

The Post-Traumatic Gazette No. 22

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“Can’t you just be normal for one day?” More thoughts on PTSD and holidays

by Patience Mason

One of the perennial problems trauma survivors face is the request, usually from family members around holiday times, “Can’t you just be normal for one day?”

The answer is no.

The answer is “I am normal for what I have been through.”

Trauma survivors pay a price for what they have suffered. This price is not rescinded just because it is a holiday. The answer is “I went through hell, and holidays bring up a lot of pain. No. I cannot be normal, as you call it. I am normal for what I have been through.”

Part of the pain induced by the request to be normal is the unspoken assumption that you could be normal for a day if you just tried hard enough. Suzette Hadin Elgin in her book, *The Gentle Art of Verbal Self-Defense* (Dorsett, 1980), calls this a presupposition. Other presuppositions in that statement are that it is wrong not to act like everybody else, that other people’s happiness depends on what you do, that holidays must be celebrated by everyone in the same way, and that trauma shouldn’t affect you, or should only affect you in ways that the other person finds tolerable.

“Can’t you just be normal for one day?” is a verbal attack, although the person doing the attacking probably does not identify it as such. It is couched in terms of sweet reason, but it carries a heavy burden of denial of what the survivor has been through and of the problems the person doing the requesting has in meeting his or her own needs through a variety of other sources, which is why he or she is trying to make the survivor meet them.

Of course, if the trauma survivor

spends the rest of the year denying that he or she has problems and refusing to get help, wanting to have special needs over the holidays can be pretty irritating to the rest of the family. If you are doing that, you might want to face your problems and look for some good help.

Families and friends pay a price for living with a trauma survivor. Sometimes it is painful, but any relationship has pain. We feel survivors are worth the pain. We can acknowledge our pain without having to blame the survivor. This is just how it is. As families, we are different. That difference does not have to remain a negative. It takes strength to survive trauma. It takes strength to survive living with a trauma survivor. We are strong, but our strengths do not lie in conventional holiday celebrations. We need to create our own ways of celebrating survival and recovery which may be quite different from shop-till-you-drop, Christmas crowds at the house, or going over to the houses of relatives who discount and demean trauma survivors.

Each of us can think about what we can do for ourself. Is there some small way you can be there for yourself in ways you haven’t been in the past, even if it is only staying sober or allowing yourself some quiet time? What can you do for the parts of you you may have lost during the trauma or the parts of you you have ignored while living with a trauma survivor? What can you do for other survivors, for other families and friends of survivors? One thing is to pass out last year’s article on PTSD and Holidays. You have permission to make copies of it and pass them on.

Perhaps this year the trauma survivor and family and/or friends can sit down

and discuss how they can create meaningful celebrations. Is there something the trauma survivor would like to do with or for the rest of the family?

Starting small is a good idea if you are going to try to change. In my experience, every time I tried to do too much or tried to change quickly, I failed. I strongly recommend very small, low key changes, things that seem like they won’t be a trigger. Have a backup plan for the survivor if he or she is triggered.

Broken promises can create very hard feelings, so I suggest not making promises or asking for them. Making someone promise to do something is also a form of coercion, an attempt to control, and with trauma survivors it can backfire. They need to regain a sense of control in their lives. Extracting promises only gives them something to rebel against.

Sometimes survivors are also controlling, extracting promises from family or friend. It is understandable but it carries the same drawbacks. If we need to stop focusing on the trauma survivor and let him or her heal, we, too, need the freedom to meet our own needs. We should have back-up plans so we can enjoy things even if the survivor has to bow out at the last minute. Yes, we do deserve to go to the Nutcracker, to a movie, to a service, to a tree lighting, a party, or any other treat we have planned—by ourselves or with another friend—if the survivor can’t make it. We do not have to stay home.

—Happy Holidays from Patience

Recovery Toolkit:

adapted from a posting Father Phil found on the internet

1. a rubber band to remind you to stretch your mind to new limits and to look for new helpful ideas so you will continue to grow and develop. Trauma may stop you in your tracks for a while, especially if you are unaware of its effects, but it needn't be forever. The rubber band will also remind you that your mind has the tendency to snap back into old positions so recovery is going to take persistent effort.

2. a tissue to remind you to see the tears and needs of people including yourself and your fellow trauma survivors, family members, friends and therapists. People who are hurting often appear fine or even arrogant. We can make our relationships safe healing places, sanctuaries from which we can go forth to face the world. The softness and fragility of a tissue can remind us that things can be torn and crumpled by rough usage, yet can be preserved for further use by gentle handling. This includes us.

3. a candy kiss to remind you that everyone needs a hug kiss or word of encouragement every day. Even you. And you can give it to yourself.

4. a life saver to remind you to think of others as your life savers. We can care about each other and help each other through the stressful times that occur in every life, especially ours.

5. a penny to remind you of the value of your thoughts, big and little. Share them with others.

6. an eraser to remind you that we all make mistakes. It doesn't mean we are mistakes. The eraser signifies our human capacity for error and the limits of what we can do and know. Some mistakes can be erased, although there may always be a smudge. Others can't be erased but we can overcome them. What cannot be erased, can be amended, added to, written over, rewritten, resolved.

7. a toothpick to remind you to pick out the good qualities in others and yourself, and to be tolerant and accepting of others. A toothpick is also a good symbol of the individuality of recovery. "Take what you like and leave the rest," is a 12 Step slogan which empowers people to make their own choices. Individuals need to find what works for them. Also, when you find yourself feeling grandiose or terminally unique—no one has ever been as bad as me—(we all feel like that sometimes), you can use the toothpick to pop that balloon.

8. a paperclip to remind you that in order to keep it together, people need to find a balance in life between physical, mental, emotional and spiritual, and between work and play. If you don't have much practice

in this, find out what resources you have and what is available in your community to help you find balance. Don't go it alone.

9. duct tape to remind you that when something grey ugly and sticky comes along, it might turn out to be really useful. Don't be fooled by appearances.

10. a hammer to remind you that sometimes persistence, hammering away at recovery, is what is needed. A hammer can also remind you that if your only tool is a hammer, all your problems might start looking like nails. That's why it is good to have more than one tool.

11. a pen to remind you that writing down your feelings can rid you of pain and paralysis each time you do it. The feelings may come back but you now have a technique which will help you deal with them each time they come.

12. a box to remind you that you don't have to and can't control everything. You can let go of some things for this minute in order to do other things you need to do. Write what you need to let go of on a slip of paper and put it in the box, physically turning it over. Do it as often as necessary. You may later find that some of what once obsessed you is no longer important. This may give you more time to address the things that really are important.

Readers Write

Growth

© 1998 by Justin Cincotti (my brother)

From: RH

Date: Tue, 17 Nov 1998 11:15:53

EST

To: ptg@patiencepress.com

Subject: gazette

Hello again.

Just finished reading Volume 4, #3.

I agree! Recovering is not for sissies and neither is crying, which is what am currently working on (crying). When that day comes, I know I will heal so much more. I'm adding something I wrote back in '96 that has helped me a lot and I figure still helps me. If you would like to use it, you have my permission. It's called

Each Time

With each time I write,
feelings come,
my eyes leak,
my heart aches.

With each time I write,
faces come,
my chest constricts,
inside I scream,

anger comes,
so much pain it gives.

With each time I write,
I ask myself why,

And with each time, the answer
comes the same.

With each time I write,
a little bit more,

I heal.

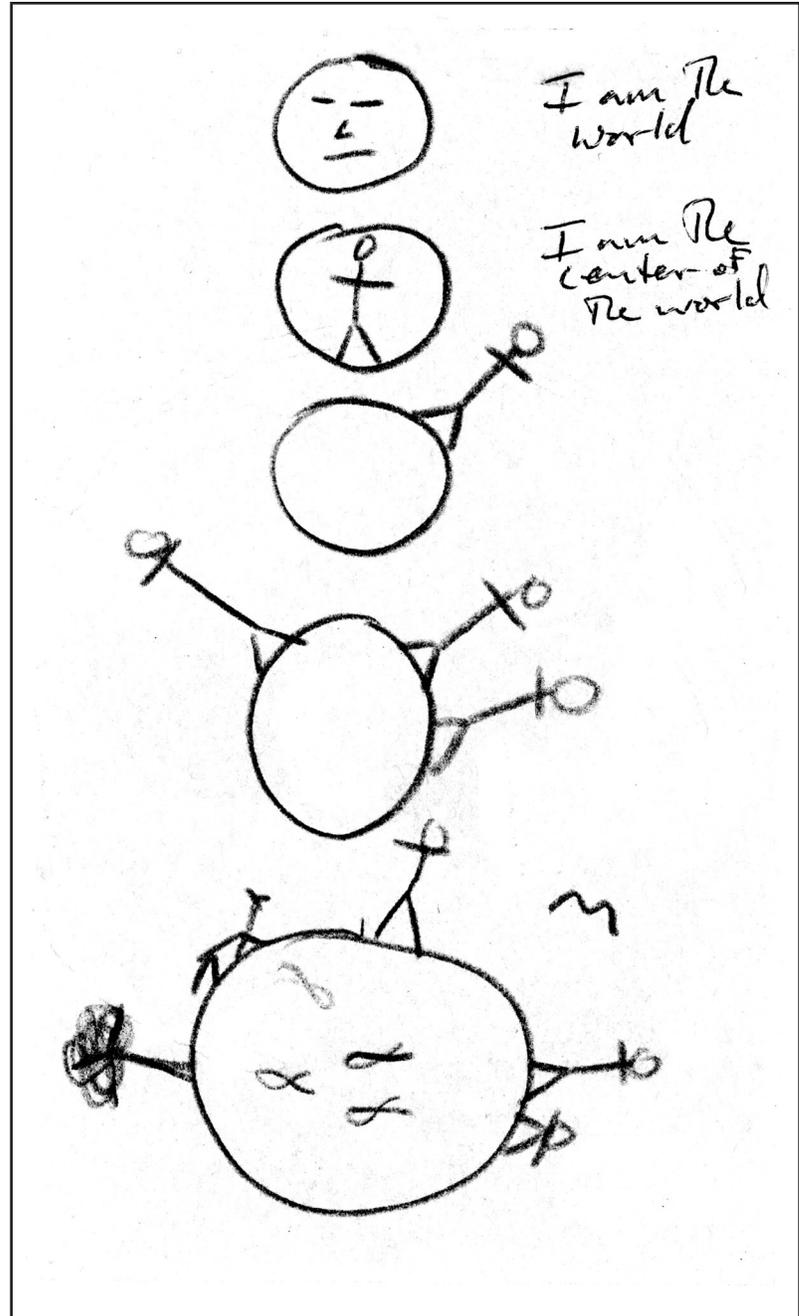
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composed 5/8/96

Peace and love to you and yours

Bob

The Gazette usually doesn't print poetry, but this poem fits into what we do print, which is what has helped you heal.



How can you tell if you are codependent?
If you are dying, someone else's life will flash
before your eyes.

—joke told by the late Janet Woititz, author of *Adult Children of Alcoholics*

Interesting Books

Wounded Warriors: A Time For Healing

as told to Doyle Arbogast, Little Turtle Publications, Omaha, NE, 1995

This is an intensely moving and disturbing book of personal narratives by Native Americans who have recovered from both trauma and alcoholism using Native American spirituality. Some of the speakers are using it in conjunction with AA. Others seem to feel AA is too Christian and western (it is too bad when people ignore the sixth tradition—about not being affiliated to anything—and act as if you have to believe in their version of God).

It is interesting to read descriptions of trauma and PTSD symptoms by people who don't know that PTSD exists or that they might have it, or that it is a normal reaction to trauma. Emotional numbing, flashbacks, nightmares, outbursts of anger, hypervigilance are all mentioned.

The Red Road is what they call the traditional spiritual forms which they use. One of the most healing aspects of the Red Road concept seems to be the feeling of being a part of a cultural tradition and taking pride in the heritage of which many of them were deprived.

The speakers are survivors of childhood emotional, sexual and physical abuse, battering, rape, combat and interpersonal and institutional violence.

A truly inspiring book.

The Healing Power of Play, Working with Abused Children, Eliana Gil, Guilford, New York, 1991, \$18.95

Play in Family Therapy, Eliana Gil, Guilford, New York, 1994,

Eliana Gil is one of my favorite writers. Play therapy is commonly used with children. Watching them play, acting out their concerns, gives the therapist insight. Various techniques, such as describing out loud what is happening in the play helps the child accept feelings and even begin to verbalize them. The fact that play can also work in family therapy is really neat. She describes using puppets with families. It seems to be easier, somehow, both to say and to hear concerns when a puppet voices them.

Exerpts from treatment plans Gil writes “1. Be consistent; become trustworthy. Avoid cancellations or rescheduling” or “Encourage choice and a feeling of control,” show that she knows what traumatized people need.

In her summary at the end of the book on children, she says, “The child will pace the therapy, and the therapist must respect the child's ability to at a rate that can be tolerated.” She also emphasizes therapist's self-care because dealing with trauma is so difficult. Both books are well written, informative, with fascinating case examples.

Eliana Gil's charm is that she can describe anyone, even the most rebellious and unprepossessing child, or his or her messed up parent, in a way that makes you see beyond the surface to the value she sees in everyone.

Her other charm is that she does see value in everyone.

Amongst Ourselves: A Self-Help Guide to Living with Dissociative Identity Disorder Tracy Alderman, PhD and Karen Marshall, LCSW, New Harbinger,

This book is organized into three parts, Understanding DID, Living With DID, and For Others. One of the authors has DID (formerly called Multiple-Personality Disorder) and her alters have written commentary and personal experiences which are in italics throughout the book. Their comments add a great deal to the book, including humor.

DID is a very admirable human adaptation which is born out of pain and terror in early childhood. It would be nice if it didn't exist, but it does. Like other trauma survivors, people with DID feel pretty nuts at times and have difficulty in believing the things that happened did happen and that they were quite naturally affected.

Alderman and Marshall have an even levelheaded way of talking about things which is very reassuring. They have a lot of concrete suggestions and written exercises (or drawings if that is easier) for identifying your alters, figuring out how to stay safe and meet basic needs. I loved the sample “Need: Food/icecream [no doubt to get the child alters cooperation]: Ways to get specific needs met: go grocery shopping once a week.”

The book also has suggestions for becoming more in touch with your body, managing addictions, seeing the strengths DID gives you

including having a lot of interests and being creative (DID being a creative response to trauma). There is a section on telling others, one on finding a therapist, which includes writing out what you expect to get out of therapy and ways of being safe in therapy starting with developing communication with the alters so they know that life is safe now. "One way to create safety is to build a safe space into your system...a safe room in which...you may have adult alters who promise to keep anything from happening to the child alters...[who] remind the child alters that the mean people cannot reach them now... Imagining a current calendar in the room, so child alters are able to see and be reminded that many years have passed since the abuse, may be helpful (p 161)."

There are no exercises for working through trauma because both authors believe that until safety and trust with an experienced therapist are established, it simply retraumatizes the child alters

The third part, For Others, contains chapters For Therapists, For Partners, and For Family Members. These are also full of concrete suggestions.

I really enjoyed this book. In the current climate of attacks on traumatic amnesia, the existence of PTSD and the existence of DID, it is a pleasure to read such a practical useful book. Anyone who thinks they might have DID, knows someone who does have it, or has an interest in it would benefit from and enjoy reading this book.

ISTSS Pamphlet: Childhood Trauma Remembered

Susan Roth, PhD and Matthew J Friedman, MD,
PhD, editors

The International Society For Traumatic Stress Studies (ISTSS), an organization made up of professionals in many different countries who study the effects of all types of trauma, has published an excellent pamphlet which can be seen at <http://istss.org/publications/pamphlets.cfm>.

This pamphlet has sections on "Prevalence and Consequences of Childhood Trauma," "Delayed Recall of Traumatic Events After a Period of Forgetting," "Human Memory Processes, Traumatic Memory and Delayed Recall of Traumatic Events," "Application of the Current Scientific Knowledge to Clinical Practice" (ie. therapy), and "Application of the Current Scientific Knowledge Base to Forensic Practice" (ie court cases), followed by two pages of summary and conclusions. Each section recommends further scientific readings.

The writing is calm, rational, and balanced. A quote: "Childhood trauma involving interpersonal violence occurs frequently and plays an important role in later adult maladaptive functioning ...with a general increase in trauma focused scholarship has been an increase in knowledge about delayed recall of traumatic events and about memory processes relevant to an understanding of traumatic memories. We know that people forget childhood traumas and that this is not limited to people in treatment

or people whose trauma is sexual abuse. We also know that people can accurately recall memories of documented childhood trauma that they report having previously forgotten, and that a wide range of triggers seem to be associated with these memories. Most memory recovery appears to be precipitated in situations that include cues that are similar to the original trauma and does not occur as a direct result of psychotherapy. However, it is possible, and indeed many would argue likely, that therapists who fail to conform to accepted standards of practice may promote a 'recovered memory' of an event that never occurred."

This is an important resource for therapists.

For survivors who have doubts about things they think might have happened to them and are afraid to get therapy, this is a very reassuring pamphlet.

One line I liked a lot:

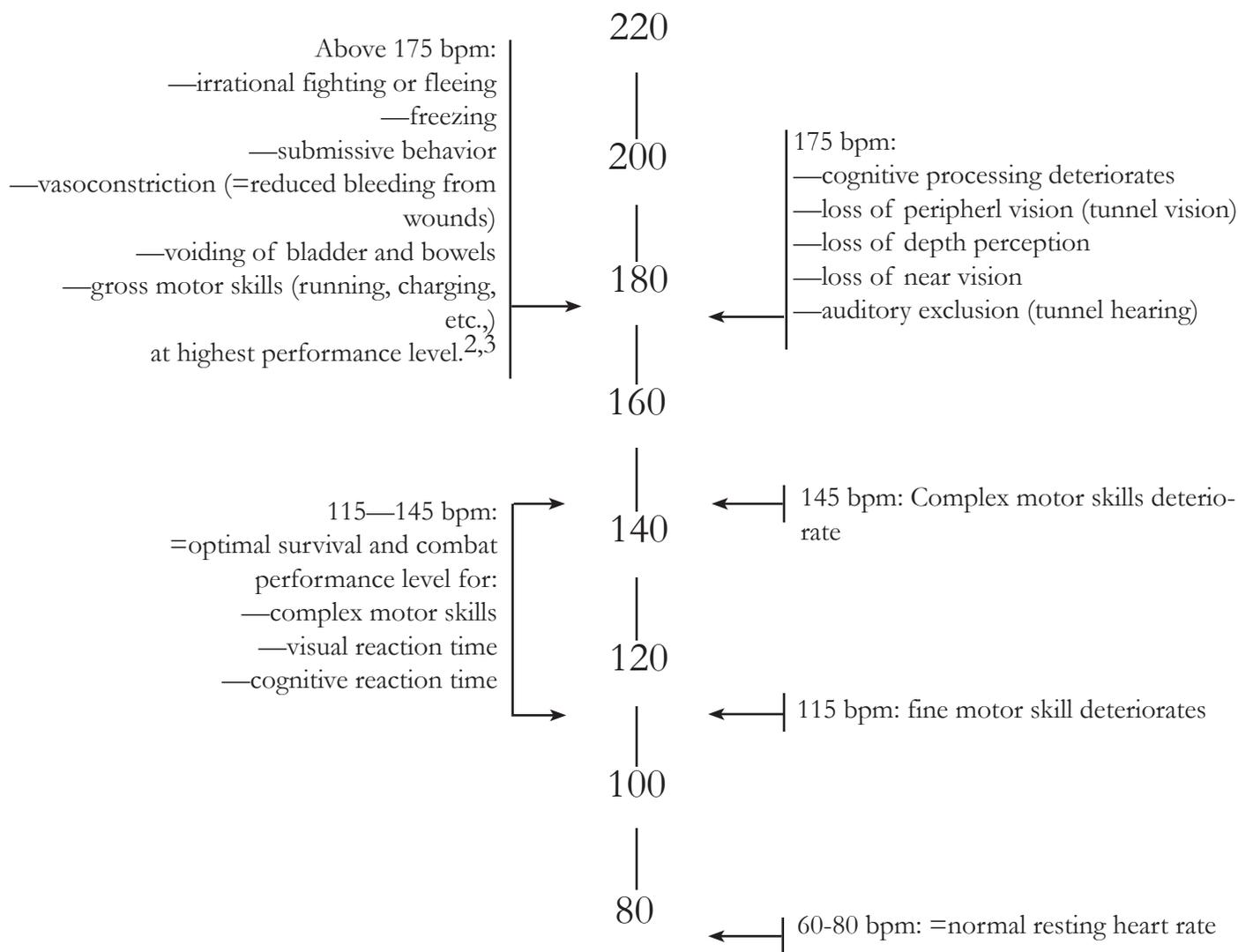
"Professionals agree that it is not the role of therapists to instruct or pressure patients to take a particular course of action with accused offenders and/or family members during the course of therapy." Trauma survivors need to regain a sense of control in their lives, not to be pushed by anyone.

Effects of Hormonal Induced Heart Rate Increase ¹

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Heart Rate

beats per minute (bpm)



Notes

1—This data is for hormonal induced heart rate increases resulting from sympathetic nervous system arousal. Exercise induced increases will not have the same effect.

2—Hormonal induced performance and strength increases can achieve 100% of potential max within 10 seconds, but drop to 55% after 30 seconds, 35% after 60 seconds and 31% after 90 seconds. It takes a minimum of 3 minutes rest to “recharge” the system.

3—Any extended period of relaxation after intense sympathetic nervous system arousal can result in a parasympathetic backlash, with significant drops in energy level, heart rate and blood pressure. This can manifest itself as normal shock symptoms (dizziness, nausea and/or vomiting, paleness, clammy skin) and/or profound exhaustion.

David Grossman: On Killing

The first evening of the Albuquerque retreat for combat veterans and spouses put on by the National Conference of Viet Nam Veteran Ministers, we had a lecture by Lt. Col. Dave Grossman, (Ret) who has written a book called *On Killing*, (Little Brown, 1995). He is not a combat vet, but he has studied killing, interviewed hundreds of combat vets, police officers, etc..

The diagram on the preceding page was one of his slides. It had a profound impact on me, because as he showed it and pointed to the "Above 175 bpm" part, he said "Your frontal lobes [the thinking part of the brain] are just not working!" Your forebrain has been "hijacked by your midbrain, the mammalian brain" which has four functions, the 4 F's (fight, flight, feeding and mating) and can only do one at a time.

As he was saying this, I could see Bob in one of his rare but frightening rages and it really hit home to me: That is why there is no point in arguing with a trauma survivor when he or she is in a rage. Hormones are cascading through the body and brain and nobody is home! That guy I usually like is not there. Trying to argue with him at that point is about the same as handing a lit cigarette to a guy with emphysema who is on oxygen. BOOM!

Grossman said that in that state, in combat, the bad guy looks closer because of tunnel vision (so I might look more threatening). The person in that state also can't focus on things that are close (like the expression on my face, I thought) and that everything will be gated out except one sense, usually vision, so the person really doesn't hear what you are saying, anyhow.

It was a moment of enlightenment for me.

All of this, by the way, is autonomic arousal which is not under conscious

control. Grossman said the bridge between autonomic arousal and conscious control is breathing. Learning autogenic or combat breathing, as military and police elites do today, can help you control automatic arousal and keep your heart rate in the 115-145 area where you function best. This involves breathing in for four counts, holding it for four counts, breathing out for four counts and holding for four counts.

Grossman went on to say that in a study called Deadly Force Encounters, Artwhol and Christian reported that 88% of people had auditory exclusion, 17% reported intensified sounds (which means one in ten had both!) 82% reported tunnel vision. 78% reported feeling like they were on automatic pilot, 63% had slow motion time, 11% paralysis, 63% heightened visual clarity also called flashbulb memory, 61% had memory loss for part of the event, 50% for some of their own actions, 50% felt like they were watching themselves (dissociation), 36% had intrusive distracting thoughts (usually family or God), 19% had memory distortion, 17% had fast motion time (a 30 minute shootout seemed like two seconds).

Grossman discussed the experience of killing. In the military you are taught to kill the enemy, but no one ever tells you what will happen to you when you kill a man. If you haven't been warned about what could happen, you will never talk about it. He thinks a cause of PTSD is reflected in the phrase, "You are only as sick as your secrets." Most of the things combat vets never talk about (and are ashamed of) happen to everyone. for instance, in WWII, he said 25% of combat vets admitted to losing bladder control and 25% to losing control of bowels but only on an anonymous questionnaire.

Another midbrain response to vio-

lent death in combat or other situations is "Thank God it wasn't me." This isn't irrational because the midbrain is focused on survival and is really happy, even exhilarated, to have lived, but people usually feel terrible guilt for having this thought, especially if it is a friend who died. There is also a great feeling of power and pleasure when you kill someone else in a deadly encounter. It is that mammalian brain again, happy to have won, to be alive! Then there's a backlash of remorse and nausea, "What's wrong with me?" The 18 year old private who was never told this would happen is devastated by these feelings.

Grossman didn't say this, but I believe that if this is the only good feeling you get for long enough (like a year in the bush), you will learn to love killing and so think there is something really wrong with you. The tragedy is to be put in that situation as a young man and without help. Evolution or God gave you this capacity to kill, but it was other men who put you in the position where it was the only pleasure available.

"It is all my fault," is another common midbrain response. The midbrain accepts full responsibility for everything in a sort of "something-bad-happened-don't-let-it happen-again" way. Lots of veterans spend the rest of their lives feeling and believing that they are responsible for things that happened, as do survivors of other kinds of interpersonal violence.

David Grossman's book, *On Killing*, is available in paperback. He is really a dynamic speaker. He is the director of the Killology Research Group, 1422 S Main, Jonesboro, AR 72401.

Effective Therapists

An amusing article in *Science News* last January has been hidden in a pile of papers on my desk for the last year. “Uncovering the traits of effective therapists,” (*Science News*, January 11 1997) reports on a study funded by the National Institute of Mental Health on the treatment of depression.

Since a lot of trauma survivors are also depressed, I thought the findings were important. What amused me was that some therapists were more effective than others and the more effective ones focused “on psychological factors such as distorted thinking and feelings of helplessness, rather than biological disturbances.” They were less likely to use drugs and expected treatment to take longer than less effective therapists did. The ones who were the most effective created a strong therapeutic alliance between themselves and the clients. Clients had the feeling that these therapists cared. Clients who were receiving antidepressants even responded better to the medication if they felt their therapists cared.

The really effective therapists were still effective with clients—over the course of the 8 year study—whether they were assigned to either of two forms of psychotherapy, to treating clients with anti-depressants, or to giving them placebo pills!

This is not a popular study with pharmaceutical companies, with managed care, nor with the “chemical-imbalance” crowd. I’m laughing, what helps people is being cared about and telling their story. What a surprise!

Self-care : a challenge for us all

Many of us were raised to care for others and ignore our own needs. Caretaking others for a payback (you’ll take care of me in return) or out of fear (people will think I’m a bad person if I don’t) is called “nice.” The only forms of “self-care” modeled by grownups were usually unhealthy: drinking, smoking, using legal (or illegal) drugs, overeating, watching TV all the time, reading constantly, addiction to romance, sex, religion, work, cleaning house, or anything else. Some people rotated through several of these, hiding the problem. People were self-indulgent but they weren’t kind to themselves, nor did they practice self-care. Being a trauma survivor or family member can make self-care even harder.

Taking care of myself is going to be scary at first. Getting enough rest, food, quiet time for oneself or doing things you like may have been forbidden in your family. I heard things like “You’re not tired, hungry, angry, scared, cold, etc.” “Don’t be greedy, put yourself forward, ask for things for yourself.” “Do you think you are special?” “How dare you!” “Shame on you!” Having needs seemed shameful.

Trauma survivors may feel they don’t deserve care because they didn’t get it. Family members may feel survivors deserve all the care because they themselves weren’t traumatized.

Individuation vs. Rebellion: No one told me to take a nap when I was tired, but I had to take one, tired or not, at nap time, so I devel-

oped a lot of rebelliousness. As an adult, I used to stay up late even when it made me exhausted the next day. This made my life even more chaotic. In many families, because of ignorance about the stages of normal child development, the need to be yourself, to individuate as it is called, is identified as being bad (terrible twos, rotten teens). I need to distinguish my old rebelliousness from my actual current individual needs. When I look for the roots of my patterns, I can more easily see if they are effective today in getting me what I want. I try to replace unhealthy rebellious patterns with healthy individualized self-care.

I need to bring both my needs (which are normal and human) and my fear and shame about trying to get them met to consciousness, and then I can work towards the goal of meeting my needs in healthy ways while working through the fear.

I have more resources today than I did as a child. So do you.

If you yearn to depend on a perfect all powerful being, asking another human being to fill that role is too great a burden for anyone. (Having a spiritual life can give you that advantage.)

Today if I see I am trying to make other people, or especially one other person, fix me or make me happy, I turn my efforts, towards learning, with the help and support of other recovering people, how to care for and be kind to myself.