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Validation and Invalidation

by Patience Mason

The word valid means “well grounded; just,” according to the *American Heritage Dictionary*. Trauma survivors and their families have well grounded reasons for their difficulties; trauma is just cause for problems.

The second definition is “producing the desired results; efficacious; valid methods,” which, of course, is what we are trying to find in our journeys towards recovery. We want to find—or develop—ways to heal that work.

Another definition is “Logic. a. Containing premises from which the conclusion may logically be derived: a valid argument. b. Correctly inferred or deduced from a premise: a valid conclusion. For instance, it is valid to assume that if 66% of Vietnam veterans who were exposed to high war zone stress have had PTSD at some time, as was revealed in the *National Vietnam Veterans Readjustment Study*, and 33% still do today, that this is a normal reaction to high war zone stress. If 69% of the spouses of police officers killed in the line of duty have diagnosable PTSD afterwards, we can assume PTSD is a normal reaction to having a spouse killed. Yet, in one book I recently read, spouses of men killed in Vietnam were spoken of as having “secondary PTSD,” as if the violent death of a loved one were not a traumatic stressor. I actually know of no study of PTSD in family members of people killed in action.

The final meaning is an archaic one: “Of sound health; robust.” and that is what we all want, to find healing and to become robust and

full of life.

Valid derives from the latin, validus, strong. Trauma survivors are strong or they would not be alive. Many of their symptoms are life-saving and creative responses to trauma, yet the old medical model tends to invalidate this and picture them as weak and defective. When I talk to trauma survivors about the symptoms of PTSD as survivor skills, I can see hope kindle in every face in the room, because I am validating behaviors that can feel quite crazy. There is a reason behind every PTSD symptom, and knowing that strengthens trauma survivors.

Validation: To establish the soundness of; corroborate.

Invalidation: To make invalid; nullify.

Trauma is nullification in the literal sense of the word, death and the threat of death being the ultimate nullification. Trauma survivors have survived nullification yet they must fight invalidation all the time. It ain't fair! Veterans may be told they weren't in a “real” war (Vietnam vets, Gulf War vets) or that while they were off larking around Europe or the Pacific, it was hard to get cigarettes here at home or that people were tired of war stories (WWII vets). Veterans have been told that they must be weaklings if they have problems by people who have never faced a gun or are dealing with their own problems through workaholism. Incest survivors have been told that it didn't happen, that they wanted it and that it didn't hurt even if it did happen or they should be over it. I could give examples from every kind of

trauma.

An entire sub-culture of professionals focus their research on “Why do some people get PTSD?” (presumably because if they can figure it out, they can change the laws of nature and prevent PTSD) instead of “What can we do to help?” or even “How can we prevent trauma?” I always point out to such researchers that the “resilient” people they are studying may not have diagnosable symptoms yet, but there is a *post* in PTSD.

Survivors of trauma are constantly bombarded with “Why do you do that? Why aren't you over that? What's wrong with you?” remarks, as if most people wouldn't be bothered by what the survivor lived through. This, of course, is ignorance talking.

Another kind of invalidation takes place in families and sometimes among professionals. “What's your problem? You haven't got a problem! You were never raped/battered/in combat!” as if the only reasons people have problems were traumatic events. I have even heard a woman PhD in the forefront of the domestic violence movement make fun of men who are battered by their wives. She seemed to feel that battering men was no problem.

Invalidation is painful to family members, particularly children. Every day childish problems are real and important to them and deserve to be validated. (How? “You look worried, dear. Can we talk about it?”) Not everyone has a baseline of trauma and they are not bad if they don't—not good either—just lucky.

An invalidating environment is

one of the causes of Borderline Personality Disorder, according to Marsha Linehan, PhD in *Cognitive-Behavioral Treatment of Borderline Personality Disorder* (Great book! Guilford Press). Borderline Personality Disorder is also caused by severe childhood abuse. This implies to me that an invalidating environment is severely abusive to children. I also think invalidation is abusive to adults with PTSD, and to spouses and significant others who often have struggled alone for years to support and care for someone they love very much in the face of problems that most people have never had to face.

Family members can be subtly or not so subtly invalidated by therapists who like to think they alone know the trauma so they alone are affected by it. My answer, as a family member, is "Ha!" We may not know the details, but we live with the effects every day and we are affected.

There's a phrase, compassion fatigue, which seems to me to describe how I felt when I was struggling to help Bob without knowing what was wrong or what would help and everything seemed like it was my fault and my responsibility. It's a phrase that validates my experience. I once offered to write a chapter for a professional book on compassion fatigue, which is seen mainly as a problem for therapists. I didn't even get a no thanks.

Is there value to invalidation? Invalidation is also a survival skill. People start invalidating and discounting their pain as a protective device, a defense. Such a pattern serves them well in invalidating environments. Invalidation is common and painful. We have to protect ourselves from it.

Trauma survivors may also invalidate others as a form of self-protection when they are struggling to keep their heads above water in

a flood of feelings and symptoms that make no sense to them. They simply cannot deal with other peoples' problems. If they haven't been taught how to say a simple quiet "no," or "I can't deal with that right now," they may wind up screaming, "What's your problem? You were never____." The reality of their desperate struggle just to survive explodes out in words that are hurtful to others. I decided a long time ago that this was shrapnel from the war and I wasn't going to take it personally. Perhaps you can do the same.

If invalidation is abusive, then validation is obviously going to be healing. A healthy aim for all of us is to let that defense of invalidating either yourself or others go, and create a validating and supportive environment in which it is possible for family members and trauma survivors to heal together.

What needs validation? Feelings. Facts. Needs. That it is okay to heal. We are not deserting those who didn't make it (whether they are family members who are in denial or buddies we left on the field of battle) if we heal. Pain needs to be validated. So does hope. (That's why it is so destructive to be told "this is as good as it is going to get" by a therapist. By the nature of the universe, no therapist can say that, because no therapist knows everything or has tried everything.) It's valid that we have problems if we deal with life, trauma or no. That trauma increases the number of problems we face. That it is normal to be affected by trauma and by living with someone who has been traumatized. That trauma affects various aspects of life for various people. That people are different and need different solutions. That it is extremely hard to find good help for PTSD. That secondary wounding is a constant problem for trauma survivors and their families.

This list could fill the whole issue of the Gazette, but each person needs to make a list, to identify what parts of his or her experience have been invalidated. Those are the parts you are angriest about or the things that hurt so much you don't want to think about them. They may replay themselves again and again in your mind. It may be your mother calling you a liar when you revealed that you were being sexually abused. It may be a person calling you a baby-killer when you got back from Vietnam. It may be your friend saying, "Stop dwelling on it," because you didn't get over being raped as fast as she thinks you should. Whatever it is, bringing it to consciousness is the first step towards finding validation.

What is validation? Due to ignorance and the idea that if we acknowledge other peoples' pain, we have to fix it, most people invalidate others to avoid acknowledging their pain. They are mixing up two very different things.

Acknowledging another's reality (experiences, feelings, symptoms) is validation.

Trying to fix it is invalidation. That is why people who are trying to help may wind up wounding instead.

If it stops a feeling, it is not validation.

Saying, "Why don't you...." is invalidating. Sharing tools is validating. Giving directions is invalidating. Trauma survivors and their families need to regain a sense of empowerment. They do not need to be told what to do.

Saying, "I understand," is invalidating (as well as being a lie). As a matter of fact, it is mentioned as one of the forms of verbal aggression in Suzette Hadin Elgin's *The Gentle Art of Verbal Self Defense*, a book that really helped me understand why some statements which on the surface seemed "nice"

used to put me into rages. Elgin explains why. She also teaches ways to turn the tables on sweetly reasonable invalidators.

Validation is listening. Validation is acknowledging someone else's experience has been difficult for them (or wonderful for them). Validation includes respect, compassion, listening and eventually, if asked, suggestions (not directions) about what might help, if you have had experience in that area.

One of the most validating experiences is to be listened to. A major benefit of therapy is getting to tell your story to a respectful validating person. Active listening, one of the techniques I discuss in *Recovering From the War*, is a way of validating others and of being validated by them. A good therapist, a good 12-step sponsor, a good spiritual advisor, or a good friend can all give validation. When you are validated there is a feeling of release and peace after the conversation.

Reading the experiences of others who have faced what you faced, or going to a group where others have experienced similar things are also very validating. We often think we are alone and weirdly unique. It is very validating to find out other people do what you do or feel what you feel. That they have found ways to change and grow validates the hope that each of us can too.

People can also learn to validate themselves. Validation can be done simply by repeating a phrase that reminds you you are where you are in your recovery and that is okay. see page 4, 10 Things You Can Do Today To Validate Yourself and Others.

What is not validation:

Some people think it is validating to say, well he was in combat so of course a little domestic violence is expected. Or she's an incest survivor and so she goes into rages. Or it's okay for her to hit the kids after

all she's been through. I don't agree. Enabling is not validation.

It's not validation to accept violence from abuse survivors. It is not validating your sexual abuse to act out sexually. It is not validation to stay drunk and drugged or to weigh 500 pounds, either, after all you have been through. It may be the best you can do right now, but those are all things that reflect a need for healing and change.

It isn't validation to believe you can't change because you were traumatized. However, validating the fact that you were traumatized can give you an understanding of why it is so hard for you to change. That understanding can help you find tools that will help you heal and let go of the idea that there is a magic cure or a future without problems.

Validation is a skill like any other. It can be learned. Most of us never saw or heard of anyone who could validate themselves or their own experiences. Instead we were exposed to discounting, devaluing and dismissal or excuses, self-pity and hopelessness. We have to develop our own patterns of validation and practice them. Maybe you need to tell yourself, "It is okay to be in pain." Maybe you need to say, "I deserve to heal." Find what words work for you. Practice! If we give validation to ourselves, there will be enough and more than enough to go around. When you have practiced validating yourself regularly till it becomes a habit, you may even find that validating someone else engages a powerful feeling of compassion in you and gives you joy.

How to validate yourself:

The last issue "Compassion vs. the Cycle of Self-Pity and Self-Criticism," can provide a basis for validating your self. You can identify and acknowledge what happened and that it hurt, that it takes time to heal. Healing is hard painful work,

and PTSD symptoms may come up again if you have more traumas. That is reality. Reality is, by definition, valid. Living in reality has one huge advantage: it works! If everything you have ever tried in order to recover hasn't worked, maybe it is because you were not realistic about how much trauma affected you and what it takes to recover. (Or you may not yet have found the right help.) Validation is about realism.

Don't force it: One step in validating yourself is to stop trying to force healing. A sense of urgency, the idea that this time is different, or the words should, ought or just, as in "I should be over this, I ought to be nice, I was just whatever" are signs that you are discounting and devaluing yourself.

If you go to a therapist and want to run through your traumas in a rush, if you are constantly angry at yourself for not being "over it," if you compare your trauma to other people's traumas and decide yours was nothing, these are other ways of invalidating yourself. There are lots of people who don't understand about trauma who will do this for you. No need to volunteer for the job.

Validation is also a long term process of repetition because discounting and invalidation are so common. It takes repetition and practice to replace old abusive messages with new healing ones. It is a one day at a time, one step at a time process, starting now.

10 Things You Can Do Today To Validate Yourself And Others

1. Give yourself credit for surviving something that is difficult for anyone: Sometimes it is possible to be so caught up in the rush of everyday life that you forget that you have survived the trauma or the problems of living with a traumatized person or the difficulties of treating people with PTSD. It takes strength to do each of these. Pat yourself on the back. Life may not be perfect, but you are alive and growing or you wouldn't be reading this newsletter. Tell yourself so!

2. Encourage yourself to look for solutions that work for you: You are not a clone of some survivor or veteran or family member or therapist down the street, in the movies, or in a book. What worked for them may not work for you. As an individual, you can and will find individual solutions. If solutions that once worked (alcohol, drugs, food, sex, isolation, emotional numbing, rages, doing everything for someone, your usual therapy methods) are now some of your biggest problems, look for new ones. With an open mind, you will find something that works.

3. Acknowledge that everyday problems are problems: When you are struggling with PTSD, sometimes everyday problems seem insanely trivial, but ignoring them can make your life very chaotic. Taking care of business is an important part of life for everyone. Sometimes working on small everyday problems can help you find tools that help with the big ones, like persistence, willingness, or a one-day (hour, minute)-at-a-time attitude.

4. Find out what you are feeling: Identifying, acknowledging and accepting your thoughts and feelings is a way of validating them. Identifying them takes time if you are used to being numb or being really busy. That's okay. You can practice. Listen to and acknowledge feelings even if you don't like them. Whether they are your own feelings or those of someone close to you, acknowledgement is the first, sometimes the only, thing you need to do with feelings. They pass if you acknowledge them. Sometimes you have to accept and sit with feelings before they will pass. This takes time and practice but it is a skill that can be learned.

5. Don't solve: Especially for other people, don't give them solutions for their problems. That always feels like invalidation no matter how kindly done. The phrases, "If you just..." "You should..." "You ought to..." are all the precursors to solutions and should serve as red flags. Not giving solutions helps you develop boundaries. It acknowledges that what worked for you may not work for someone else. This strengthens relationships in the long run by making them more equal. Everyone has innate capacities. Developing them is short-circuited by other people's solutions. Sometimes people want solutions from you. One validating thing you can say is "I suspect you can come up with your own solution for that, one which fits you." If they continue to press, I might say, "Well, in a similar situation I have done thus and so, but I don't know if it will work for you." I also suggest consulting the library, the bookstore, a therapist, their sponsor, other recovering people, and that there are other resources I might not have thought of.

6. Change your self talk if necessary: What am I saying to myself? Take the time to listen to what is going on in your head. What do you commonly tell yourself? Is it kind or do you devalue yourself before anyone else can? This is a very ineffective way to defend yourself against pain or to motivate change although it may at one time have worked. Is it working today? My experience has been that shaming self talk worked badly at one time and doesn't work at all now.

"You dummy," can be answered with, "It is human nature to make mistakes. Life does not always go the way we want it to."

"I'm such a loser," can be answered with "I have had a difficult life and some things are harder for me than others, but I am doing my best. Who says I have to be perfect?"

Look in the mirror every morning and say , "Hello. I love you!" to yourself. This is hard at first, but it gets easier.

When you are having trouble, say to yourself, "Most people have trouble at one time or another. I can work through this and find help if I need it."

7. Be kind to yourself: Nothing validates a person more than kindness. If you have identified unkind self talk, you can practice kind self talk. Phrase things in a way that helps you. I am constantly amazed at how often I have to repeat kind self-talk. It is not like I say it once and I'm fixed (much as I might like that). For me, it is a continuous process of remembering to listen to myself and then being willing, just for today, to take actions that I know will help, including talking to myself in a validating and encouraging way.

You can rest when you are tired, eat when you are hungry, find company when you are lonely, and give yourself compassion when you are angry using the HEALS technique discussed in Issues 7 & 20. Keep a list of kindnesses to consult when you are frazzled. Remember, overindulgence causes stress and is not kind. It is evidence of how much we need kindness, however.

8. Take time for yourself: Being worth your own time is very validating. If you are running constantly, no matter what the reason, taking time for yourself is hard, but it is also a skill you can develop. I call it being a human being instead of a "human doing." The practice of taking time for yourself means letting go of people pleasing and impression-management and being more real and more realistic. People need time for themselves. Look over the day, focus on a few goals for the day and just be!

9. Write out validating statements on a card and carry it with you: You could put ones that validate you on one side and ones that validate others on the other side: For example, "I have been through hell and it did affect me," and "I deserve to recover," on one side and "I am sorry that happened to you," and "I am sorry that you are upset," on the other. Make up ones that work for you and your family.

Another form of self validating writing is to put down a problem in black and white so you can see the main points (like you would in a legal contract) 1—what is happening and what I feel, 2—when have I felt this way before? 3—patterns this feeling usually causes, 4—choices I may have besides following old patterns, and 5—am I willing to change? This validates both the original problem and the fact that you want to find choices that will help you heal. I have to, quite literally, remind myself of that every day in writing.

10. Listen and don't cheerlead: When you are really listening, rather than thinking out what you are going to say, people can tell. Listening is a hard skill to learn but anything you focus your attention on will become interesting if you let it, just as anything we are interested in gets our attention. Cheering up stops communication cold. Although kindly meant, it is invalidating. "You'll be all right," comforts you, not the person to whom you say it. Hidden forms of cheering up include patting people on the back when they cry, getting them tissues, or offering drugs (including prescribing drugs), alcohol, or food to someone in distress.

Traumatic Incident Reduction by Gerald D. French and Chrys J Harris, CRC Press, 1998, \$39.95, 1-800-272-7737

Gerald French and Chrys Harris have produced a wonderfully detailed, easily-understood, helpful book on the hows and the whys of Traumatic Incident Reduction. As I have said in past issues, this form of handling traumatic incidents is validating and empowering. Just the word “handling” expresses the practical and accepting attitude of TIR: of course people have an emotional charge connected to traumatic incidents, and people have within them the ability to handle most of this themselves if they are guided by a skilled facilitator through some simple steps until the emotional charge is gone. In TIR, you handle the traumatic incident you are interested in handling at your own pace, sharing only what you want out of the experience with an interested facilitator who guides you through the process without making comments or telling you how to feel or think about it. The book is well written and easy to read. The directions are clear. The examples inspire hope and trust in the method.

A bit of the theory quoted from pp. 8-9:

Trauma symptoms, therefore, are “powered by” the emotional charge associated with a root incident, one which may be far removed in time from the most recent experience of the symptom. Moore points out...the pairing of one stimulus with another ad infinitum creates a conditioned response chain leading back to the initial conditioned response. He also suggests that the longer the sequence of sequents [a word for incidents after the trauma in which PTSD symptoms are triggered so such incidents also become emotionally charged—ed.], the less likely it is that a victim will necessarily consciously associate them with their root. That is, the root can be far enough removed that a particular trauma response appears to be more directly affiliated with one or more recent sequents. This...is one reason why...covert PTSD—symptoms related to an unrecognized or unremembered trauma—can be so difficult to treat. In the absence of addressing the root directly there is always emotional charge available to be triggered... No...limit appears to exist in humans [to the number of stimuli that can be associated with the emotional charge of a traumatic incident]... Figure 2 represents a series of five incidents among a great many “sequents” that were experienced over a period of years by one person—a combat veteran. Each sequent is linked through association with a sixth “root” incident containing stimuli that included the sounds of children, the sound of a helicopter, and the loud noise of an explosion, as well as the sight of a tree line and the taste of chewing gum. Note that each succeeding sequent...contains new stimuli in addition to others present in earlier incidents. Note too, however, that by the time the most recent incident occurs, the process of generalization through association has so broadened the range of effective stimuli or triggers that the ...response—blinding rage—triggered by the original event, can now be triggered by other stimuli, none of which were present in the root incident.

When the victim repeatedly and in sequence reviews a series of incidents or experiences containing unpleasant symptoms, these sequents in effect collapse and the root incident becomes exposed. As this occurs the victim is allowed to inspect the experience; gain insight into the thoughts, sensations, and feelings suppressed in the original incident; and finally to reach an understanding of the traumatic experience(s) that is consistent with his/her perception of self and the world. With the relevant sequents addressed and the root incident eliminated, the victim can move into survivorship. If only some of the sequents are dealt with and the root incident remains intact, the victim may be unable to progress to survivorship, but may still experience significant relief.

What to expect, quoted from pp. 14-15:

TIR is a procedure intended to render benign the consequences of past traumatic events. Used correctly and in suitable circumstances, it eliminates virtually all of the symptoms of PTSD listed in the DSM-IV and is capable of resolving a host of painful and unwanted feelings and emotions that have not surrendered to other interventions...TIR is an uncovering technique and has elements in common with other approaches that employ repetitive exposure and desensitization...[but] it differs...significantly. For example at no time during a TIR session does the protocol permit the therapist to offer any comments, interpretations, evaluations, disputations, or even validations to the client. [Attentive

listening and acknowledgement are the best validation.—ed] Although tightly scripted, TIR provides a client-titrated exposure, and typically involves far more communication from the client than from the therapist. TIR leads, more often than not, to spontaneously client-generated insight, personal growth, and empowerment.

A vital part of the therapist's role in TIR consists of keeping the session and the client's attention tightly focused. The therapist always consults the client in deciding what to address in a given session and, once begun, each session continues until the presenting incident or target symptom (called a "theme") that the client and therapist have agreed to address in that session has been brought to an "end point"... At that point, the client will typically experience and voice, at a minimum, a sense of peace, respite, and relief. The client will no longer be haunted by the theme or incident and, in one way or another, the therapist will know that. On occasion, by the end of the session, the therapist will observe truly dramatic changes in the client's affect and ideation. manifested by laughter, expressions of joyous relief ("I can't believe I've suffered so long over that!") and the expression of major and life changing cognitive shifts.

Examples

Basic TIR, quoted from pp. 152-153:..John had just completed many months of therapy at a government sponsored center for the treatment of PTSD, but his symptoms remained unabated or worsened.

When he was asked to find a traumatic incident, John did so without hesitation. In fact he was already "in" a specific incident that had haunted him for more than 20 years. His facilitator directed him through this first incident 17 times. Each time John described it in detail, though different details kept appearing. Initially John ran the incident calmly and dispassionately. After several passes, however he was manifesting an enormous amount of grief and terror as he recounted the events it contained. With further repetition, the intensity of negative emotion gradually diminished, until after 13 or 14 run-throughs he was again able to recount the incident quite calmly. The facilitator made no comment whatsoever about what John was saying, but simply acknowledged him and continued to direct him through the incident. At the end of 50 minutes, John brightened up and laughed, and the session ended. He was tired but "feeling good."

Significantly, he noted the fact that although this incident had come up repeatedly in his previous therapy, he had never before been given the opportunity to go through it even once without being interrupted by questions, interpretations, evaluations and invalidations.

In four subsequent sessions, John handled four more incidents...At that point, though his life was far from perfect, John was (and would remain) completely free of the nightmares, anxiety attacks, and flashbacks that he had suffered for many years... He had many insights and realizations, all completely self-generated.

Thematic TIR, quote from pp. 158-159:

In a TIR session, pursuing one of the themes on which his attention had become riveted, Dean reviewed each of the incidents described, eventually reaching and running the root—the ambush. At that point, he experienced an insight concerning the similarities (themes) contained in the other incidents, and with an abruptness that is common in TIR, they ceased to trouble him... Dean has been able to discard his negative attitudes... He has come to regard his reflexes ("startle reaction") as a potential asset—something that no longer embarrasses him in the slightest, but of which, to the contrary, he is proud. He no longer fears emotional commitment—and he can comfortably recall the ambush experience, talk about it openly and candidly, and in his words, "put it aside as one does the morning paper."

Although both examples I have used are about male veterans the book also contains examples of TIR run on civilian incidents on both male and female survivors of trauma. Sometimes the trauma was the problem and sometimes the emotional charge of the trauma was buried in a less "traumatic" childhood incident which was uncovered during TIR..

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That Old Feeling!

Whenever my grandson, Jack, leaves my house these days, even though he is going off with his parents, I am overwhelmed with an intense feeling of loss, compounded with fear that I will never see him again, and a feeling like my heart is breaking. It is very uncomfortable, and it seems pretty irrational, but I have learned to respect my feelings. I also try to learn from them, so I have been examining these painful emotions in the light of my past experiences.

The most traumatic thing that ever happened to me was when Bob went to Vietnam and I thought I would never see him again. My grandson Jack is the age my son Jack was when Bob went to Vietnam and looks just like him. I think the feelings I am experiencing are from a different time zone, the time when Bob went to Vietnam. Their intensity is one reason I believe this. They are way out of proportion to what

is happening.

Rather than acting on my feelings (trying to keep little Jack in my house forever, which would be pretty hard to do, never mind annoying his parents) or trying to suppress them, I struggle daily to acknowledge my feelings, name them, and take the time to feel them.

It is hard. It hurts. I cry.

I cry for little Jack. I am afraid that life will not be perfect for him. His parents may not always understand him or be perfect parents. (I wasn't!) He might run into the street and get hurt, etc. All those fears pile up just as my fears for Bob did when he went to war.

I cry for me, too, for the young wife who loved her husband so much that she wanted to die if he died. I also cry for the scared sad woman who didn't understand what had happened to her husband when he got back, who spent many despairing years trying (unsuccessfully!) to be perfect and to fix him.

When I cry, my chest moves and shakes. I make weird noises. My nose runs. My sinuses hurt. These physical manifestations are evidence of the depth of my suppressed grief and pain and fear, so I accept them as necessary for my healing.

After a while I stop crying. I feel better. I go about my day.

I do this over and over again. I don't fight it, although I may postpone it to a time I can be alone. I don't take my grief as a call to action—to start fixing the world or the people involved—as I once would have. I just have to feel what I feel and let it be. Each time I feel relief afterwards.

You can too.

Recovery is not for sissies. Neither is crying, whatever your parents told you!