Healing from Trauma (Article Summary)
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It is this authors desire to make this paper useful to both professionals and client alike. For clients, certain portions of this paper, in particular the sections on diagnosis and treatment, should only serve as an educational tool. Any application of the information should be discussed with a mental health professional.

Many times throughout the Psalms we hear King David cry out to God. In lyrical prose, David often asked for strength, guidance and intervention; during, what may have been some of the most difficult times of his life. Sometimes our lives can be met with significant trial and trauma, just as David's. It is at these times that we can feel the loneliest, lost, and most confused. God heard David's cry. God intervened in David's pain.

Many people experience traumatic events in their life. Car accidents, the loss of a loved one, and domestic abuse are only a few of the experiences that people may face throughout their lifetime. These types of events can lead to significant bouts of anxiety, fear, and insecurity; possibly reaching a level where the person feels incapacitated. Although these symptoms may be normal, they are not often a welcomed part of the person's life. When these types of symptoms become incapacitating, it is very likely that the person may have developed a traumatic stress disorder. The word "disorder" seems scary and off putting, and in some respects it is a misnomer. This will be discussed in greater detail below; but before we do so, it seems most appropriate to describe what a trauma stress disorder looks like.

Posttraumatic Stress Disorder

In the mental health field there is a book that describes numerous psychological conditions called the Diagnostic and Statistical Manual of Mental Disorders 4th edition-TR (DSM-IV-TR) (American Psychiatric Association, 2000). It is here that the symptoms common to Posttraumatic Stress Disorder (PTSD) can be found. There is not a single man-made book; however, that can describe all the different ways that one may feel when suffering from traumatic stress; but the symptoms listed below are some of the most commonly recognized.

Traumatic stress stems from the experience of a traumatic event. What is considered a traumatic event continues to be hotly debated, but most counselors recognize that the possibilities are nearly endless. Experiencing the event(s) caused the person to feel intense fear, helplessness and even horror. The problem starts when these very feelings do not dissipate after the event is over. After a traumatic event occurs, most people find themselves persistently

Posttraumatic Stress Disorder

Criterion A: The person has experienced a traumatic event that involved intense fear, helplessness or horror.

Criterion B: The person repeatedly re-experiences the traumatic event through dreams, flashbacks, distressing memories, or maybe feeling it in their body.

Criterion C: The person persistently tries to avoid places, people, events, emotions, conversations that related to the trauma.

Criterion D: The person experiences increased anxiety (hyper-arousal) and fear (hyper-vigilance) that leads to problems with mood, sleep and concentration.

Criterion E: The symptoms listed above cause significant problems for the person and their ability to manage life.

thinking about it, and it may even invade their dreams. This; however, typically goes away within a few weeks to a month after the event. When the persistent dreams, nightmares and other experience continue, it is called "re-experiencing." In the same way, many people have a hard time discussing the event, and may even feel a bit disconnected afterwards; but again, this should dissipate within the following weeks. Also, the initial state of "fight or flight" that naturally occurs during a trauma, should also go away in the same manner. When these symptoms persist and cause problems in a person's ability to manage life, it is considered a "disorder." These days, it seems more common for people to think that a person has PTSD simply because they experienced a traumatic event. This is far from the truth. Of all men exposed to a trauma, only about 6% will develop PTSD, whereas 10-12 % of women exposed to trauma will go on to develop the disorder (Breslau et al. 1998, Kessler, 1995). No one has been able to sufficiently explain why the difference exists among the different sexes.

Complex Posttraumatic Stress Disorder

It was only about twenty years ago that researches started to realize that children responded differently when they experienced repeated or long lasting traumas, compared to those who may have experienced a single terrifying incident (Terr, 1991). A ground breaking book was published the following year that discussed these differences in greater depth and how they present in both adults and children. The book is called *Trauma and Recovery the Aftermath of Violence-from Domestic Abuse to Political Terror* (Herman, 1992). Comparing the two conditions, it is easy to see that the differences are numerous. Ongoing research continues to help us define the "disorder," and find effective ways to help those who are troubled by it. As of the date of this paper, Complex Posttraumatic Stress Disorder (CPTSD) has not been published in the DSM-IV-TR; although the new manual, scheduled for publication in the year 2013, will most likely include it.

Complex Posttraumatic Stress Disorder

Criterion A: A history of prolonged traumatic experiences.

Criterion B: Intense emotional/behavioral swings.

Criterion C: Changes in a person's level of consciousness.

Criterion D: Changes in how a person views themselves.

Criterion E: Changes in how the person views or feels about the person who hurt them; such as feeling gratitude.

Criterion F: Changes in the person's relationships with others.

Criterion G: Changes in the person's basic beliefs.

Criterion H: The onset of physical symptoms that mirror the trauma.

*The information listed above is only a brief summary of each symptom cluster. Please seek professional consultation for further clarification of these symptoms.

CPTSD is a condition that may develop when a person has been repeatedly exposed to intense traumas over an extended period of time. There is no consensus on the amount of time, but clinicians agree that the mix of trauma and time lead to an alteration in the persons personality, mood, and behavior. In fact, fluctuations in mood and behavior are one of the most commonly reported symptoms. People with CPTSD may report a deep sense of sadness that will not go away; often called "dysphoria." This "dysphoria" may be acted out in very concerning ways, including a suicidal gestures and self injury such as cutting. Other mood fluctuations are also common. Frequently people will say, "I can go from 0 to 60 in two seconds;"

meaning that one moment they can be okay, and the next fall into a bout of distress, rage or despair. Often, this happens with little warning.

Some people report that they "check out," more often than they had before. This could be a sign of "dissociation," or "changes in consciousness." Feeling as if the trauma must have happened to someone else, or that it was "like watching a movie," as it happened are common experiences in dissociation. Dissociation may also take on more extreme forms such as the development of multiple personalities. Although this may happen, it is not as common as the other symptoms. More common dissociative symptoms include a significant increase in forgetfulness, loss of memory for the trauma, or even for mundane daily events. As in the "re-experiencing" symptoms in PTSD, the memories can feel sufficiently real to cause one to think that the trauma is happening all over again. In other words, the memories sweep the person back into the past, and disconnects from the present moment.

The next three symptoms often go hand in hand. Over time a person's view of themselves, the abuser, and other people start to change. One might start to feel an increased sense of helplessness, guilt, shame, defilement, and self-blame for the abuse that they incurred. This often leads a person to feel isolated from other people that they feel to be "normal," simply because no one could possibly understand why they are the way they are. In contrast to the guilt that one feels for themselves, they may exonerate the person who abused them. This is not to say that forgiveness is not an important part of healing, but rather that the person takes the responsibility for being abused. The person may even start to rationalize the abuse just as the abuser had done previously. Well meaning people want to reach out to those who are hurting in this way; but they are often surprised to find that their desire to help is met with anger and resistance. Considering the information just mentioned, this becomes understandable. First, the person may not feel worthy of help, and to accept help would require them to re-attribute the guilt back to the offender. Have you ever wondered why a person in an abusive relationship goes back, and drops away from family? I hope that the reason for such behavior is becoming clear.

Over time a person's belief system changes. They may go from a sustaining faith, to a loss of faith, and from being hopeful to hopeless. Janoff-Bullman (1985) proposed the idea that humans make three basic assumptions about their world: that we are not vulnerable, that the world is predictable and controllable, and we merit self-worth. Epstein (1990) offered another set of similar basic assumptions; that the world is a source of joy, the world is controllable and the self is competent and good. When trauma occurs, it shatters these very basic assumptions, thereby destroying the very precepts we use to organize our life (Peterson, et al. 1990). Nothing seems more isolating and devastating than when a person loses faith in their Creator and Savior. It has been this author's experience that those who lose this very important relationship with God reach a deeper sense of hopelessness. Fortunately, the Lord never leaves us, nor forsakes us; and reconnection is just our arms length away.

One of the more recent criteria to be added is the onset of somatic or physical flashbacks (Chu, 2011). It may sound rather unusual, but our bodies can remember and re-experience the trauma without us even recognizing it. Panic, confusion, and significant distress will develop, and some people describe it as a

feeling of “going mad.” One of the neurobiological aspects of CPTSD and PTSD alike is a reduced awareness of the body As noted above, this is also part of the “dissociative” experience.

The “Disorder” Issue

Those who are suffering from PTSD and CPTSD already feel that their mind, their body, and even their life are not in their control. Let’s take pause for a second a rethink this idea. For all intensive purposes, both PTSD and CPTSD meet the official definition of a “disorder.” This simply means that the symptoms have caused a significant degree of impairment in the person’s social, professional and daily life. It is; however, this authors contention that the term “disorder,” is not exactly accurate. If we take a look at each one of the symptoms previously listed, one can make a strong argument that at one time, they served a very functional purpose. Consider, for a moment, the symptom of Hypervigilance; an intense sense of anxiety that causes a person to be acutely aware of their environment. This symptom has the purpose of keeping the person alert for danger. In the same way, Hyperarousal, a persistent state of fight or flight, is keeping the person prepared to address the danger. Both of these symptoms can be found in CPTSD and PTSD.

Consider how a person stays safe in an abusive relationship. If they were to keep themselves in high esteem, while at the same time blaming the abuser and accepting help from others, the abuse would most likely increase. A primary task of these symptoms is to keep them and others in their life as safe as possible. One might ask, “But what about the development of multiple personalities and dissociation?” This may be best surmised by offering a statement that I have heard from more than one person; “It helped [or helps] me escape the realities, the pain and the fear so I can go on living.”

Again, it is this author’s contention that the functional nature of these symptoms cannot be stressed enough. Each symptom served an important purpose during a very difficult time in the person’s life. In fact, they helped the person remain as “functional” as possible. Those who suffer from these symptoms are in fact, a resilient lot; finding ways to cope on a daily basis with memories and events that each of us find dreadful.

If these symptoms are so “functional,” why would anyone want to change them? This question, in fact, challenges the precepts the previous argument. In short, the symptoms are not functional in all situations, and given their persistent and intense quality, they are not easily amenable to quick adaptation. While walking down a dark city alley hypervigilance would be an asset; however, being hypervigilant while trying to fall asleep in the safety of one’s own home is quite the opposite. This brings up a very important distinction that should be made; are the symptoms the result of a “post” trauma.

Current Threats

As the names of the two conditions indicate, the problem is pronounced when the symptoms persist after the trauma is over and no further threat exists. It makes no sense to help a person relieve the constant anxiety that they feel, when in fact, they should be anxious about their situation. It should go without saying that the treatment of “Posttraumatic states” should not be done when the symptoms are

secondary to a present danger. This is not to suggest that help cannot be rendered if a person is in dangerous situation. It is the help that we offer that should be different.

When Help Should be Sought

Determining when professional help should be sought is a difficult task and one that should be made with care. Most people find that the support of a mental health professional is helpful, even if the symptoms have not become overly problematic. In the same way, the support of friends, family and spiritual leaders are indispensible. Seeking guidance from loved ones and the opinion of a professional is often the safest way to address the issue. Professionals are trained to identify what may be most beneficial for each person, and with integrity, should guide them in that direction. If; however, you do not initially wish to seek a consultation with a mental health professional, one should at least be aware of the signs when professional help should be sought. It is not possible to list all of the signs, but in general, if one feels that they are losing control of their life, feelings of helplessness/hopelessness start to develop, changes in conscious awareness, or any medical condition develops; it is recommended that you seek professional help as soon as possible.

The Healing Process

Although the secular community rarely recognizes the importance of faith in the healing process; it has been this author's experience that those who have a relationship with God often have a firm foundation for healing. Our God is the source of all healing, and there is nothing more powerful than his merciful intervention. In the proceeding sections, information will be given regarding research and the treatment methods most commonly used in the field of psychology. In each section, it will be pre-supposed that the Lord is the foundation for the healing and the methods discussed are simply ways that He may choose to work.

Article to Be Continued…

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