

The Post-Traumatic Gazette No13

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Numbness: Survivor Skill and Shortcoming

Here is what they say about numbing and avoidance in the diagnostic criteria for PTSD from the *Diagnostic and Statistical Manual, IV*, of the American Psychiatric Association:

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma) as indicated by three of the following:

- (1) efforts to avoid thoughts, feelings or conversations associated with the trauma
- (2) efforts to avoid activities, places or people that arouse recollections of the trauma
- (3) inability to recall an important aspect of the trauma
- (4) markedly diminished interest or participation in significant activities
- (5) feeling of detachment or estrangement from others
- (6) restricted range of affect (e.g., unable to have loving feelings)
- (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

This describes a series of survivor skills people develop to protect themselves, which over time can become huge problems. We can look at these survivor skills in the light of what they do *for* trauma survivors, helping them live, and what they do *to* them, isolation and misunderstanding from others. We must respect that people have them for a reason: *survival*. People who are not trauma survivors tend to forget this. So do a lot of trauma survivors.

Looking at these survivor skills with acceptance and without judgement opens up possibilities of change. People can only change if they know themselves accurately. We all have shortcomings. Identifying them helps us change. (If you think you don't have shortcomings, your shortcomings are probably perfectionism and people pleasing.)

Numbing and avoidance prevent change by cutting off large areas of self knowledge. Assessing the impact on you of numbing and avoidance might be quite helpful.

Trauma survivors are also helped by acceptance from others. It lessens the normal healthy rebelliousness people feel when told they are messed up.

Thinking can be a form of numbing:

“Awareness is not the same as thought... [it]is more like a vessel which can hold and contain our thinking, helping us to see and know our thoughts as thoughts rather than getting caught up in them as reality.” [John Kabat-Zinn, *Wherever You Go, There You Are*, p. 93]. This is Bob’s favorite book, so, as an exercise in willingness to change, I am reading it, and it is wonderful.

Many of us use thoughts to avoid and invalidate and numb feelings. We think, “Oh, I shouldn’t feel that,” or “That’s not nice,” about some normal feeling.

Another thing I did for years (and still do sometimes) was to think at great length about what someone else should do to fix his or her life. Today when I do that I know I am avoiding a feeling and I try to figure out what is bothering me. Other people think about their business plan or the Mets chances this year or how to fix society. Urgency, obsessiveness and the words “should,” “ought,” and “just,” are good clues that your thoughts may be a way of avoiding feelings.

What numbing and avoidance do for you:

Your brain is designed to rapidly adapt to new situations especially if they involve danger. It automatically focuses on action not feelings so you can do whatever it takes to survive. Primitive parts of the brain take over and narrow your focus to things that will help you survive. Your brain also rapidly adapts to what happens, so whatever happened begins to seem everyday after a few times.

After surviving a trauma, many people become very safety conscious and avoid many things. To others find this may seem unreasonable. However it is unreasonable to expect survivors not to be affected. Survivors need to avoid further trauma. What’s more, they also need to avoid triggers. This too is survival based. A person who is swept by tides of emotional pain, triggered into flashbacks, unable to sleep due to

nightmares and the need to get up and check for danger is not going to be able to lead a normal life. Some people become suicidal. Some succeed at suicide. Efforts to avoid thoughts, feelings, and conversations, activities, places or people, markedly diminished interest or participation in significant activities, and restricted range of affect are all ways of avoiding triggers.

Don't feel love like you felt for your buddies in Vietnam and nothing can hurt you. Don't talk about the sexual abuse and it won't bother you. Don't play, and no gunman can shoot you on the playground. It doesn't matter if you know something is safe or in the past. Your brain is a better-safe-than-sorry system and it would rather trigger a hundred false alarms than ignore one real danger.

The inability to recall an important aspect of the trauma protects you by letting you forget parts of the trauma that might be overwhelming.

The feeling of detachment or estrangement from others is a realistic evaluation of how likely it is that others can understand what you've been through. Nobody is going to understand unless it has happened to them. That is not to say people won't try to understand, but those who are really honest with themselves will know that there is a quantum leap between hearing about trauma and living through it. That doesn't mean they can't be helpful to you in your recovery. They have a perspective that can be valuable, but their experience is different.

Some people will insist that they do understand what you are going through. I consider this a sign of monumental ego-centricity and lack of empathy. No one can know what someone else is going through, period. They can try to understand which is good, but saying, "I know what you are going through," is a form of discounting that is insulting and ineffective, especially with trauma survivors. It is usually followed by "but.." and proof that the person does not really understand.

A sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span) is also an accurate reflection of experience. You have seen people die young or almost died young yourself, and you know today is all you have.

Many of these symptoms also help you focus on day to day survival, something that is critical for people who are immersed in a culture which ignores, discounts and invalidates the experiences and needs of trauma

survivors. Avoiding triggers, loss of interest in other activities, and in the future are all sensible if you are just trying to make it through the day.

Most people have never heard of PTSD, and even those who have, have no clue as to what is going on with survivors, why they need to be numb and avoid situations. When you don't understand your reactions and your emotions, staying numb and avoiding triggers is a most reasonable approach. If you have been stigmatized for having problems and for not being able to "put it behind you" you really need your numbness and avoidance, and in some situations you probably always will. It doesn't have to be permanent and continuous, however. More about that next issue

What numbing and avoidance do to you:

Some of the more unpleasant effects :

If you have been repeatedly required to immerse yourself in violence as many combat veterans have, you may have become so numb that you did things in combat, without a thought, that are very hard to understand now, especially if you do not realize that such numbing was essential for you to survive. A numbing ritual used in Vietnam was the repetition of the words, "It don't mean nothin." If you are still that numb, you may fail to understand why other people get upset by some of the things you think are "nothin."

People who have been unavoidably, repeatedly hurt such as adults who experienced regular physical "discipline" while growing up, survivors of repeated sexual abuse, battered wives, torture survivors and prisoners of war can be so numb they have to cut or burn themselves to feel anything. This is pretty scary to the people who do it and to their families. There are books about this.

Also problematic is creating chaos in your life so you can feel alive, or taking risks to feel alive (having multiple sex partners, unprotected sex, driving too fast, getting into fights, getting high and doing stupid things), or becoming an anger junkie because the only time you can feel anything is when the adrenaline is pumping you into a rage.

Some people who cannot for various reasons (traumatic amnesia, sexual stereotyping, cultural conditioning, loyalty) express or even examine or admit painful feelings often develop physical pain instead. They literally have a pain in the neck or the butt, stomach problems, heart pains, pains in the head. Physical pain is more acceptable than emotional pain.

Other people have plenty of physical reason for their physical pain because emotional numbing has kept them from taking care of themselves physically. They have developed health problems due to bad diet, drinking, smoking, drug use, risk taking behavior that leads to fights or accidents, etc.

Healthy Decisions: In everyday life, it can be a real handicap to be numb to your emotions. Emotions give you the information you need to make intelligent decisions, healthy decisions. In *Emotional Intelligence*, a book I highly recommend, Daniel Goleman reports that people who lose access to their emotions through brain damage do not become completely rational and smart. They make incredibly stupid personal decisions because they have no emotions to guide them into what is safe, sane and sensible.

Goleman says that a high IQ does not necessarily correlate with success. The ability to identify your own emotions and interpret those of other people, to delay gratification (ie. act, not react), to regulate one's moods, to persist in the face of frustration instead of blowing up or giving up are all characteristics of emotional intelligence which also predict success in life. I mention this because many trauma survivors feel like they can't get a break. Bad stuff keeps happening to them. Part of that may be because numbing keeps them from using their emotions as a guide to intelligent problem solving.

Staying numb takes a lot of work and tends to drain off energy from other aspects of your life. Workaholics have to work more and more, alcoholics have to drink more and more to get the same numbing effect. The feelings are inside you fighting to get out, and keeping them in that tight little compartment takes all your time and energy and more booze or sex or drugs than you can use and live. More money and toys than there are. More work than there is time in a day.

Relationships: Numbing is like emotional shock. You can't feel pain when you are in shock. Later physical pain tells you how to take care of yourself (don't walk on that broken leg). Emotional pain does, too. (Cry over your losses). Unfortunately it is easier to suppress emotional pain. The resulting emotional damage (I'm not angry about losing my friends in the war! Now sit up and eat your food and don't cry or I'll give you something to cry about!) is often to our nearest and dearest.

Numbness damages relationships because if you are numb you can't help but wonder why "little" things bother your spouse or kids. Survivors

tend to invalidate and discount everyday hurts. This annoys other grownups who are more in touch with their feelings.

Numbness leads to correcting, or invalidating other people's feelings. Guess how close a person feels to you when you've just said, "You shouldn't feel that way?" Not very. It is hard to be intimate with someone who puts you down for what you feel. This cuts both ways: a survivor can't be intimate with someone who says, "Aren't you over that yet?" or blames them for being numb by saying they are negative, they can't feel love, that they are critical, cold, cruel.

Relationships are based on an unspoken contract between two people: that they will support, respect, care for, and be considerate of each other. Veterans whose unspoken contract with society (you go do our dirty work and we will honor you and respect you and take care of you when you get back) was broken may identify with the pain their partners feel when they get advice and correction rather than sympathy for civilian problems. Other survivors do this too. If you find yourself thinking "This is a problem? I've got real problems!" you can begin to tell yourself that is the numbness talking, and work at listening and not giving advice. That's all most people want.

People in pain often project their suppressed feelings all over other people (I'm angry so s/he made me angry. I'm hurt so s/ he meant to hurt me. I feel guilty so s/he is trying to make me feel guilty.) If you always think that someone "made" you feel something, it might be good to look at the feeling as being from inside you and perhaps also from a different time zone.

Numbing is extremely hard on children who are children, and, by definition, cannot have an adult perspective much less an adult trauma survivor's perspective. Children are, by nature, valuable, vulnerable, imperfect, dependent, and immature. You can't toughen kids up by invalidating their feelings, but in my opinion you can traumatize them by doing it. Some people with Borderline Personality Disorder may have no history of trauma except for an invalidating childhood environment.

Feeling respect and compassion for the sufferings of small vulnerable people is an important part of life and of parenting. Rather than teaching the kids how to handle fear and shyness and other normal feelings, invalidation teaches them to suppress them and be ashamed of being

affected by things. Dad and/or Mom went through so much more and look how unaffected/stoic/cheerful/tough they are! Or they have real problems, so you can't have any! Well, Dad and/or Mom are grownups so they have a perspective kids can't have. Plus they are numb! Discounting and devaluing children's normal feelings may seem effective. Kids may look and act tough, but inside there is going to be a hole in their soul which they will spend the rest of their lives trying to fill.

Sometimes childhood hurts evoke feelings of rage in survivors. This is evidence of what was done to you as a child. If the strength of your reaction to kids' hurts is deep and powerful, read *Adult Children of Abusive Families* by Steven Farmer and *Facing Codependency* by Pia Mellody even if you don't believe you were abused or think you are codependent.

Numbness hurts you, too. Maybe you feel like you don't have feelings like other people: don't cry when your Mom dies. This is a normal numbing symptom but may leave you thinking you are a bad person. You judge yourself for having it, and call yourself a cold sonovabitch.

Isolation is also something numbness does to you. Although it helps you avoid triggers, it also makes you lonely and sad. Sometimes it is the best you can do for now, but most isolated people with PTSD yearn for understanding and community.

Another drawback is that when you numb bad feelings you numb them all. Joy too. All the good feelings are in the box with the bad ones. You may be comfortable with this, but it does cut you off from a large part of life.

Numbing also puts you more at risk for violence. When you can't identify bad feelings, distinguish between annoyance and fury, fury wins. In addition, you can't tell you are getting angry. You've trained yourself to suppress feelings so you don't notice anger until you are so angry it is dangerous. In my opinion, numbing causes emotional eruptions. If you don't identify that something bothers you, you may not know you are angry until you are so angry that you blow up. People cycle through suppression and blowing up over and over and over.

Numbing can also make you totally unaware of the feelings of others and one day you come home from work and the house is empty, the family gone. Or out of the blue (to you), your nearest and dearest asks for a divorce.

Emotional numbness may cause survivors a lot of painful criticism from family members. What's more, family members often become emotionally numb themselves, because they develop their own PTSD from traumatic incidents inside the family, or because they are constantly having normal feelings discounted and invalidated by the survivor, or because they lose hope of things getting better. For both survivors and family members to heal, it is important to recognize when you are practicing numbing and avoidance, and to learn how to gradually and safely regain your feelings.

Suppression: Although numbness protected you from breaking down and gave you the capacity to focus your energies and act in a way that kept you alive, the emotions are still there inside you. They are suppressed, not gone:

Suppress, stifle, repress, these verbs mean to hold in check something requiring or struggling to find an outlet. Suppress suggests the exercise of force that drastically inhibits or crushes... To stifle is to keep back something, such as an impulse or an emotion, as if by smothering it. [*American Heritage Dictionary*]

Staying numb is lots of work. It takes time and energy that could be used to recover.

The normal person who is numbing and avoiding his or her feelings doesn't realize it, either, doesn't realize the effort he is putting into suppression. All they are doing is trying to survive. They don't notice they are suppressing, because to notice brings on the feelings and they believe somewhere deep inside that they cannot survive those feelings. Without support many people can't. Going against the societal invalidation and expectations of "not being bothered" takes incredible courage and requires real support. "Recovery is not for sissies," is the last line in my book, *Recovering From The War*, and it is true.

When you are asking someone to un-numb, you are asking a lot, both in the pain they will have to feel and in the shit they may get from society and even from you. If you are asking someone to deal with their PTSD in a new way, you have to honestly ask yourself are you willing to support the process and be there for this person in his or her pain? Or do you somehow expect they will only have feelings that you will find easy to deal with, or only have them as long as you think is appropriate?

Common problems with emotions :

One, we believe we should never feel bad. We all can see the scene. The woman's husband or child has just died violently and someone is offering her a pill, like she shouldn't feel bad and like feeling bad is dangerous. That is just plain wrong. It is dangerous not to feel bad sometimes because that means you are suppressing feelings and when you do that you suppress important information about what you need to do to take care of yourself. *It is okay to feel bad when bad things have happened to you!*

The second common problem is that most people have no experience with what might be called the natural flow of emotions. Society discourages the flow. Everyone is supposed to be in control of him or herself, not too sad, not too happy. Instead of being allowed to experience a feeling, let it peak and fade and pass, we have been taught to build dams. One major problem with dams is that when they break, you get a flood. Those of us who have dammed up feelings for years will get floods at first, but we can ride them out.

Painful emotions are frightening because most of us have been taught suppression or avoidance of them. We don't have much experience of simply feeling them. When your Dad said "Don't be afraid," he did it to strengthen you, but what he actually did was weaken your ability to tolerate and deal with fear because you weren't allowed to experience it. The same with anger, sadness, shame, guilt.

Most of us grew up in "authorized feelings" families. Boys are told from childhood not to cry, not to be afraid, not to be vulnerable, not to be a sissy. Girls are authorized kindness, compassion, sweetness (Don't be angry, dear. It's not nice). Authorized feelings include: "Yes, you love Aunt Agnes." "Don't be afraid." "Don't cry or I'll give you something to cry about." "Stop showing off!" Joy and self-esteem are *not* authorized in many families.

Most of us don't notice these rules. Not only was sadness not allowed in my house, but it was especially forbidden in men, as was fear. (This is sexist—a big shock to me—to see that I was a sexist.) It took time and work for me to be able to accept that men can be scared or sad. Most men find it even harder to accept these feelings in themselves or other men. They beat themselves up if they have them and sneer at guys who show them.

Two reasons to change:

Emotions do not kill: You may have so closely identified those emotions with the trauma that you feel on some deep level that the emotions will kill you if you have them. This is good evidence for you of how traumatic the incident was to you, but it is not true. What could have killed you was the actions of others or of natural forces. The emotions are there to tell you to run, fight, freeze, help, etc. They serve a protective function and you need them to have a happy successful life.

Emotions that are suppressed can kill:

Emotions are not actions. Part of recovery is developing a pause button between emotion and action. Violent actions taken as a result of suppressed emotions may kill, but emotions do not kill. Many trauma survivors feel that they must never get angry because they might kill someone. Everyone gets angry, however, so it is better to develop more effective ways of dealing with anger (see *Dealing with Anger in Effective Ways* and *HEALS*).

People may also die from refusing to feel painful emotions, swiftly through suicide, or slowly through drinking, drug use and other addictions.

Where does this leave us? Emotions are there to help you survive. Fear facilitates running away from sabertooth tigers or people with guns. Anger helps you defend yourself from abuse. Sadness tells you to mourn. The most survival oriented emotion for the species however is compassion. Someone endangers you, you get mad. Someone endangers your kid, you get a lot madder. Who do you feel worse for, a grownup who hasn't eaten for days or a kid left to starve in a crib? Yet when numbed by repeated exposure to traumatic events, people can't feel compassion either.

When you look at the atrocities going on in so many parts of the world today, you are looking at the effects of emotional numbing at their worst. People have to be numb to torture and rape and murder their neighbors. Our survival as a species depends upon using our emotions as a guide to protect ourselves and have compassion for others. This can only be done one individual at a time and one day at a time, but it can be done.

Recovering feelings is the topic of the next issue. If you want to practice identifying feelings, which is an important part of getting them back, there is a list of feeling words below.

List of Some Feeling Words

(There are lots more, I think..) —from Pete C. [and me]

affectionate, agitated, angry, annoyed, anxious, ashamed, betrayed, blissful, blue, burdened, calm, charmed, cheated, cheerful, choked up, comfortable, condemned, [considerate], contented, contrite, crushed, defeated, [delighted], depressed, despairing, dis- gusted, distraught, disturbed, dominated, eager, [ecstatic], embarrassed, empathetic, energetic, enervated, exasperated, fearful, [fine, flattered], flustered, foolish, frantic, frustrated, furious, grief-stricken, guilty, [happy], helpless, helpful, high, horrible, hurt, hysterical, ignored, imposed upon, intimidated, infuriated, isolated, jealous, joyous, jumpy, kindly, left out, lonely, lost, loving, melancholy, [mellow], miserable, nervous, OK, outraged, [passionate], peaceful, persecuted, pressured, put upon, rejected, relaxed, relieved, sad, satisfied, scared, shocked, sorry, spiteful, stunned, stupid, sympathetic, tearful, tense, terrorized, thwarted, tired, trapped, troubled, unfairly treated, vulnerable, weepy, wonderful, worried.

Purpose of list: to help identify a feeling you have.

More on Traumatic Incident Reduction

Hello. I am Deborah Mitnick, LCSW-C. I am motivated to write and share my own experience with Traumatic Incident Reduction. I have specialized in crisis and trauma and grief counseling. I am a Critical Incident Stress Debriefing (CISD) and I travel to sites of national disasters as a consultant for two national crisis-management companies. I was a volunteer for the State of Maryland CISD team for a number of years.

I am a supervisor of the CISD team at Sheppard Pratt Hospital (Private Psychiatric Hospital) in Baltimore and work with staff after incidents of deaths and assaults involving patients, visitors, and staff members. I served as the co-facilitator of the Victim Assistance Program Support Group that served those who had family members and friends who had died from

homicide or from drunk-driving murders. I was the Crisis Interventionist for three years in the hospital of an inner-city emergency department. It was my job to do all of the psychiatric evaluations, suicidal assessments, placements in psychiatric hospitals, anticipatory and actual grief counseling of families of those who were dying or died in the ER. I developed a speciality in working with parents of Sudden Infant Death children. I also did typical social work interventions: finding shelters for the homeless and finding drug/alcohol programs for those who needed such programs...

I used to consider myself a psychoanalytic psychotherapist. (Somehow, today, I feel uncomfortable with that title. It seems “inflated” to me.) I saw clients for 45-minute-sessions on a weekly basis for an average of three years. Some of my clients came two or three times a week.

I had been in and out of therapy most of my life since adolescence. Most recently, I had 6 years of an intensive therapy which I considered to be a modified psychoanalysis (4 times a week for the entire six years and on the couch for the last 2 years.) I considered myself high-functioning at all times, but was aware of continuing symptoms of low-grade anxiety, depression, and general angst that none of the therapies I had tried had ever touched.

And then I encountered TIR (on the Internet!), I went for my initial session with a great degree of skepticism that such a thing could work. I tape-recorded the session, intending to “listen” for the manipulation I expected to hear. I was certain that I’d be “told” WHY I felt such symptoms. I was listening for anything that would suggest TIR was a “cult-type” treatment. I was waiting for the facilitator to make the “suggestion” of the “repressed memory.” But none of that happened. What DID happen is that I had a TIR session that lasted for 90 minutes. I felt all of the symptoms described above just melt away during the course of the session. I knew I was “better.” I left that session feeling transformed.

There were no more symptoms! The angst was gone. My friends were amazed at the sudden difference in my personality. My family “got healthy.” I tried to explain this to my therapist, but was not successful. I realized that I didn’t need to be in therapy any more and I quit. I don’t miss it...

I used to have a “traditional” practice, but all of that has changed since my TIR experience. I work with adults who suffer from specific trauma (rape, robbery, attempted murder, kidnappings, car accidents, deaths of

loved ones, surgery, animal attacks, etc). I also work with people who suffer from symptoms of depression, anxiety, phobia, etc.

Well, as you can see from above, I'm a little bit excited about TIR. I have yet to see it fail with any client who presents with specific trauma. (You may think that if I have not had a failure, then I must not have seen enough clients yet. Quite possibly, but I have been using it for a year now and have seen many clients.) My clients now stay for one-to-three sessions instead of one-to-three years. It's difficult for me to maintain my income now because people get better so quickly. (Referrals are picking up, however.) But I've never been happier. I now suffer no secondary PTSD and I feel exhilarated after almost every session because my clients are so happy!...

I prefer TIR because it is only from that method that I have achieved personal insight when I am the client. I'd much rather have insight and fast results than fast results alone...

I knew after my personal TIR experience that I would transform my practice, and I have. I now use TIR and the other Metapsychology procedures exclusively. Since taking the TIR workshop myself, I have received hours of phone and in-person supervision from very experienced trainers in this method. Ragnhild Malnati, a TIR facilitator in Kensington, Maryland, is my supervisor, facilitator, and friend. We now work as partners in giving TIR workshops and we are creating some other training programs in Communication at this time. Gerald French, in Menlo Park, California, the most experienced TIR trainer I know, has also provided me with hours of phone supervision and mentorship.

I think that the methods that have been labeled "Power Therapies" will revolutionize managed care. I believe that people will soon get the idea that it IS possible to "get better" quickly and that life-long suffering is not necessary. I have just been approached by a managed care company and they are considering contracting with me on a "Case-Basis" for their clients with specific trauma. If this is successful, I think I will be able to successfully market to other managed care companies. If they are willing to give ten units of "90844" (45-50 minute individual psychotherapy session) over ten weeks, I think I will be able to convince them to let me have the ten hours to use in any block of time that works for the client and that the results will be better if extended sessions are used.

Some folks are skeptical of enthusiastic claims that a treatment “just works.” I am personally thrilled that I “found” TIR and that my life-long troubling symptoms resolved. I am thrilled that TIR “just worked.” I will continue to be interested in research studies on the “Power Therapies,” but I do not need to wait for conclusive proof before I permit myself (and my clients) to feel better, to have a higher level of functioning, and to have a better life

DBT: Readers Write

Several months ago, my therapist, Meggan Moorhead, gave me the first issue of your PTSD Gazette to read. I found it so supportive and insightful that I immediately sent a check in for a subscription and all of the back issues. In that first issue, you asked readers to write in and tell you what worked for them in their healing and recovery from PTSD. I thought that one of these days I would write and tell you about Dialectical Behavioral Therapy. I suppose I felt overwhelmed and put off writing since I didn’t know where to begin. After reading your last issue on “Guilt” and finding your reference to Marsha Linehan and DBT, I feel less daunted. I showed Meggan that issue and we remarked on all that there was in that issue that reminded us of the skills and wisdom of DBT. Meggan called me later and told me she just received an E-mail from you asking if I would be interested in talking with you about DBT. I would be so happy to do so.

Briefly... about myself... and about DBT... I have been “in” the mental health system for over twenty years. I have received numerous diagnosis and with each diagnosis, I have received the most up-to-date treatments, therapies and medications. Nothing took and nothing worked but then, I never expected anything to. I considered myself too far gone and had given up on myself and on life many times before being introduced to DBT. DBT isn’t an overnight cure. It is no magic pill. Most people I know, including myself are initially resistant to learning DBT skills. They [the skills] seemed pretty dumb. I thought the whole philosophy behind DBT was ridiculously naive and simplistic. Learning DBT skills, I thought, was like putting the proverbial Band-Aid on a gunshot wound.

I see now that the skills are so simple that they are profound. Marsha Linehan's approach to treating those of us with severe symptoms of Borderline Personality Disorder or PTSD is different than anything I had been exposed to before. She believes that people like me who commit self-destructive acts and attempt suicide over and over again do not do so for the fun of it or because we are manipulative. Many of us encounter mental health workers who believe that we are attention-getters; that we are willful people. Sometimes their contempt is obvious and we feel self-defensive and harshly self-judgmental. Recovery is impossible with so much self-hate and scorn. Dr. Linehan, however, believes that we behave self-destructively because we do not know any other way out of our hopelessness, despair and anger. We have never learned the necessary skills of living that others seem to take for granted.

So she teaches them to us. Slowly. We learn one at a time. In this first stage of DBT therapy we do not talk about the central issues of our post traumatic stress disorders. We simply learn how to "get through a bad time without making it worse." And we find it very doable. Little by little. It is only later, when we have learned the skills and their relevance and are practicing them every day, that we are ready to do the work of "making a life worth living." This is where I am now. I have been a confirmed pessimist and cynic for most of my life and on bad days I still am! I realize, however, that I have been lucky and that in many ways, I have always been lucky. I have been able to receive the best medical and psychiatric care because my family has been able to afford it. I have had the best of the experts and professionals. I have a sister, brother and sister-in-law who truly love me and have gone out of their way to support and care for me. And yet none of this was enough. None of this worked. I do not say the following casually or melodramatically, but DBT has saved my life.

I read the first issue of your PTSD gazette and all the rest with so much excitement and gratitude. You express so much of the DBT philosophy and I always find your comments so validating and sensitive.

I showed this let to Meggan and asked her if she thought it would be helpful to you. She suggested that I share one or two personal anecdotes or stories of my own use of the skills. So I'll try. I think I'll tell you briefly about my progress through a day about a week ago.

It was a Sunday and I woke feeling depressed. I spent part of the morning overwhelmed with flashbacks, intrusive thoughts and hopelessness, convinced that neither the universe or I had anything good or worthwhile to give to each other. I was paralyzed by the despair I felt. It hurt too much to even breathe.

In pre-DBT days, I would either stay immobilized like this for days, weeks, months or go out and get drunk. I knew no other way of relieving such suffering. All my life, I have watched other people struggle through difficult times and have always been amazed that they continue to function and do the things that need to be done every day. I thought then that they were denying and refusing to deal with their problems and that they were weak and shallow people. But Marsha Linehan would say that they do feel the pain, but know that they are more than just their pain. I felt the opposite, as I suspect many people with PTSD do. I used to submerge myself so completely in my suffering that I did not exist outside of it. And I thought this was what I was supposed to do. I now know that this is not true, practical, or fair to myself. However, if someone suggested or asked me to step away from my pain and attend to something else, I would not have been able to do so. Anyone whose distress is so profound and severe at any given moment would find this impossible unless you can also tell them how to do this.

To continue, I was feeling such unbearable sorrow that Sunday that I thought I would surely die from such grief. I was sad and alone—a bad combination for me and a difficult thing to manage. I tried to think what Meggan would suggest that I do and I remembered the Distress Tolerance DBT skills. When I was first learning these skills Meggan told me *I only had to try them for a minute at a time and nearly anything is doable for just one minute!* I remembered a skirt that needed to be hemmed. I might be a mess and the situation might be hopeless but surely I could hem my skirt [*improve the moment by doing one thing in the moment*]. My mind wandered every now and then but I brought it back to my sewing, gently reminding myself that this was my only task at the moment. For forty-five minutes I sewed and I felt a little bit competent. I went outside briefly and noticed how good the spring air felt. I remembered all the years when spring came and went without my awareness and I decided to go for a walk through the woods. After walking for a little while, I found a flat rock and I sat perfectly still on it and took

some deep breaths. I noticed how blue the sky was, how pretty the wildflowers were and how good the sun felt on my skin. I felt myself actually participating in springtime. This *mindfulness is an important DBT skill*. I was also using self-soothing skills as I let the warmth of the sun comfort and calm me. I eventually had to go home and get ready for work the next day. Some of the despair I felt in the morning returned but not with the same intensity. Rather, I felt pretty pleased with myself for surviving so well.

DBT clients are asked to fill out diary cards each day. The cards list all the skills with places on them to mark what skills were used and if they worked. The last skill on the card is “*Radical Acceptance*.” A lot of us resist this skill, perhaps confusing it with complacency or even worse, outright denial of a real problem or injustice. But radical acceptance used with wise mind (the first skill on the card) is something very different. Radical acceptance has to start with validation, which is sometimes gentle and sometimes fierce. Marsha Linehan tells a story (one of my favorite stories) to illustrate this skill. It goes like this:

Dandelions (Anthony de Mellow, S.J.)

A man bought a new house and decided that he was going to have a beautiful lawn. He worked on it every week, doing everything the garden books told him to do. His biggest problem was that the lawn always seemed to have dandelions growing where he didn't want them. The first time he found dandelions, he pulled them out. But, alas, they grew back. He went to his local gardening store and bought weed killer. This worked for some time, but after summer rains, alas, he found dandelions again. He worked and pulled and killed dandelions all summer. The next summer he thought he would have no dandelions at all, since none grew over winter. But, then all of a sudden, he had dandelions all over again. This time he decided it was the type of grass. So he spent a fortune and had all new sod put down. This worked for some time and he was very happy. Just as he started to relax, a dandelion came up. A friend told him it was due to the dandelions in the lawns of his neighbors. So he went on a campaign to get all his neighbors to kill their dandelions. By the third year he was exasperated. He still had dandelions. So, after consulting every local expert and garden books, he decided to write the U.S. Department of Agriculture for advice. Surely the government could help. After waiting several months, he got a letter back. He was so excited. Help at last! He tore up the letter

and read the following: “Dear Sir: We have considered your problem and have consulted all of our experts. After considerable consideration, we think we can give you very good advice. Sir, our advice is that you learn to love those dandelions.”

I use another of Marsha Linehan’s skills when I practice radical acceptance. I practice half-smiling. For me, the practice of half-smiling is the practice of awareness and acceptance of the world as it is with all of its contradictions:

“The test of a first-rate intelligence is the ability to hold two opposed ideas in the mind at the same time, and still retain the ability to function.”(F. Scott Fitzgerald)

I hope this helps a little., Susan K.

My thanks to Susan for her letter!

Pete’s Rules for Driving: My friend and subscriber, Pete C., who is a combat veteran of the Korean War sent me the following set of rules which he has posted in his car:

READ BEFORE DRIVING

It’s a jungle out there.

There are some really bad drivers on the road right now, and you are sure to encounter some of them.

Remember, driving is NOT a competition. The fact that somebody else drives badly does not mean you should, too.

Breathe deeply. Do it again. Do it every once in a while. Relax, pal.

When somebody tailgates you, pull over and let the tailgater pass. No need for the finger, the cuss words, the slowdown to infuriate the tailgater. Just get him out of your calm, peaceful, serene, comfortable life.

When somebody cuts in front of you, use the brake, breathe deep, and forget it. The guy doesn’t hate you. He doesn’t even know you. He’s got problems. Don’t make them yours.

Try a little courtesy. Make the old “after-you” gesture. Give joggers and bikers some space. Stay a couple of seconds behind the car in front. You’ll like yourself— and you’ll be a better driver. Thanks, Pete!