

The Post-Traumatic Gazette No. 35

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What does suffering do?

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An hour had passed in a sterile VA exam room. My disability evaluation was complete, thanks to honest and thoughtful answers from this Vietnam combat veteran, made with minimal eye contact. Feeling that I should give him something in return, I'd made a few informal suggestions about treatments that he might pursue. He didn't seem very interested.

Now he looked me in the face and delivered his evaluation. I was as glad for the utter self-possession he showed in making it as for the verdict itself.

"You seem like an intelligent man," he said. "Have you ever read the Psalms?" And then this man, who lay awake nights alone in his trailer in northern Maine reading them, proceeded to recite from memory:

I am sinking in deep mire and there is no place to stand:

I have come to deep waters and a flood overwhelms me.

I have cried until I am exhausted.

My days go up in smoke: my bones are inflamed as a bonfire.

Like grass my heart is crushed and withered...

I lie awake and feel like a sparrow alone on the roof.

- Psalms 69:2-3; 102:3-4,7;

The Bible, Revised Berkeley Version

"That David, he knew about pain," concluded the veteran.

It was the late 1980's. While junk-bond traders made millions, I had exhausted myself in the first few years of a minimally supervised private psycho-therapy practice, trying (perhaps not unlike the bond-traders) to "make things happen" for my roster of severely disturbed, often traumatized patients. Needing to regroup, I took a part-time job at the local VA doing psychiatric disability determinations. The idea was that no "treatment" would be involved. I took my time, walked over lunch, and saw

fewer patients than anyone else. The veterans often asked to see me again at the next required evaluation. I learned just how powerful listening alone can be, and began to realize that there is a world of human suffering that forever dwarfs our puny “interventions.”

Just a few months ago, I sat discussing antidepressant medications with an orphaned, chronically depressed young woman in graduate school who was just beginning psychotherapy. Knuckling at her tears as she remembered her father, she asked with apprehension if medication would take these tears away. “At least this way I feel connected to myself,” she said. From my time with the veterans (and many other experiences) I knew that in any intervention I might attempt with this woman, I would have to respect the fact that like the Psalmist, she valued her suffering.

Suffering. The word today has a largely archaic or technical usage, as in lawsuits alleging “pain and suffering” or medical case presentations in which patients “suffer from” something unearthed in the review of systems. Modern medicine (in the developed world) has given us options—some element of choice about when, where and how much we endure—and of course our primary response is one of thankfulness for the relief we now can, and should, provide for our patients. But then the need to name and consider suffering as a dimension of human experience may be, as it were, reduced to an icon on our busy screens.

If we want to understand the patients just described, and many others, we’d do well to click on it. We still can’t eliminate suffering, and some people still see it very differently than we do.

Many traditional religious approaches to suffering, as well as contemporary ones both spiritual and scientific, center on a teleological discussion of what suffering is “for.” Such explanations have a natural appeal to desperate people looking for reasons why. If one “knows why,” (or “what for”), there is some sense of control, even if the suffering can’t be made to stop. I have speculated elsewhere that “knowing why” for human beings serves the same protective function that “knowing when” they were next going to be shocked serves for those rats given a warning tone in learned helplessness experiments. (This group of animals does not develop the neuroendocrine abnormalities, characteristic of humans with PTSD, that the unwarned animals do.)

However, for some suffering individuals, the immediate relief offered by causal or teleological explanations may turn into a tyrannical formula with which they can't possibly comply. In the days of the biblical Job, this formula was specifically religious: do a better job obeying this or that law. Today we have dietary and exercise regimes of a secular nature; the diverse injunctions of self-help books; spiritual and pop-therapy leaders and movements; and failing all else, psychiatry itself, either in its psychoanalytic version which claims to decode our histories and our symptoms, or in the pharmaceutical variety which purports to treat biological diseases. From Job facing his "comforters" to our patients facing us across our prescription pads, the common denominator is compliance.

And for Job as for our patients, sometimes suffering just doesn't stop. The conclusions to draw are divergent: either the sufferer hasn't complied well enough, yet (here is where "treatment" becomes tyrannical), or somebody's explanation is wrong (better said, incomplete).

Patients like either of the two above have been through many explanations and many treatments. If they seem, strangely enough, to value their suffering and look upon the next facile answer with suspicion, we are well-advised to avoid seeing them as people who have lost hope. If they had, they wouldn't be here talking to us. The sleepless veteran reading the Psalms and the depressed young student finding connection in her tears demonstrate a more profound and radical hope than ours, though they might not be able to express it. They choose to live as if their suffering were a transformative process.

Here is where the earthbound business that is clinical psychiatry has something to offer to philosophy, to ethics, to religion, to medicine itself. We who have known sufferers well over prolonged periods of time have seen some of them survive and come out the other side, as changed people. We see their different patterns of relationship to self and others, their new attitudes toward life. Without having to "believe in" any religious or scientific theory, we know that suffering indeed can transform individuals and can describe some of its results. We may not be in a position to answer the question, "What is suffering for?" but we can make as good a beginning as anyone in the direction of "What does suffering do?"

It would be difficult to round up such an outwardly diverse group for an “outcome study,” but any traditional psychiatrist (that is, any of us who have known patients well over periods of years) recognizes something special about certain people who emerge intact from a prolonged period of suffering. Whatever their history—physical or psychiatric illness, chronic intractable pain, catastrophic loss, sexual abuse, prison camps—these inspiring individuals have an unshakable acceptance of self which does not submit to the judgments of others. They don’t compare themselves to or compete with anyone. They make themselves heard, but don’t try to impose a personal agenda on others, and, more than “leading their lives”, they are open to going where life leads them. Compassionate and receptive, they tend to be rooted in the present moment, “all in one place” rather than conflicted and at war with themselves. Regardless of overt religious beliefs, or lack of them, they embody the connectedness to other people and the living world that many of our greatest religious teachers have held as a penultimate value.

How did these people get this way? Apart from shutting down the production of brain-derived neurotropic protein in our hippocampi (as it undoubtedly does), what does suffering do?

In fact, this transformative process has been well described, from the inside, by those who have lived through or witnessed it. These accounts, almost as old as the written word itself, range from the ancient Hebrew poetry with which this essay began (most famously, in the Book of Job), through Juan de la Cruz’ Dark Night of the Soul in the 16th century, down to the writings of poets, novelists, and depth psychologists in our own day (one of my own modern favorites is Kat Duff’s *The Alchemy of Illness*).

With the above two patients in mind, I will re-trace this perennial description here on the theory that what is most important is what is most easily forgotten, and can never be retold or re-translated enough.

The most fundamental lesson sufferers learn flows directly from the failure of explanation: No one is in control! Typically, they begin by struggling to comply with a preconceived treatment process or regime that promises deliverance in accordance with some explanation of their plight.

Whether the effort goes into tolerating the side effects of a mood stabilizer, sitting for hours in meditation practice, or bringing the “right” dreams or insights to the analyst, someone else’s idea of what the sufferer

needs is not the hoped-for answer. Thus failing behaviorally, the sufferer may yet seek solace in an imagined past or future constructed from the governing explanation: “If only I had...”, “I’ll feel better when...”. When this tack yields at last to rage and/or despair, when it becomes clear that being a good boy or girl doesn’t work and that Authority is not in control, the first, hidden fruit of the suffering process starts to blossom in the dark. This is autonomy, an acceptance of one’s own perceptions and needs as valid apart from externally derived values, judgments, and comparisons.

Now that ego, or Will, is on its own, internal judgment replaces external compliance in the person’s attempt to get control of the suffering. Contemporary psychiatry sees this as entirely pathological, “excessive or inappropriate guilt” (cf. item #2 on the Hamilton Depression Rating Scale and #s 5 and 6 on the Beck Inventory).

This psychiatric attitude may be taken with compassion as well as objectivity, but it closes off any further understanding of suffering as a process. Some patients feel distanced or even abandoned by such medical-model reassurance. This was certainly true of the graduate student described above, for whom inexplicable guilt was a dominant theme.

In other ages and cultures there were helpful vocabularies available to sufferers like this young woman: well-described sins to atone for (Christianity) or earthly attachments from which to free oneself (Buddhism). The “searching and fearless moral inventory” of Bill W.’s Fourth Step in Alcoholics Anonymous is one contemporary replacement for these. This patient is not looking for reassurance, but for my help in inventing a vocabulary of her own. And, good a person as she already is, she will no doubt become a better one by following this moral imperative for quite some distance.

As the suffering process wears on, though, the internal judge becomes every bit as tyrannical as any external authority. William Blake captures this well in a painting of Job’s tortured dreaming: the figure that persecutes him is identical to himself, except for the Devil’s cloven hoof in lieu of a left foot. Boiling in his own juices, the sufferer finds that even the fiercest self-examination will not make the suffering stop. He is not in control, either. Sooner or later, these agonies free the ego from its oppressive dream of “finally getting it right.” Finally, there is nothing left for the sufferer to do

but defy all judges internal and external; accept, forgive, and love himself; and then face whatever happens.

Jung once described our job as helping patients to “hang on until nature grants a reprieve.” That reprieve is more often a quiet and gradual miracle than a dramatic turn like Job’s vision of God in the Whirlwind. But when it comes—and it can come even to the dying and to the chronically ill and disabled—it is experienced as a gift, only secondarily connected to anything the sufferer or his allies (including us) may have done.

Perhaps ill or scarred, certainly imperfect and fallible, the survivor of suffering emerges still somehow more vital, more intact as a human self than many who have never lost soundness of mind or body. All of us can think of great figures from history and literature who fit this description: an Abraham Lincoln or a William Blake come to mind. More importantly, most psychiatrists can point to these same attributes among our patients, though such individuals may be less articulate, or known only to a family or a neighborhood.

In human history, many more sufferers have fallen off the road I have briefly described than followed the process through to this idealized end. Some have been destroyed literally; others psychically, ending in resignation, embitterment, addiction. Now medical science, including ours in psychiatry, can help many more to “hang on.” What kind of world is this going to make?

If we doctors have no awareness of the transformative process that suffering engenders in some of our patients, if we simply abort or arrest suffering whenever possible with our technologies before listening for the meanings our patients may find in it, we may unwittingly contribute to a society flattened of emotional depth, a compassionless culture that retreats behind locked gates from the less fortunate.

But if we listen with respect to patients like the ones I have described, who are trying to survive rather than avoid this mysterious process they have discerned within themselves, then the world may yet be a better place -- and we will have helped.

Dr. Genova practices in Maine and is clinical associate professor of psychiatry at the University of Vermont. This is from his wonderful book *The Than: 24 Essays in Psychotherapy*.

A Response to Dr. Genova's remarks

by Rev. Alan Cutter

As a human being, journeying through life with the continuing effects from the trauma of war, and along the way trying to escape the resulting pain through addiction, I would describe my experience of "suffering" as a sense of fragmentation, that is to say, the feeling that part of me was "missing in action" or, in my worst fears, "killed in action." As a theologian, I would call this fragmentation the knowledge of the absence of god, or perhaps the knowledge of my absence from the presence of God, either way "the dark night of the soul." Call it "fragmentation," call it the "dark night," this sensation is one of almost unbearable pain, fear, and loneliness, hence the desire to escape. For me the escape, my defense from the pain and so on, was through either anger or addiction. The anger was too dangerous for me and those around me, so I chose "booze" as a safer path. A lousy choice. Eventually, since I was on the verge of destroying myself, and those around me, out of desperation, I acknowledged the "fragmentation," the "dark night," and resigned myself to having to live there, with all the pain. Like the Psalmist, I even invited God to be there, not to take away the pain, but simply to share it, and in that invitation, in a way I cannot explain, I suddenly received a sense of integrity. While I would not wish anyone the experience of suffering, I would not trade for anything the knowledge of life and living that I now have. And while I spent years running from the suffering, perhaps out of fear of the pain, I no longer am controlled by fear, and can accept the presence of the pain of those who suffer, and be with them. In doing that, I do what I asked God to do with me. Maybe that's part of what it means to be a person of faith.

On Suffering

Patience Mason

I've heard the phrase in recovery circles that "pain is inevitable but suffering is optional," as if it were some kind of self-indulgence. At first I

thought it was a good phrase, because it reminded me that sometimes I have leapt up onto the cross with outstretched hands, yelling, “Anyone have any nails?”

However, any life is also full of legitimate pain which none of us have asked for, so the phrase is simplistic and unrealistic. How could a person be in pain and not suffer?

The verb suffer means “to feel pain or distress; sustain loss injury, harm, or punishment; to tolerate or endure evil, injury, pain or death; to undergo, experience, endure or bear...” Any trauma survivor has had plenty of that.

Why do we keep on suffering after the fact? I don’t know. I just know it is a common experience. When you have been brought up to believe that suffering is justly-deserved punishment (the just-universe theory of life), you may spend years asking, “Why me?” like I did. I also believed that no one else but me suffered. In my family suffering was hidden or not allowed, so I didn’t know how to do it. I didn’t see people suffer losses and come out the other side. I think this is common, too.

I do not think anyone deserves pain. Today I also believe that pain is a necessary part of the healing process. What is more, it is okay to be in pain. Not comfortable, not easy, not fun, but okay. Suffering is going to happen if you are alive and human and most particularly if you have been traumatized, or love someone who has been, or work with trauma survivors. For me, it is all about being with yourself in the pain. It is not about abandoning yourself, which is what erasing, denying, stuffing, stonewalling and blaming do.

My worst experience with suffering was when Bob went to Vietnam in August 1965. (“Where?” people would say in those early days.) The agony of missing him, his body, his arms, his voice, was compounded by the belief that I was so unlucky, he would be killed. Over the course of that year, as the war became news, I became numb. My upper lip grew stiffer and I stuffed my pain away like I’d been taught.

When Bob came back, I thought my suffering was over, but it had just begun. Seeing my husband hurting and not being able to help him devastated me. To me, it also meant I was a bad wife. When he was emotionally numb, I felt that he didn’t love me anymore, which proved to me that I was also unlovable. More pain came from the fact that I thought our problems were all my fault, and he often agreed. If I were just a better

wife, he would not be having problems. Neither of us knew anything about PTSD, which wasn't supposed to exist at the time. (That is why I never take the official psychiatric beliefs on anything with less than a pound of salt.)

I didn't value my suffering. I hated it. I spent most of my time dealing with a corrosive sense of shame and despair by having to be right and trying to go it alone (so no one would ever know what a loser I was). I acted as if other people (like Bob) had problems. I was fine. I didn't really notice Bob's suffering. I was too busy trying to fix him (so I could see myself as a good wife) to notice much of anything. I threw up a wall of blame between us so we could not comfort each other except on rare occasions.

Today I look back on that period with a lot of compassion. What despair and pain we both felt! How unequipped we were, how uninformed, how lost, how hopeless we became. How unkind we were to each other. One of the most powerful motivations behind my writing *Recovering From the War* was that no one else should ever have to go through that experience alone, uninformed, and without a clue.

Please understand, I do not equate my suffering to the suffering of people who have lived through wars and other horrible traumas. I was safely at home during all this. My life and physical integrity were not threatened (except by Bob's driving..), yet my suffering has affected me. That is important in my ability to help others. If this little bit of suffering so profoundly affected me, how much more likely is it that war and trauma cause other people to suffer? I use my own suffering as a basis for compassion.

If this affected me, how much more must trauma affect those who have experienced it? Luckily, in the midst of my research for *Recovering From The War*, I also started a recovery program and began to feel my own pain. Allowing myself to suffer was horrible. I was consumed with shame that I hadn't known about PTSD before it had a name. I was in despair that I had become codependent. I felt I should have known better before the word codependency was invented. I should have been able to to bypass all the problems that grow out of war and trauma, and just have been fine.

Because I had started in an Adult Children of Alcoholics (and other dysfunctional families) group, I could see I had grown up with these ideas which are pretty common in our society.

Sitting in the fires of should have done this and should be over this was painful. I was embarrassed, ashamed, afraid, despairing, critical of myself, defensive. I was also willing to try to change, even though I was still operating on the mistaken assumption that you just decided to change and did.

That willingness to feel, to suffer pain instead of making it all Bob's fault, all my mother's or whatever, or even all my own fault, was the beginning of healing. I began be able to to love myself despite the fact that I wasn't changing fast enough for me. It hurt to see that I had not been perfect, wasn't perfect yet and probably never would be. I learned in my 12-step programs that as a human being, it is not my job to be perfect. That doesn't mean I give up. Instead I set my sights on progress not perfection.

I have come a long way. You will, too, if you suit up and show up for the recovery activities that help you, whether they are meetings or meditation, therapy or tom-foolery. Try to listen to that still small voice within, not the one screaming "No! No! NO!" or "Now! Now! NOW!" but the one saying "Ow! Ow! OW!"

Ask that small voice what you need to feel and to do to heal? What is the essential pain of what you have been through? Just the tiniest willingness to be in pain for a moment may be the beginning of a road to recovery.

My life was a hell of blame and self-pity as long as I tried to suppress my pain and blame it on others, as if pain were always someone else's fault. The reverse was true, too. When I thought all of our problems were my fault, (because I was not doing something right), as if war and PTSD had no part, I was also overwhelmed with shame and despair. Many trauma survivors and family members have experienced the same black and white thinking leading to despair. Even if we would rather not feel guilty or bad, we do. Well-meaning attempts to talk us out of it are ineffective. Such attempts can increase our despair because we feel even more abnormal when someone tries to make us feel good.

Today, I see it as a sign that I'm avoiding suffering if I start to blame others or myself. This helps me to see when I need to feel sad or bad about something. Denial prolongs suffering, but denial is what you need when you don't have tools or hope that suffering will end. I have those tools and that hope today.

Today, I do not suffer for as long as I once did, days or hours instead of months and years. I still have sad moments. I still grieve over the world and its insanity. My own actions cause me pain sometimes, but today I know it is okay to be in pain, and that change is a process with many slips and re-starts. I do have hope. My life today is so much better than it was, I am grateful I was willing to feel some pain.

By acknowledging the value to me of my own suffering, I have become aware of the value that suffering might have for other people. This does not mean that I think it is good to suffer, or that I minimize the pain, or see suffering as the only path to healing. I do think that most people will find some suffering on the path they have to take to heal from trauma, and it takes a hell of a detour to avoid it. It simply hurts to have been in the fire.

As some of my 12-step friends used to say, “what started me changing was not the light at the end of the tunnel, but the fire- ball on my butt [synonym for the word].” If you are suffering and nothing you are doing right now seems to work, don’t give up. There are no instant cures that work for everyone. People can be driven into the misery of addiction by suffering, as I was, but those who eventually let themselves be in pain without resorting to addiction can be changed in very positive ways by the experience. It is not fun, but it is not unendurable if you find support and hope.

One day I hope to be like the people who have come out the other side of suffering, as described in “What does suffering do?” in this issue. I am not there yet, but I am on the road. When I get swamped with pain or guilt, I can wade on through because I know that I am going my own way, and that is enough today.

The Trauma of Loss

©Pauline Laurent, January 2001

It never occurred to me that I had denied my grief. Nor did it seem the least bit odd that I avoided all discussions about the Vietnam War. And yet, every relationship and career I ever had ended too soon and often painfully.

I was 22 years old and 7 months pregnant when my husband, Sgt. Howard E. Querry, was killed in action in Vietnam on May 10, 1968. We

had been married less than a year. With the encouragement of family and friends, I buckled up and became a stoic war widow modeling my behavior after Jackie Kennedy. When they handed me the flag from Howard's coffin, I held my head up high and didn't shed a tear.

Everyone kept telling me to be strong and stop crying. After all I was carrying his child and needed to take care of myself for the sake of that child. Yet, I couldn't imagine life without Howard. Faced with overwhelming physical & emotional demands, I went "numb." Being numb was the defense mechanism that allowed me to go on. I denied his death and my grief. It seemed easier to pretend it never happened. Of course, I didn't know at the time that I was in denial.

Melody Beattie says in her book, *The Language of Letting Go*, "Denial is the shock absorber for the soul, protecting us until we are equipped to cope with reality."

Throughout the years following Howard's death, my life was punctuated with one loss after another. I lost jobs and relationships; left communities and moved thousands of miles away from the small town in southern Illinois where the tragedy occurred. I was emotionally unresponsive, battled with depression and rage and not the least bit interested in allowing myself to ever love anything again. I blamed my country, the military; God, my parents and his for the difficult blow life had dealt me. My anger hardened into resentment.

Over the years I developed various coping strategies in addition to denial to keep the loss at bay. My main coping mechanism was continually moving and changing all the outer circumstances of my life. It never occurred to me to look inward for resolution.

Other coping strategies were the use of substances and activities to ward off the pain. Alcohol was the first substance I lost the ability to manage. When I found the strength to face one addiction, another would soon pop up in its place. I drank too much, ate too much, shopped too much, and worked too much; all in an attempt to keep myself numb. It didn't work.

The strong-woman act I had put together crumbled in 1990 when I suffered one loss too many. The loss of a job and a relationship plummeted me into a major depressive episode. For almost two years I was not able to work and battled with suicidal thoughts. My daughter was the

only reason I didn't take my own life. What I learned from the depression was that grief doesn't go away, it just goes underground.

In deciding to heal rather than commit suicide, I finally dug out the box labeled "Vietnam" which I had stuck in the back of every closet in every home I'd ever lived in since 1968. As I explored the contents of the box, I began the process of grieving. Twenty-five years after Howard's funeral, I went to a Hospice group for young widows. The women in the group were threatened by me. Surely their grief would not last that long. I told them I had not grieved when Howard died and was attempting to do it 25 years later.

At this same time my daughter announced her engagement. Planning her wedding brought the tears which couldn't be held back any longer. With my daughter's marriage I would have to let go of the only part of Howard I had left.

In the months preceding her wedding, I wrote, cried and slowly came out of the closet as a Vietnam widow. At one of the first VVA meetings I attended, the veterans told me I had many symptoms of PTSD.

I started interviewing therapists and soon found one that I could trust. My therapist diagnosed me with PTSD. But instead of seeing it as a curse, I am learning to use it as a barometer, which forces me to take care of myself in a loving, and nurturing way. PTSD forces me to put my health above everything else. When I am in my PTSD symptoms, I am lost to myself and everyone around me. I have learned many tools to cope with PTSD, such as meditation, walking, yoga, writing, 12-step recovery work and focusing on the present moment.

When I began meditating, it was very difficult to sit still for just a few minutes, but the longer I was able to sit still, the more peace I found. I began meditating by using an audio-tape, which my writing teacher had prepared for me. The tape guided me through a 30-minute meditation practice. Eventually I was able to meditate without the aid of the tape. Then I started attending one-day meditation workshops at Spirit Rock Center in Woodacre, CA. After I had attended several one-day workshops, I was able to do 3-day workshops. Now I have worked my way up to attending one-week silent meditation retreats. After that week of silence and meditation, I am ready to tackle the world again for another year. It does so much to nurture and sustain me.

Yoga is another way to get my awareness into my body and out of my head. The combination of breathing and stretching forces me to acknowledge that I do inhabit a physical body.

Walking at least 30 minutes everyday is another great way to clear my head and get awareness into my body. Walking forces me to move, breath, and pay attention to where I am going. Anything that involves moving my body is a great tool for my PTSD.

In the 12-step fellowships I attend, I find others who share my same issues. It's nice to discover I'm not alone. In these groups, I have the opportunity to share what I have learned with others.

Often when I feel confused and lost, I simply sit down at the computer or with a blank piece of paper and begin by using a phrase such as "What is really bothering me is..." It doesn't take long for the issue to come to the surface and reveal itself to me. Like crying, writing is very cathartic for me. I always feel better after a session of crying and/or writing. In writing, I find myself telling experiences from the past, which have never been resolved.

After seven years of writing and crying, and speaking publicly about being a Vietnam widow, I published my memoir, *Grief Denied: A Vietnam Widow's Story*.

Writing my story and dispelling my grief has given me a new perspective on life. I've forgiven my husband and my country, and I have a deep capacity to love again. I don't know what the future holds, but I don't feel afraid anymore-afraid of death or losing someone I love.

My life is enriched by watching my daughter raise her children with her husband-something I never had the opportunity to do. And my relationship with my granddaughters allows me the opportunity to give to them in a way I was not able to give to my daughter because I was so shrouded in grief. I'm grateful I found the courage to grieve and heal from such a devastating loss.

For more information about *Grief Denied—A Vietnam Widow's Story* visit <http://www.griefdenied.com>.

Map of an inner child

by Patience Mason

INTUITIVE CHILD

or Natural Child, Real Self, Divine Child, Higher Self

- instinctively knows how to handle things
- is who he or she was meant to be
- freely loves, plays, shares, spontaneously feels and lets pass all emotions, even painful ones
- **we are cut off** from this intuitive part by trauma, by family rules about who you have to be, and by survivor skills the adapted child has developed (denial, numbing, not thinking, spacing out)
- meditation and visualization can connect us with the intuitive part of us which is a direct link to a higher power or to the feeling of being a part of the universe

- the intuitive child is at home and in harmony with what is
- the intuitive child has a sense of justice, can say "no," and does

hard shell of the ego defending the hole in our soul which developed from not getting our needs met

THE HURT CHILD

- is stuck at each age where trauma occurred
- is stuck at each age where normal development of a sense of self and of autonomy was blocked by trauma or by family rules and parents' needs
- carries a heavy load of impacted feelings from previous time zones including feelings of abandonment, rage, fear, and despair
- the hurt child may want what it wants when it wants it—immediate instant gratification—leading to addictions, or it may have given up, or both
- cannot choose to take care of his or herself—it is not allowed—but sees that it is okay to do what Mum and Dad are doing: drinking, overeating, beating, yelling, nagging, scolding, screaming, screwing around, martyrdom, etc.
- needs to feel feelings
- needs the information that it is OK to hurt, that feeling a feeling (bad or even good) is survivable, that if they are felt, feelings pass, but if suppressed they stay forever.
- needs to know that emotions are information we need to take care of ourselves
- needs space and time to grow and develop normally into whomever he or she was meant to be

SENSE OF SELF

grows as we recognize our patterns and unite the three parts. This helps to fill that hole in our souls which we may have been trying to fill with substances or other people.

ADAPTED CHILD

- this child's sole purpose was and is to protect you from harm and keep you alive
- his or her information on how to do this is from a child's perspective (perhaps back through the generations, parents look like grownups, but that does not mean they are) and is usually faulty, i.e.:—yelling criticism to make you perfect—discounting pain to make you strong—condemning weakness to make you strong—giving advice (just do it/get over it) that makes you feel worse and doesn't work, either—beating you to make you strong (all these may wind up as critical "voices" in your head—"the committee")
- wants to please the parents/authorities (life or death to a child)
- tries to learn the ever-changing "right" way but probably could never be quite good enough and still feels inadequate
- stays numb by suppressing the Hurt Child and the Intuitive Child so she or he won't be distracted from survival skills
- adopts the role the family demands—hero, caretaker, scapegoat, invisible, clown—or all in turn
- needs to be repeatedly and kindly reminded that it is okay to make mistakes today because we are no longer powerless children and we can learn from our mistakes in recovery
- needs to be repeatedly and kindly reminded that it is okay to take care of ourselves today—we no longer have to put others first so we can survive as we did in childhood
- gradually learns to let go of learned behavior that is ineffective, learns to take care of self and be effective

Your own map of an inner trauma survivor

INTUITIVE, Natural or Real Self, Divine Self, Higher Self

• instinctively knows how to handle things • is who he or she was meant to be • freely loves, plays, shares, feels and lets pass all emotions, even painful ones • connects you to your higher power/creation

• **Survivor skills that cut me off** from this intuitive part at the time of the trauma _____

• What can help me re-connect to my inner self and a higher power or to the feeling of being a part of the universe?

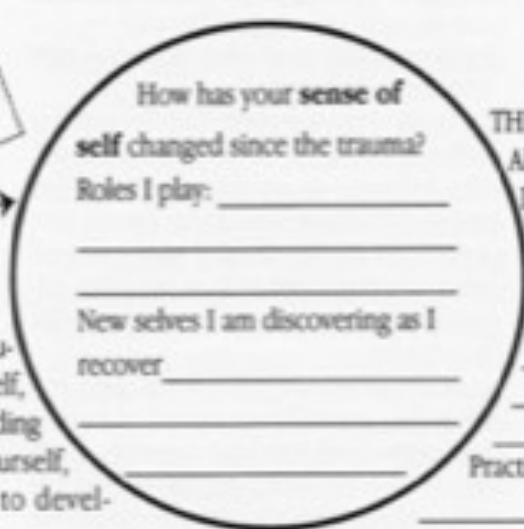
Hard shell of the ego defending the hole in our soul which developed from the trauma

THE HURT ONE

What parts of you were hurt by your trauma? (Trust in the world, trust in yourself, capacity to love, desire for closeness, needing others approval to feel good about yourself, etc). What parts didn't get a chance to develop? _____

What would help you heal? _____

What fears do you have about trying? _____



How has your **sense of self** changed since the trauma?

Roles I play: _____

New selves I am discovering as I recover _____

THE SURVIVOR : THE ONE WHO KEPT YOU ALIVE

Did whatever it took to survive including
A. Emotional numbing :

Practices avoidance: _____

B. Has developed the following kinds of hypervigilance:

C. Re-experiences the trauma in the following ways: _____

My thoughts on what would help me recover: _____

Check back issues for ideas on recovery. Have you tried any?

Please let me know if you like this type of interactive exercise.