

The Post-Traumatic Gazette No. 29

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PTSD and Sexuality

by Patience Mason

What did you learn about sex and where did you learn it? Did you learn it through words, actions, or unspoken messages? Did you learn sex was dirty? That only “sluts” liked sex and nice women didn’t? (Words define the speaker, in my opinion). Did you learn sex was necessary for proper physical functioning and “shouldn’t” have emotional content? Or that only love justified sex? Did you learn sex is fun? Or duty? Or that you should do it every chance you get with anything that moves of the opposite sex? Did you learn that sex was a power game, that seducing or even forcing others is a sign of strength? Did you learn that men forced sex on women because they have “needs” and women don’t? Perhaps you learned a good wife always has to give her husband sex? Or that sex is only for marriage, so if you are married you must have sex? These are common misconceptions and stereotypes.

Some effects of trauma:

Child sexual abuse, no matter how gentle, has an impact on children which most grownups cannot comprehend. Children are not interested in having sex. Children want to play and explore and grow, not do the same not-very-interesting thing over and over and over. They are young, immature, with short attention spans, and even if they want to please and aren’t being hurt, it is still the same kind of torture as sitting still in church or being lectured by your mom. Children endure it. Child sexual

abuse is often physically painful. When the grownup is also violent and physically abusive, the traumatic effects are even more intense.

Children are interested in love, affection, and attention. Wanting closeness, attention and interest from a grownup are not the same as wanting sex. The betrayal of child sexual abuse is a high price to pay for getting natural needs met. Betrayal intensifies the traumatic effect of the experience.

A woman who was sexually abused as a child or raped as an adult may not enjoy sex, or even be able to take part in it. Women who survive other traumas like war also have problems: Sharon Grant, a Vietnam nurse wrote “By the time I bedded a man/who didn’t smell like mud and burned flesh/ He made love and I made jokes.”

Male survivors of childhood sexual abuse or adult rape may be burdened by shame. It says on the National Organization on Male Sexual Victimization site “To be used as a sexual object by a more powerful person, male or female, is always abusive and often damaging.” see <http://www.malesurvivor.org/>. Only recently has it become possible to talk about it. The rape of men by men in prisons caused Stephen Donaldson to found Stop Prison Rape, Inc. He was gang raped in jail after a Quaker “pray in” at the White House in the 70’s. He wrote, “The catastrophic experience of sexual violence usually extends beyond a single incident, often becoming a daily assault...

[some] become rapists, seeking to ‘regain their manhood’ through the same violent means by which they believe it was lost.” (www.spr.org) Men who were sexually abused may not be interested in sex or may use it addictively or abusively.

Although there can be other reasons including high blood pressure medications, diabetes, and alcohol abuse—which all may be related to PTSD—PTSD can cause a loss of interest in sex in men who are not survivors of sexual abuse. Perhaps it is an unacknowledged anniversary. Perhaps something triggered a reaction, but men tell themselves “It shouldn’t bother me” (a numbing ritual), and the numbness extends into sexuality. A man who lost control in combat (or in the streets) and hurt people may lose interest in sex because orgasm is like losing control and unconsciously, he’s afraid he’ll hurt someone. Feeling guilt over not saving someone, or over things done in the war zone, may cause him to deny himself the pleasures of sex and love.

People who put their life on the line can feel so alienated from even their nearest and dearest that connecting sexually is almost impossible. After moving a rotted corpse or seeing a decapitated car accident victim, love and sex are from another planet. In *CopShock: Surviving Posttraumatic Stress Disorder* by Allen R. Kates, one cop mentions “the sexual, sleep and other dysfunctions,” that keep cops from going home, and another

talks about occasional bouts of impotence from being on steroids. (Neither appears in the index however.) The book is a terrific resource, however partly because it lists about a million PTSD and law-enforcement/stress sites and all kinds of other resources.

For survivors of other trauma, especially what is called “duty related” trauma, veterans, cops, peacekeepers, EMT’s, firefighters, sexual dysfunction is not discussed except in jokes. At a workshop on Critical Incident Stress Debriefing, one EMT told a joke about condoms. The six pack for Protestants (Monday, Tuesday, etc, but not Sunday), the eight-pack for Catholics, (Monday, Tuesday, etc., and twice on Sunday) and then the new 12 pack condoms just for EMT’s: (January, February, March...) The audience (EMT’s) howled with laughter.

During the interviews for my book, *Recovering From the War*, quite a few of the combat veterans I interviewed said that after a year of combat, sex was “inconceivable” or “impossible” for a period after they came back.

The myth that a real man always wants sex can tear up a survivor and partner when he doesn’t. How does that affect the partner? She may feel unloved, undesirable and full of shame. Learning that this is a common reaction to trauma takes the pain of personal rejection out of it. Unfortunately if a survivor doesn’t know this is a common reaction, he may think or tell his partner she’s no longer sexy because he’s no longer reacting the way he once did and doesn’t know why. This can be an extremely painful and scary experience for a man. He may find himself turning to prostitutes, pornography, or

a new sex partner who makes him feel like a “real” man again.

If a partner is perceived as demanding sex, people with PTSD may resist the demands because they need to regain a sense of control over their lives.

On the other hand, a person who is dealing with traumatic experiences may use frequent sex as a way of numbing or avoiding pain. The intense adrenaline rush of sex with a new partner, of cheating on someone, or being newly in love can also serve this function. Men and women can become sex and love addicts, looking for the perfect mate who will fix them, or simply drowning their sorrows in sexual activity.

Traumatic experiences may also affect attitudes towards others. Hating the opposite sex, feeling that all men or women are abusive, homophobia based on child sexual abuse (which is pedophilia not homosexuality) can affect sexuality. Who wants to fool around with the enemy?

People who were sexually abused may feel sex is all they have to offer. It can become the focus of a people-pleasing lifestyle that has nothing to do with the person’s real feelings about sex. When the survivor begins to deal with sexual abuse, he or she may need to set limits on sexuality. This is very hard on the spouse. If you are with a person with PTSD it is important to distinguish between sex and love. Sex can be an expression of love, but it isn’t the only one. Taking a vacation together from sex can be a very loving act by the partner of a survivor.

Survivors of any kind of trauma may have to be in control to the extent that they can’t relax enough to enjoy sex or have an orgasm.

Many survivors can’t feel loving or sexual feelings. Some, especially survivors of sexual abuse, can’t feel parts of their bodies during sex. They may be triggered by sexual activity, or triggered by specific words or actions during sex. This may lead them to avoid sex, or have scary reactions, flashbacks, crying and screaming, or trying to fight off their partner during sex. They may dissociate during sex, spacing out and not really being there.

Some people are aroused by acts or attitudes which turn out to be reenactments of childhood sexual abuse. Sex may be associated with power and control or pain. Love is pain.

A survivor’s life may be ruled by body image: The only thing I am is sexy, or I will hide my sexuality under layers of fat or huge clothes. Growing a layer of fat may signal to others, “I don’t have boundaries,” as can the big clothes. Skin tight clothes send the same message. Abusers pick up on it.

A survivor may also feel “I am not worthy so I’ll take anyone, no matter how badly they treat me. I deserve it.” If that is the message you are telling yourself, man or woman, I want you to know that you deserve to be treated by your nearest and dearest like a valued friend, with respect and consideration, in every area, but especially in lovemaking.

Solutions: I think it is impossible to find solutions to sexual problems until they are acknowledged and accepted as one of the common normal responses to trauma. The old idea of “shouldn’t be affected” tends to rear its ugly head here and combine with societal attitudes about sex as a contact sport so that it is difficult to see when fun becomes addiction. Sexual

selectivity can veer into sexual anorexia, the person with no sexual interest at all. That is another signal that PTSD may be involved.

Sexual difficulties brought on by trauma can be a tremendous blow to a person, magnifying the trauma.

Sexual healing is difficult for those who have been sexually abused or violated. An experience which is by nature sensuous, sweet, and spontaneous has been affected by the perpetrator's criminal behavior. God or evolution gave us sexual pleasure, so we were meant to be able to enjoy it. I consider sexuality a sacred part of being human. Sex can be a spiritual and emotional as well as a physical union. Enjoying all three aspects is the goal of sexual healing.

Many resources exist for survivors of sexual abuse and much of the information in them can be adapted for other trauma survivors. One excellent book is Wendy Maltz' *Healing Your Sexual Self* which I just finished reading. Maltz has a web site at www.healthysex.com. The book has inventories you can take and exercises to try which focus on being both safe and sensual. Taking your time and staying safe are emphasized.

Reading about sexual healing can be upsetting. If you become triggered, distraught, or have the urge to hurt yourself or others when you read about sexual healing, finding professional help is really important.

If you are triggered by sexual activity and want to heal, you can start by making a chart of safe, possibly safe, and unsafe sexual activities (see VOICES in Action Conference Report in Issue #25). One survivor whose safe list consisted of being touched on the right knee when she started therapy

regained the capacity to feel safe and sexual one inch at a time, and you can, too.

Even if you were not sexually abused, making a chart of what is safe and not safe can help. If you use sex compulsively, and do things that endanger your life (unprotected sex), your freedom (illegal sex or having sex with drunken/drug-using partners, or pressuring people for sex), or a relationship you value (unfaithful sex) then they are not safe behaviors for you. What do these behaviors do *for* you? What are they doing *to* you? Are you becoming someone you dislike? If so where can you find help?

Perhaps you are not doing unsafe sex, but aren't enjoying the sex you have. Another helpful idea is to listen to your body, which means being in your body, not off in your head or someone else's head, worrying about what they might be thinking. This is called embodiment. In some senses it is like meditation. It takes practice and concentration to be fully present in your own body, focusing on what you physically feel. When you are embodied, you may also find yourself fully aware of what is pleasing to your partner, too. Awareness of these reactions may increase your pleasure.

Listen to your body. If you want to have sex but your sexual parts are not responding, what are they telling you? What are you trying to prove? Who are you trying to please? It is certainly not kindness or self care to force yourself to perform. On the other hand, as we age, sexual responses are slower. It takes more time and stimulation for older people of both sexes to get physically ready for sex, so more foreplay is helpful. The new anti-depressants can have sexual

side effects as can blood pressure medications.

I suspect that as other PTSD issues resolve in therapy, some sexual problems may, too. Emotions that were unavailable to you when numbness prevented pain, like joy and closeness, return, improving sex. Talking and listening to your partner are important skills in any part of a relationship and even more important in this area where so much of our self-worth may be affected. As usual, I think using the word "I" is important. "I feel worthless when I don't want to make love to you, and then I get angry," is a lot harder to say than yelling "You don't turn me on!" but it will probably have a more positive effect. "I feel sick when I smell liquor. It is like my step-father is crawling into bed with me all over again," is better than "You pig!"

Al-Anon's booklet *Sexual Intimacy and the Alcoholic Relationship* could be helpful couples dealing with PTSD. *The New Male Sexuality* by Bernie Zibergeld suggests ways of reconnecting both with your body and your partner. New books on sex come out all the time. Find one that helps you feel okay about yourself and leads you in the direction you want to go.

Acceptance (yes, trauma affected my sexuality, and that is normal for me) and time, combined with finding effective help, (therapy, books, groups) can heal this area of your life, too.

Body Therapy by Patience

People who have been traumatized store information about the trauma in their bodies even if it has been forgotten. Common forms of this are tension, pain, or the inability to do particular things others can do. Rushes of physical feeling like pain, prickling, nausea, churning stomach, etc., may also occur.

Your Body Never Lies by Carmen Renee Berry discusses “reconciling” with your body. She describes how visible physical release can be seen in posture and expression after body therapy.

At this year’s International Society for Traumatic Stress Studies Conference (ISTSS) in Miami, I attended a workshop called “Sensorimotor Sequencing of Traumatic Memories.” Pat Ogden talked about her method of helping clients follow “the inherently intelligent processes of body and mind” to heal.

As we watched a videotape of an actual session, the client’s physical symptoms were gently noted (“I see your hands are shaking”) and sometimes supported in a literal physical sense. Each time Pat offered support, and it was accepted, she also described to the client exactly where she would put her hands. Pat’s gentle voice helped the client stay in the here and now, present in her body without dissociating or getting lost in powerful emotions. “And what does that feel like in your body?” and “We are doing this together. How does it feel to have me here with you in this?” are some of the phrases I remember. The client said, “That really helps to say it’s you and me, X and Pat, here and now. It’s like this is a different experience.”

In a later interview, Pat said that

“traditional therapy was all cognitive and emotional processing and the body was left out which seems odd in retrospect... With trauma we often get big results in cognitive and emotional areas by working with the body. When the trauma starts to show up, we note it immediately ‘Looks like you’re starting to tighten up.’ We work on evoking the wisdom of the client, helping them become aware of their own experience so they can process it. It is a relief to them to realize they can process it.”

Each physical feeling is identified. The client stays with it, stretching time out in the body, following the body process but this time, unlike the trauma, she is in control of the process and Pat is supporting her. The client’s relief was palpable on the video tape. During the workshop, a therapist who had been treated once using this method said it transformed her. Pat’s website is www.sensorimotorpsychotherapy.org/

Pat Ogden was working at the Hakomi Institute in Boulder, CO, when I met her. On their website it says: “In Hakomi Integrative Somatics, the body is viewed as a living source of intelligence, information and change. The body, its sensations, and direct, sensory experience are referenced throughout the therapy process...By proceeding slowly, gently, and non-violently, an atmosphere of safety is created in which the client’s defenses can be examined and willingly yielded, rather than confronted and overpowered.”

One of my friends, P., is seeing someone trained in Bioenergetics after finding that in traditional talk therapy “I kick into analytical mode

and it becomes like a chess game.”

He said, “My current therapist points out when I am in my head. She puts her hand beneath my chin and above my head. Being in my head was a defense that worked when I was a kid. Anything could happen to my body but I was safe in my head. I could just cut off all the feelings. She notices that when my posture changes and my breathing gets shallower what I say has more to do with thoughts than feelings. She wants me in touch with my body so I don’t ignore signs of illness [which caused an exciting ER visit and lingering health problems] or keep doing dangerous activities which I used to do because I knew I could do almost anything and shut off the pain. She works a lot with breathing and developing a sense of the space you occupy, feeling the weight of yourself. My tendency in the past has been to think of my head as the control center and my body as a puppet, there to do whatever the head wants. I do things to help release tension, lie on a mattress and pound fists or kick. She asks me to make sounds, but I don’t like it. I don’t like to hear anguish, and that seems to be the sound I tend to make. So right now, we work on noticing when I’m in my head and try to get me back into my body. It helps.” (A good therapist always works at the client’s pace, as she is.)

At the ISTSS meeting in 1998, I saw Babette Rothschild, MSW, explain hyperarousal and how through Somatic Trauma Therapy she guides survivors through therapy, keeping them aware of their own bodies before they become too hyperaroused to benefit from therapy. Suggested ways to increase awareness included looking around the room and naming things out

loud, or asking about body awareness. "What are you aware of? OK. What else are you aware of?" Another technique is to teach them to tense and then release muscles. People also lose a sense of their skin in trauma. She said "finding the skin can be very calming, rubbing it with your hand or something comforting. Feel your buttocks meet the chair, the skin of your arm inside your sleeve." These techniques used in conjunction with talking about the trauma at the survivor's pace, keep the survivor present. Further information on Somatic Trauma therapy can be found at <http://home.webuniverse.net/babette/> Address: P O Box 241783, Los Angeles, CA 90024, 310-281-9646.

Ms. Rothschild has written several terrific books on the subject, too, *The Body Remembers* and *The Body Remembers Casebook*.

Another speaker was Molly Scott, Ed. D, LMHC who developed Resonance Therapy to give voice to survivors. Sometimes what happened was so terrifying that it is stored as fragments of information without narrative. Scott feels that making sounds, actually vibrating the whole self (sound is vibration), can help to reunite the fragmented self. She uses both singing and sounding (making sounds) to express the unspoken. I tried a few of her sounding exercises and felt energized and "in tune." More information is available from her at Creative Resonance Institute, 327 Warner Hill Rd., Charlemont, MA 01339, 413-339-4245 or 5501, fax 339-0144, mollyscott@mollyscott.com.

(for more, see page 234: Structural Integration.)

Breaking the Patterns of Depression

Julie , a long time subscriber

I have been reading a book by Michael D. Yapko, Ph.D., entitled *Breaking the Patterns of Depression* (Doubleday, New York, 1997) It's a relatively short book, and easy to get through. The writing is down to earth, and would be understandable for even those of us who have never picked up a self help book before—not a lot of psycho-babble. The Gazette is always telling us to take what we can use and leave the rest. One of the definite takers in this book, at least for me, is the following quote, "Your past may have been hurtful. Your present may be excruciating. But your future has not happened yet!" To me, that single quote was worth the price of the book (around \$10 if I remember correctly!). I have the quote on the screensaver marquis to remind me that my life isn't over, and that the future doesn't have to be a reflection of the past, or even the present.

The book introduces some of the common therapies, along with the idea that simply knowing what is wrong, and even knowing what should be done about it does not necessarily guarantee successful therapy because the skills for appropriate action are most likely not present. The author reasons that while many times depression is based in past occurrences, one does not necessarily need to delve deeply into the past to recover. Rather, depressed people need to discover the skills necessary to do things differently, to think differently about things. The book emphasizes the importance of learning the skills needed to help oneself.

Further, the book provides a guide for experiential learning (learning by doing) to incorporate coping skills into one's life. The exercises are not always easy, but if one follows the directions and structure provided by the author, new perspective on how to deal with situations can be gained.

The author points out specific ways depressed thinking differs from 'normal' thinking, such as all-or-nothing thinking, and jumping to conclusions. He also points out, "You are not your depression", and that depression can be overcome and prevented. His goal is to provide the tools needed to learn the skills to do this.

I would recommend diving right into this book, with pen in hand and notebook at your side. Many of the exercises involve writing brief paragraphs on the topics being addressed. It's all part of the strategy the author sets forth to get the reader involved and thinking about their recovery. He states, "...anything anybody does successfully has a strategy to it, a series of purposeful steps that can be identified and followed to create good results." And this includes battling depression.

JUST ARRIVED!

NEW BOOK

*Leaping Upon the Mountains:
Men Proclaiming Victory over Sexual
Child Abuse*

by Mike Lew

\$19.95

plus \$4 shipping

Check or money order made out to

Small Wonder Books

P O Box 1146

Jamaica Plain, MA 02130

www.abbington.com/smallwonder

(good site with lots of links)

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Certified Practitioner of Structural Integration

I am a Certified Practitioner of Structural Integration. The emphasis of my work is to bring greater organization to the physical structure. In a series of ten sessions breath, movement and the interrelatedness of major body segments (i.e. arms, legs, trunk) are explored. The opportunity to release long-time patterns of chronic tension and bracing become available to the client.

I believe that this work can help to heal all survivors of trauma but my experience has been with survivors of sexual abuse. During the first hour of Structural Integration, the client and therapist begin to develop rapport predominantly through touch. A dialogue begins as the therapist modulates her touch in response to the client. As the therapist finds the appropriate level of pressure, the client responds with a deepening of respiration and relaxation. As this touch dialogue develops the client will be encouraged to “breathe into,” and move areas of her body that she has in a sense lost. This may manifest as a lack of awareness or a feeling of numbness. These areas are actually “dead zones,” remnants of the trauma, which carry long lasting patterns of rigidity. When a person is attacked or abused the sympathetic nervous system mobilizes a “fight or flight,” response as a mechanism of self-protection. If a situation is perceived as life threatening adrenaline is released, the heart rate increases and other physiological responses accompany this phenomenon. Not being able to run away or fight back, the victim will passively freeze. Opiate like chemicals will then be released to numb the pain. This enables the victim to “leave the body” or dis-

sociate. Long after the traumatic episode, patterns of dissociation remain with the victim as a remnant of the attack. She may have areas of physical rigidity as though the perpetrator’s hands had never left her. This rigidity becomes a self-limiting influence as she experiences life with compromised respiration, self-awareness, and movement.

During Structural Integration sessions the client is an active participant. She is invited to breathe and move into the, “dead zones,” in essence to reclaim them. The client’s conscious breath and movement can contradict the old patterns of dissociation.

As the body’s soft tissue network becomes reorganized during the Structural Integration series. The body segments become realigned and related to each other. The client experiences a stronger sense of connectedness within herself and her universe. As the therapist releases areas of soft tissue restriction, she may find that her feet are more firmly planted on the ground, giving her a new sense of strength and confidence. As she breathes more fully and deeply, she becomes more spontaneous and resilient emotionally. As areas of rigidity soften, the distortions of body image can shift. As she releases long standing tensions and blocked energy related to her trauma, she can begin to envision her own transformation.

The intimate nature of this work is based upon trust, openness, and communication. As the client shares her physical pain, she is not alone with it anymore. Structural Integration is a process during which the client can connect with and let go of the physical manifes-

tation of trauma, and, in doing so, find that its emotional content has also surfaced. The client is supported emotionally during the session, however it is not within the realm of this work to explore psychological issues with any depth. The client is encouraged to continue to explore any emotional connections that she has made with a psychotherapist. Structural Integration can be a powerful adjunct to psychotherapy in that it can help to bring forth unconscious memory that was previously unavailable. We are happy to refer clients to mental health professionals in the community.

I have found Structural Integration to be profoundly helpful in my own healing process.

“Psychological trauma such as physical abuse, abandonment, feelings of inadequacy, attitudes of fear and anger affect structure. Tightening against pain, holding the breath to block emotions, slumping in order not to feel too big, become physically locked in the body and thus perpetuate the attitude.”

— Betsy Sise, Certified Rolfer

“Physical stress mirrors emotional suffering; relief from physical restraint markedly effects emotional misery.”

—Ida P. RoIf, Ph.D.

Healing Hobbies

by Julie, a longtime subscriber

The PTG is always scouting around for ideas on what it's 'membership' has found beneficial. (I like the term 'membership' better than subscribers, because we're all in it together...) Here's a slightly different take on that subject. HOBBIES! Hobbies can most definitely be cathartic, especially those in which progress can be readily noticed.

A hobby, by definition, is something that one likes to do for pleasure in one's spare time. I think the key words here are for pleasure. Forget about the spare time part. Nobody has spare time anymore, but that doesn't mean you can't have a rewarding hobby in which to immerse yourself. It's important to do things for pleasure, even if sometimes you have to schedule them!

When we were kids, almost everyone had a hobby. Everyone knew someone who collected stamps, baseball cards, or some other thing. Collecting things is a good hobby—philatelics (people who collect postage stamps) can tell you about the huge variety of stamps available, and more come out all the time. There are whole categories of stamps! In fact to make collecting a bit of a challenge, I'd suggest selecting a category that interests you, and limiting your collecting to only those! Otherwise your wives/husbands may begin to resent the fact that your entire house is becoming cluttered with tens of thousands of little pieces of paper!!!

Collecting things can be fun, but maybe it isn't really your speed. If you're more a 'hands on' type, there's always writing, painting, sculpture, or even things like refinishing furniture, rebuilding old hot rods, or coaching the community little league. You could sing in the community choir,

or learn to play an instrument. Music is a wonderful outlet, and it doesn't have to cost much. Gardening (inside and out) has been gaining in popularity, and there are so many new types of plants to grow, it could never be dull. Even if you live in a tiny studio apartment in the middle of the Bronx, you can still set aside a window sill for those orchids or strange tropicals that nobody else has! Gardening is a joy, and it brings you right back to Earth—literally.

These are things you can see immediate changes in, every time you participate in your hobby. They aren't things you have to commit to doing every single day. That would be too much like work! The idea behind a hobby is to do something different from your 'regular' job or duties. The idea is to do something you like!

When I was really struggling with my PTSD, I found it easy to dissolve into doing nothing for long periods of time, wondering where the days were going and whether there was any point in them. I'd lurk around and be paranoid. I'd snap at my family. I think now that a lot of this might have been a two-fold problem. Number one, I was in the middle of a PTSD episode, and I didn't feel like being around people. I was afraid to go out to do anything, which really limited my options (most hobbies can be done alone in the privacy of your home). But, number two, I think I was bored!! If I had been involved in a hobby at that time, it would have done a couple things for me. It would have given me something to do besides be bored and angry, and it would have taken my mind off the paranoia for awhile.

What do I do? I raise pigeons! Yep, weird hobby, but very rewarding. I

love the sounds the birds make, and the beauty of them. It's soothing to be around them, and there's always something new going on in the loft. There are always things to be done to improve the flock, from adding a couple nesting boxes to trying to figure out which birds to put together to get the best offspring. Most people only think of the wild birds they see in the park, but there are really hundreds of special breeds, and each breed has its followers. My favorite breed is the Modena, and raising good ones is a challenge. One has to be a veterinarian, farmer, geneticist, and show person—all rolled up into one. My son and I have found this mutual hobby to be a rewarding time for us to 'bond' and spend 'quality time' together. But I can still escape to the loft when the phone won't stop ringing, or I've had a tough day at work. A side benefit to this and other hobbies is that once you're involved, you automatically have friends all over the world! People who love the same hobby you do will always welcome you to share the interest! You automatically have something in common with a lot of other people.

There are so many different things to do that will be a positive outlet for you! Now all you have to do is write a list of things you find entertaining and interesting (which might be cathartic in itself!), and dive in. Usually it doesn't cost much to get started. You can get your first piece of furniture to refinish at a yard sale for a few dollars. Or your first set of 'bug' stamps for \$6.60! Or your first orchid for \$15.00. And then you're off and running. Good luck on your new project!

Approaching Trauma Survivors from a Spiritual Perspective

by Caterina Spinaris, Ph.D. © 1999. Reprinted with permission from Oasis Insights, Vol. 2 No. 2.

Do not try to use the posttraumatic confused and needy state of victims as an opportunity to witness your faith in order to win new converts! Victims need to have their spiritual boundaries respected, and they need to be “met,” loved and supported where they’re at. Discreetly let them know your spiritual orientation, if you wish, but wait for them to initiate discussions about God.

When dealing with traumatized persons DO NOT EVER tell them or insinuate that the reason they experienced a traumatic event may be that:

- God is punishing them for their sins;
- God is testing their faith;
- God is teaching them a spiritual lesson, such as learning how to appreciate others’ suffering;
- God is strengthening their character;
- God is humbling them, so they can learn to depend on Him
- God is removing idols in their lives, so they will worship only Him;
- God is drawing them closer to Himself.

Such statements or insinuations would only end up revictimizing victims in the name of Christ. They communicate blame and give the impression that the trauma victims caused

or deserved what happened. They also portray God as a heartless Father who in a matter-of-fact way will put His children through hell on earth “for their own good.”

Avoid simplistic “canned” expressions of comfort or reassurance.

Do not quote scriptures about God’s love and sovereignty, or His working the disaster out for the victims’ good. Instead, listen with compassion and empathy, and VALIDATE, VALIDATE, VALIDATE the victims’ emotional reactions.

Be prepared for trauma survivors to be ambivalent, confused, fearful, cynical, angry or downright hateful towards God. Do not act annoyed, shocked or surprised. Resist the impulse to “defend God’s name” if the victim begins lashing at God. The Lord is big enough to withstand such blows, and He has a long history of responding to such outbursts with patience, compassion and mercy.

The most accurate and honest answer to victims’ questions as to why the disaster befell them, and why God let it happen, is, quite simply, that we do not know. What we DO know, however, is that we are there to be God’s conduit of love to them in the here-and-now.

If you feel the urge to pray for

victims, either do it privately, or ask them first if they want you to pray for them, in their presence, out loud. More often than not, victims need to see action, not words on their behalf. If they give you permission to pray for them, out loud, in their presence, keep your prayer short and simple, such as asking God to envelop them with His love and compassion, to comfort and provide for them, and to give them peace and direction. Do not turn your prayer to God into a sermon to the victim.

Focus on comforting and assisting trauma survivors in practical and immediate ways, such as providing shelter, meals, clothing, child care, assistance with insurance, medical or legal matters, or by accompanying them to appointments. “Faith without works is dead.” (James 2:20) Do not underestimate the healing power of these small, simple acts. Years later, victims sometimes recall such gestures more clearly than portions of the traumatic event itself.

Caterina Spinaris no longer publishes Oasis Insights. She is currently the director of Desert Waters Correctional Outreach, a non-profit organization dedicated to the well-being of correctional officers and their families, another underserved population of people often exposed to traumatic events.