molestation and its consequences and how to care for your child. A family is followed through therapy and court. There are 19 "Reality Check" lists including What Are Some of the Facts about Sexual Abuse and Abusers?, What Are Some Helpful Phrases To Use With Your Child When First Told of the Molestation? (totally wonderful, healing responses), What Lifelong Problems Can Develop When Children Are Not Believed? which is a must read. Following the story of one family makes it an easy and engaging read.

Family Fallout: A Handbook for Families of Adult Sexual Abuse Survivors, Dorothy Landry, Safer Society, 1991, 12.95.

Written for family members when sexual abuse has just been revealed years later, this is a short simple healing book. It accepts the fact that some people would prefer to ignore or deny such reports in their own family but points out that these may be defenses which are in place for a reason. In the chapter "Reconciling with the Past", there are some wonderful healing words for a parent who was absent or unresponsive to an abused child. "It is never too late for a parent to offer support." Landry also reminds us, "It is the offenders role to seek forgiveness and make amends, not the survivor's job to be understanding, forgiving, and responsive to the perpetrator's needs and feelings." Chapter Seven is for partners and talks about honesty, awareness of your limitations, and getting support. There are chapters for adolescents and young kids about what the parent who was abused as a child may be going through. I like them a lot because kids tend to think things are their fault and they need reassurance. Chapter 10 has good suggestions on how to help, Chapter 11 talks about healing rituals, and Chapter 12 has a series of quotes from families and friends who talk about how they have grown and gained from supporting a survivor.

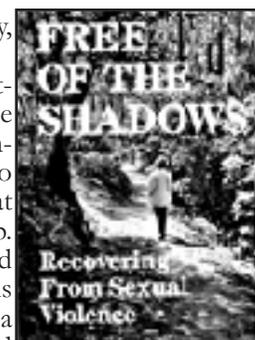


Recovering From Rape, Linda E Ledray, RN, PhD, Henry Holt and Co, 1986, 9.95.

Part One contains eight chapters, from "It's Not Your Fault," to "Convicting the Rapist." Part Two is about who rapes and preventing rape. Each chapter in Part One is divided into a section for the survivor and a section for the significant other. "The one thing that will make the most significant difference in how the survivor recovers from this very traumatic experience is your acceptance and support of her in these next few days and weeks," Ledray writes. In the next paragraph she reminds us all, "She lived through it, so whatever she did was right." [my italics].

Free of the Shadows; Recovering from Sexual Violence, Caren Adams and Jennifer Fay, New Harbinger, 1989. 12.95.

Almost every page of this book has a section for family and friends at the bottom. The format is a question or statement at the top followed by discussion. The short discussions would be especially valuable to someone who has trouble concentrating as many trauma survivors do. 12 chapters from "The Nightmare" to "Notes For Therapists" all contain useful and practical information. Some highlights are the list of what to say: first on the list: "I'm really sorry this happened to you." (p.28), the great airplane metaphor on p. 19 (bad luck is bad luck. Nothing deserves rape.), if only on p. 20, it isn't fair on 59. "People recover and regain themselves at the pace they can," (p. 16) may be the most important thing for family and friends to understand. On p. 58, they go on to say "Recovery occurs in stages with many 'relapses'." P. 150 has a list of signs that someone is trustworthy which anyone would find useful. ("Someone listens to you and doesn't ignore or try to explain away your feelings.") One final quote from this very readable and helpful book: "To believe a human is ruined by another's violence is to underestimate the strength—and source—of human dignity." (p. 127).



Helping Traumatized Families, Charles R Figley, Jossey-Bass, 1989, 29.95

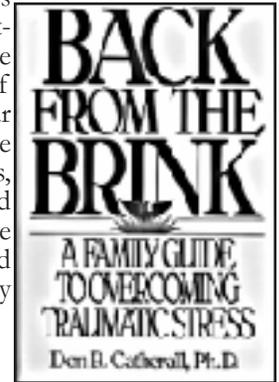


This book is aimed at helping all types of trauma survivors instead of one particular type of trauma like the previous books. Reading the book brought up a lot of sad feelings for me. I couldn't help wondering how different my life would have been if we'd been in family therapy with someone like Dr. Figley instead of the two goofball psychology graduate students with the camera we saw once in 1971. Figley's another of those right attitude people. A Vietnam veteran, he helped formulate the diagnosis of PTSD and found the Society for Traumatic Stress Studies. His guidelines for treatment are a "respect for all family members and an appreciation for their suffering." This is the right attitude, because family members do suffer and are trying to do the right thing. He also works to normalize the symptoms of PTSD which I think is one of the most healing things a therapist can do. He points out that things will seem to get worse before they get better. He sees the therapist's job as empowering the family to help themselves. This is a book written for therapists and would be valuable for someone who is always trying to increase his or her skills. It has several useful questionnaires in the back to help therapists evaluate a new client family. Figley's treatment model is based on meeting 8 objectives from

“rapport and trust between therapist and client” to “building a family healing theory.” This gives the family a way to measure progress which is also empowering. He suggests five treatment phases and points out that the dysfunctional family will take more time and work to go through these phases than the family that is non-blaming and sees the problem as a family problem. Realism!

Back From the Brink: A Family Guide to Overcoming Traumatic Stress, Don Catherall, PhD, Bantam Books, 1992, 22.00.

Don Catherall served in the Marines in Vietnam and came home traumatized. His honesty about that gives me tremendous faith in what he writes. I like this book because when I read a statement like “If you have trauma dreams you know they can be as bad as the trauma itself” (p48), it has the ring of experience. The book is written for all survivors and family members of all types of trauma. “One of the central messages of this book is that trauma affects entire families even if only one individual was initially traumatized.” (p 63). Chapter 3, “Staggering in Sync,” is written for family members and discusses the effects of living with PTSD. The section “The Impact on the Family as a System” on page 71 contains a really important discussion about identifying family styles of coping. Trauma doesn’t happen in a vacuum and unless you understand that you are affected by your own family patterns which may be dysfunctional your ideas about healing may be seriously flawed. He offers exercises to help you analyze this. In Part II, “Helping”, Chapter 6, “Guidelines for Loved Ones, Talking/Listening/Relating to the Trauma Survivor” is full of wonderful insights and helpful ideas and exercises. He discusses rage attacks on p. 134 and p. 193. As a combat veteran who had PTSD, I take his comments very seriously and find them useful in my attempts to understand my own husband and a lot of my veteran friends. Part III, “Healing,” is aimed mostly at the trauma survivor but was very helpful to me because I can use some of these ideas myself.



Used books can be found at www.bookfinder.com, often very inexpensively.

PTSD in the News

“Reintegration Stress for Desert Storm Families: Wartime Deployments and Family Trauma” Mary Jo Peebles-Kleiger and James Kleiger, *Journal of Traumatic Stress*, Vol. 7, No. 2, 1994, p. 173-94. Plenum Publishing Co. 233 Spring St., NY, NY, 10013.

I love articles which illustrate the great gap between expectation and reality in dealing with traumatic stress. Some dumb bureaucrats in the U. S. military decided to give educational support about separation to the families involved in Desert Storm, using materials designed for peacetime deployment while Saddam Hussein was rattling his saber and promising the mother of all wars.

Result? The families thought their normal reactions to having a husband or wife off at war were wrong because they did not match what they had been told to expect. They were told they’d get over the worry phase in about 6 weeks and be in recovery/stabilization or coping/detachment phase (depending on the particular model they were taught.) Needless to say, families felt more stress due to the wrong expectations being raised and often got less

support from the professionals on base because they had the wrong expectations too.

This paper offers an educational plan I could have used when Bob was in Vietnam and since he came back. The authors give the rest of us a reality check. War is war, trauma is trauma, whether it lasts 5 years, 1 year, or 5 days. It still affects you. I can’t express my admiration enough for the thoughtfulness and capacity to see and care for others of the authors of this article.

SCIENTIST INTERVIEWS TRAUMA SURVIVORS!

“Trauma survey delves into delayed recall,” *Science News*, August 26, 1995, Vol. 148, No. 9, p135.

Science News covers all the sciences weekly. There are often very good articles in it for anyone interested in PTSD. A national survey reveals that 20% of severe trauma survivors forget the entire experience for a period of time and another 20% forget important details of the trauma for periods of time. This is, of course, no surprise to anyone who has studied PTSD. One of the diagnostic criteria of PTSD is “inability to recall an important aspect of the trauma[C-3].”

Since a lot of memory experts who have not studied trauma feel called upon to give their opinion on the subject of whether a traumatic memory can be repressed, it is nice to have a scientific study done of actual trauma survivors. Yes, memories are often repressed. Yes, black, white, hispanic, male and female, people in therapy and people who have never seen a therapist, all report having repressed memories of trauma and most of them regained their memories not in therapy, but because some event triggered the memory. Only 14% of the survey subjects had memories come back in therapy. More common triggers were news stories, lovemaking, events similar to the forgotten event, conversations, dreams, nightmares, and further violence.

Diana M. Elliott of the UCLA School of Medicine was the director of the survey which was presented at the annual meeting of the American Psychological Association in New York City, August, 1995. Diana M. Elliott gets a gold star from the PTG!