

From Surviving to Thriving

by Mary Bratton

"This guide to Stage II recovery is a must read for all, including survivors ... Drawing on the knowledge gained from her years of experience and from a practitioner's perspective, Mary Bratton tells what works for survivors of trauma. There are not enough adjectives to describe what Bratton has captured in this book. She takes a life-long debilitating disorder and unravels its intricacies in concise, succinct, and understandable language. She explicitly explains the impact of trauma and the normal reactions by the victims ... Bratton provides the reader with the key to open and go beyond the victim's debilitating locked door... Philip A. Whitner, Ph.D. Senior Staff Counselor University Counseling Center The University of Toledo, Ohio

PREFACE

This is a book about treatment for survivors of childhood abuse, about helping clients make the critical move from being a victim to being a survivor who triumphs and thrives. At a deeper level, it is a book about the ingenuity and indestructibility of the human spirit, about the brilliance of the child victim and the power of the adult survivor, about the predictable responses to both abuse and healing.

The book is based on the author's firm conviction, developed over years of clinical practice, that survivors of childhood abuse are profoundly normal and absolutely extraordinary. They are incredibly resilient and resourceful, not in spite of their childhood experiences, but because of them. The behavior patterns that are still troubling them are not evidence of pathology, but proof of the brilliant children they were and the strong adults they have become.

The entire therapeutic agenda emphasizes what's right rather than what's wrong. The overriding themes are resolution and empowerment. The question is not: "What's wrong with me?" The questions are: "How did I get this way?" and "How do I need to change?"

All the strategies described quickly become self-initiating for the client, encouraging autonomy and speeding recovery. Offset summaries outline interventions and offer considerations for treatment planning. Workable and experiential exercises for each stage of healing facilitate reframing of self-experience, allow completion of interrupted, frozen trauma, and directly target areas of developmental loss. Exercises are accompanied by examples of client art and writing. The journaling of one survivor, Jessica, is interspersed throughout the text, and the progression of her recovery both echoes and illustrates the therapeutic journey.

CHAPTER 1: THE THERAPEUTIC AGENDA

Childhood abuse is trauma, the pure physical trauma of a life-threatening catastrophe or the emotional trauma of two conflicting feelings linked together in the same event--love and pain, love and violence, love and rage. One incident of physical or sexual violation constitutes abuse; emotional abuse is characterized by a consistent and repeated pattern of humiliation, sarcasm, ridicule, rejection, or threats. It is often impossible to neatly categorize the kind of abuse suffered, because physical, emotional, and sexual abuse are often overlapping. Any kind of childhood abuse violates the child's quest for safety,

second only to food and shelter in Maslow's hierarchy of human needs (Maslow, 1970). The core of a child's world--the home--is not safe when the very people put on this earth to protect the child at the worst abuse and at the least fail to defend. Childhood abuse damages and alters a child's perception of self, others, and the world. Those damaged and altered perceptions affect each subsequent developmental task.

The Dynamics of Trauma

A traumatic event initiates a two-part process. First, shock mitigates the immediacy of the catastrophe to allow survival. Then, the built-in drive to heal takes over as the victim begins processing the trauma, telling the story and spilling the feelings over and over again until the shock lessens in intensity and the trauma is woven into the fabric of life. As the sometimes intrusive media reveals on an almost daily basis, processing happens spontaneously after the danger has passed. However, when processing is blocked by family denial, by intimidation, by secrecy, and by shame, then the trauma gets frozen in the shock stage--not finished, not diminished, not integrated. It may loom large in the conscious landscape or it may be remembered only vaguely, but it continues to dominate the behavior, the feelings, and the thinking of its victim. It influences relationships, choices, and beliefs.

Stage II Recovery

By the time the adult survivor reaches therapy, the tentacles of trauma reach deep into life patterns and self-image. Telling the story is no longer enough to resolve the trauma. Crazy, dirty, damaged, doomed, different, and defective have become self-defining adjectives. Coping mechanisms needed only to survive trauma have been over-practiced and have become self-defeating. Ongoing developmental tasks have been compromised or missed completely. The distorted reality of the abuser has become truth about self and world.

Treatment must go beyond recounting the story of helplessness and horror replete with the adult overlays of self-judgment and self-blame. Stage II recovery requires the survivor to achieve closure from the perspectives of both child and adult in order to effect meaningful transformation in coping strategies, self-view, and world-view.

Eight Stages of Healing

In the context of Stage II recovery, recounting becomes a mid-point in the healing process. Recounting is based on a paradigm shift in self-experience from weak to strong and from crazy to normal, and it is followed by concrete and incremental steps that resolve the frozen trauma and repair developmental damage in order to complete the mental, emotional, and spiritual growth interrupted by childhood abuse. Healing is a process that has a well-defined beginning, a clear direction, and a definite end.

Defining Assault

Healing begins with a one-word intervention. The abuse is redefined as assault. The legalistic language used to distance society from the brutality of attacks on children needs to be replaced with the word that speaks reality and truth--assault. The strength of the word "assault" triggers a sea change that cracks the wall of denial and minimizing and begins to free the survivor from guilt and blame. Thus begins the journey from being a victim to being a survivor who triumphs and thrives.

Challenging the Distorted Reality

Implicit in every memory of interrupted trauma is the abuser's interpretation of the abuse, which almost

never includes any admission of adult responsibility. Because the victim could not process the trauma, there was no exoneration from blame, no chance to hold the abuser accountable, no independent or rational challenge to the minimizing or the denial or the gratuitous justification for the abuse. Each distorted belief about the abuse, about self, and about the world internalized and embedded in the frozen memory needs to be identified and confronted and dismantled. The web of nationalization and intellectualization that has excused abusers and collaborators begins to disintegrate.

Using the PTSD Diagnosis as a Therapeutic Intervention

At some secret level most survivors of abuse consider themselves crazy, and many have been given psychiatric labels that reinforce that belief. They are convinced that they are somehow dirty, damaged, doomed, different, and defective. As human responses to trauma are more completely explored and understood, it is becoming clear that the therapeutic community, with the best of intentions, has been capable of pathologizing and re-traumatizing survivors with fragmented diagnoses that identify only one aspect of trauma response and fragmented treatments that address only superficial symptoms of trauma survival. It is a disservice to tell survivors that they are anything less than normal given their histories. Post-traumatic Stress Disorder is the one diagnosis that says, in effect: "You are having a normal reaction; what happened to you was abnormal. "

To leap from symptoms of trauma to content of trauma is both dangerous and irrational, yet it is something both client and therapist are sometimes tempted to do. The phenomenon of traumatic memory repression and the ensuing swirl of controversy and advocacy around false memory have fueled the confusion between event and effect. The symptoms of PTSD suggest that something catastrophic happened. They do not precisely define what that catastrophe was. They certainly do not determine that it was sexual abuse. Although it is wonderful that the wall of silence around child sexual abuse has finally been shattered, the resulting media and self-help preoccupation diminishes the very real agony of survivors of physical violence and emotional assault.

There is no single trauma and there is no single level of trauma that has to happen before PTSD symptoms can occur. Sometimes an event that is traumatic to one person is not so devastating to another, given differences in surrounding circumstances and support. A competent therapist does not make the search for new memories the sole or even primary goal of therapy. If new memories surface, they must be evaluated from psychosocial, cognitive, perceptual, conceptual, and social learning developmental perspectives by a therapist familiar with Erikson (1963), Piaget (1952, 1954, 1967), Bandura (1977), and their disciples. The therapist's job is to guide the client to use existing memories to understand behavior patterns within the context of PTSD, not to force the client to search out new memories to explain or justify symptoms.

Historically, the PTSD diagnosis was formulated to describe adult responses to trauma in war. The diagnostic criteria for PTSD in DSM-IV do not fully allow for the range of symptoms exhibited by survivors of hostage situations, which is a child's experience in an abusive family. Nor do the diagnostic criteria fully reflect the range of symptoms that stem from trauma that occurs during the critical developmental stages of childhood (American Psychiatric Association, 1994). Nevertheless, until the PTSD diagnostic criteria are expanded to include additional symptoms like those proposed for Complex PTSD (Herman, 1992), the PTSD diagnosis and all it implies about normal responses to abnormal events remains the best and most accurate intervention available.

The therapist's knowledge of the neurophysiology and psychology of trauma needs to be more than superficial to adequately answer all the survivor's questions and doubts and to meaningfully reframe the survivor's interpretation of symptoms. The PTSD diagnosis itself catalyzes the shift in self-experience from crazy to normal and augments the shift from dirty, damaged, doomed, defective, and different to

blameless.

Understanding the Brilliance of Childhood Defenses

Defenses formed in moments of childhood trauma are deeply and stubbornly rooted and resistant to change. They are connected to survival at a primal level. They have been overused to the point of excluding the acquisition of more productive and appropriate coping skills. The repetition of what have become self-defeating patterns contributes to the survivor's sense of being crazy, dirty, damaged, doomed, different, and defective. Survivors need to understand their defenses are normal, not just because they are typical patterns shared with other survivors. They are normal in the light of what is known about human responses and behavior. And they are brilliant because they represent creative and sophisticated uses of human coping mechanisms. Redefining so-called crazy coping skills as brilliant responses to the chaos and confusion of an abusive childhood changes self-definition from weak victim to strong survivor. This gives the client the final building block for the paradigm shift in self-concept that underpins healthy recounting.

Recounting

Not until a significant alteration in self-view has occurred is the survivor ready to tell the story of trauma. Forced or premature recounting has potential for reinforcing guilt and shame as the survivor once again confesses misdeeds and character defects in a story contaminated with all the altered reality of the abuser and the dysfunctional family. Some survivors need to be actively discouraged from detailed recounting early in therapy, in order to avoid further locking in the distorted version.

Recounting is neither the beginning nor the end of healing. It is simply part of the process. Healthy recounting encourages survivors to examine their histories in order to understand what they learned, not to blame. Recounting does not just answer the question: "What happened?" It answers the more important questions: "How did I get this way?" and "How do I need to change?" Only when the story can be told from a base of reality, with understanding, power, and control, can it become the foundation for transformative Stage 11 recovery.

Reparenting To Resolve Trauma

Years of denial and layers of minimizing and guilt and shame overlay every abusive episode. Often memories are interrupted abruptly by dissociation that preempts storage and retrieval. Memories are devoid of rescue or resolution. To return to the frozen memory means to return to that moment of never-ending terror and impending death. Because the memory is frozen, the abuse has never stopped at some level of the psyche. Resolution fantasy creates an imaginary ending that allows that frozen part of self to grow up, through and past the moment of attack, and to complete the trauma using the needs and feelings of the child and the strength and capabilities of the adult.

Just as emotional and physical and sexual abuse are often overlapping, healing is also overlapping. Each traumatic incident does not need to be resolved individually. Rather, working through one abusive incident with resolution fantasy produces a cascade of healing that applies across the board, so that lasting recovery from years of trauma can be accomplished rapidly.

Repairing Developmental Damage

Recounting increases understanding of the crucible in which defenses were formed. Resolution of the traumatic memories frees the survivor from the tyranny of defenses necessary for suppression and

survival. The door is open for elimination and alteration of behaviors that are counterproductive to healthy adulthood. Even survivors who got help as children may need to integrate the meaning of the abuse into later developmental imperatives and adjust coping skills acquired after the abuse but still based on inadequate understanding of its impact.

Recovery does not require a total change in being. All the tools needed to heal are already present in the victim's feelings and the survivor's tenacity. Skill gaps can be identified and filled. Defenses relevant only to surviving abuse can be gently relinquished from a position of strength and gratitude. Already brilliant survival skills can be modified so they more aptly fit adult needs.

Grief is an integral part of all work with survivors, and it is dominant during this period of letting go. Recovery requires survivors to accept responsibility for the people they are and the people they choose to become. Having a horrible childhood is not an excuse for being miserable as an adult.

Integration and Transformation

The final stage of healing occurs as the survivor accommodates to history. Although individual memories of trauma can be unfrozen and completed, the abuse is a fact of existence that cannot be changed. Accepting responses that will be normal given that history, recognizing that the abuse is a part but not the whole of formative influences and experiences, and letting go of the survivor identity that has driven and propelled healing allow the client to move beyond surviving to thriving and to claim a sense of wholeness and well-being that is the hallmark of Stage II recovery.