

Why Am I Acting This Way?—Triggers

Traumatic memories are difficult to study, because they can not be created in a lab. Yet there is ample evidence that traumatic memories may be stored differently from other memories. The current thinking is that when a person reaches a certain level of anxiety of emotional arousal, as happens during trauma, the memories may be encoded in a manner that makes it difficult, if not impossible, for them to be recalled consciously or in full (van der Kolk 1995). Although remembering a trauma in vivid detail is normal, it is also perfectly normal for a trauma survivor to suffer from some form of amnesia. Some aspects of the trauma may be forgotten entirely or recalled only in fragments.

Unlike nontraumatic memories, traumatic memories can bring to the surface not only images of the event, but the feelings, sounds, smells, and bodily states associated with the event. For example, when Alan recalled a violent incident he had experienced 20 years ago, but had forgotten, he not only recalled the incident, but he stayed in state of anxiety and anger for two weeks afterward. The anxiety and anger were the feelings he'd had during the traumatic incident.

In essence, Alan acted and felt as if he were being traumatized all over again. In contrast, when Alan recalls a childhood vacation or his first day in high school, he does not have a major physical and emotional reaction to these memories. Nor do these memories haunt him, as do memories of the violence.

What Are Triggers?

Due to the way traumatic memories are stored, when something arises in the present that reminds you of a past event, you may feel the feelings associated with that past event. (In the case of trauma, the feelings that

tend to arise are those of helplessness, betrayal, and victimization.) We call the present-day events triggers, because they trigger the emotions associated with the trauma. Triggers work even with traumatic events about which you have total or partial amnesia. David's story is an example.

Ten years ago David was mugged by two men who had jumped out of a green car. Nowadays, whenever he has to walk past a green car he feels uneasy—even frightened. His body is remembering the trauma because of the association with green cars. Green cars are a trigger for David, so he often goes out of his way to avoid getting too close to them.

You most likely have triggers of your own—some that you are aware of and, perhaps, some you are not. You may be unaware of certain triggers, because you have amnesia about the traumatic events and so can not relate present-day sights, smells, actions, feelings, and people to those involved in your trauma. Often trauma survivors do not know why they react so negatively or intensely to certain situations. It may seem that the situation does not warrant such an extreme reaction, yet there may be a perfectly logical reason for such a reaction if the situation is in some way similar to the trauma. When trauma survivors have amnesia about the traumatic event they may not be able to see the relationship between the present and the past, and may therefore conclude that they are "crazy."

Having triggers, or reacting to them, does not mean you are crazy or defective. However, when you are blind to what you are feeling and why you are feeling it, you may be driven to react in ways that do not serve you well. The purpose of this chapter is to help you become more aware of your triggers and to help you to manage your reactions to them.

Triggers Symptoms and the Adrenal Glands

All people, whether or not they are trauma survivors, have certain triggers to which they react emotionally. However, you as a trauma survivor, have an additional response that makes understanding and managing your reactions both more difficult and more complicated. The emotions that tend to be released are not happy ones, but the traumatic emotions of grief, rage, anxiety, and terror: you no longer feel safe.

In addition, your response is not purely emotional. Your adrenal glands also respond. Their response, which is out of your control, may cause you to react in ways that you later assess are not in your best interests. As you learned in earlier chapters, being a trauma survivor means you have survived a life-or-death, "emergency" state. This emergency state may have lasted a few minutes, a few months, or many years, during which time your adrenal glands responded with secretions that caused fight-or-flight or freeze reactions.

In the present, one of the main problems you may have is that part of your brain does not know the difference between a real threat and one

that is stored in the mind. Therefore, when the adrenals are set off by a situation in the present (a trigger) that reminds you of the trauma or by the anniversary date of a traumatic episode or loss, you may feel as threatened, angry, confused, or bereaved as you did during or after the original trauma.

Furthermore, and this is one of the worst parts of being a trauma survivor, when the adrenals are aroused by a trigger event, your long-term memory tracts, in which memories of the traumatic event and secondary wounding experiences are stored, also tend to be activated. This activation can result in increased nightmares, flashbacks, anxiety, rage reactions, and other PTSD symptoms.

You might not even consciously remember the anniversary date of a trauma. Or you might not consciously associate a certain person, object, or place with the traumatic event. Your wonderfully complex brain, however, does remember and makes the association. Suddenly you are living in the emotional climate of the traumatic event. You may even feel as if you are about to die.

Moreover, as if these reactions are not painful and distressing enough, if you are unaware of your triggers you can be bewildered—even frightened—by your response. When triggers are unexpected, you may feel as if you've been ambushed or unexpectedly "attacked." In this sense, triggers can themselves be traumatizing. You cannot understand why you have so rapidly become angry, numb, disoriented, paranoid, scared, or defensive.

Am I falling apart, or losing my mind? you may wonder. I was doing fairly well, but now suddenly I want to isolate or overwork. I feel so bad about myself too. You might feel hyperactive or self-destructive, or engage in self-destructive activities such as substance abuse or self-mutilation. Or you might become aggressive toward others or emotionally and socially withdrawn.

Whether you respond by becoming hyper or by shutting down, by attacking others or by attacking yourself, usually you are not thinking well. Your reasoning abilities suffer because, due to your biochemical responses to the trigger, you feel threatened. Under these conditions, your thinking abilities might suffer, because after a certain threshold of anxiety is reached, human beings' cognitive functions tend to shut down. The high anxiety level interferes with the ability to remember, think, calculate, plan, or perform other kinds of mental functions.

For instance, in the case of test anxiety, individuals who are well-prepared for an exam find that once they begin the exam they draw a blank or "can't think." Their level of anxiety is so intense that the part of the brain that manages rational thinking and logical functions suffers.

To compound the problem, if you were in an emergency state for too long, your adrenals might be damaged due to the overuse, and thus do not respond properly. The adrenal glands were not made to handle

physically and mentally disabled. He lost his job and the family income plummeted. Loretta's mother and older sisters blamed Loretta for ruining the family and "killing" her father, and even managed to convince Loretta's younger sister that her father had not really abused her.

When her younger sister began to call her names and refused to talk to her, Loretta developed a clinical depression that required medication. For several years, Loretta functioned well on antidepressants, even though, as would be expected, she experienced increased PTSD and depressive symptoms on her father's birthday and other dates associated with the abuse.

It was not these triggers, however, that sent Loretta to the hospital. It was stress on the job. Loretta's employer was in danger of going out of business, and all employees were asked to put in overtime without pay. This in some ways paralleled Loretta's situation as a child. She had then had to work "overtime" and gratis ministering to her father's sexual and emotional needs. And at that time, as during the present, she felt that her overtime work was necessary to hold the family together—Loretta's father had told her that if she would not consent to his abuse, he would abandon the family.

Even if the work situation had not symbolized her family situation as a child, the overload at work by itself could have served as a trigger for Loretta. She was also wearing herself out with self-blame for her condition. Due to her work in therapy, she understood and did not condemn herself for increased depressive and PTSD symptoms stemming from secondary wounding experiences and associations with the incest. But this current relapse seemed unrelated to the trauma.

"It is related to the incest," her therapist explained. "Your extra hours at work and the anxiety about the future of the company put you on both emotional and physical overload. These are the exact conditions of your original trauma. While you were being abused, your body and emotions were on overload. On a physical level, you were being overstimulated sexually and deprived of sleep. On an emotional level, you were conflicted in your feelings toward your father and other family members.

"People can recover from trauma, but typically they do not handle subsequent stress the way that 'normal' people do. Trauma survivors like yourself become hyperaroused and are unable to calm themselves down. Or else they go into a total shutdown or severe numbing. For them, present stress feels as if an emergency is going on.

"Can you forgive yourself now?"

prolonged stress. If they are worn down from overuse, there can be more frequent and more exaggerated fight-or-flight reactions to trigger events and present stresses.

Types of Triggers

Anniversary dates, people, places, and objects, and emotional situations that remind you of the original trauma can serve as a triggers. So can reminders of secondary wounding experiences and present-day stresses—even if they are not similar to the trauma.

Anniversary reactions. Jack's story is a typical example of an anniversary reaction.

Jack, a combat veteran, experienced increased flashbacks, anxiety attacks, nightmares, and insomnia during certain months of the year, but did not know why. Fortunately, he had at his disposal detailed military records, which indicated the dates he had been sent on dangerous missions.

Looking back through those records, Jack was able to see an almost one-to-one correlation between the dates he had been involved in heavy combat and his increased PTSD symptoms. Establishing a connection between his combat experiences and his present-day symptoms was a relief—he felt less crazy and out of control, and he became able to predict when he would have increased symptoms and to prepare for them.

Current stresses. Jack was puzzled, however, when he had increased symptoms at times that were not related to specific battles.

"Nothing happened to me in the war during these months. So why am I seeing my dead buddies in the room with me all week? Hey Doc, I thought you said I wasn't crazy?" he said angrily.

As it turned out, in this case Jack's increased symptoms were triggered not by anniversary dates, but by a current stressor. His wife had lost her job and the family was having major economic problems.

Sometimes even the slightest increase in the level of everyday stress triggers increased symptoms of PTSD. Other psychological disorders can be stimulated as well, especially those stemming from untreated PTSD or that are otherwise PTSD related. Consider Loretta's experience.

Loretta, an incest survivor, developed PTSD as a result of being sexually abused by her father for more than six years.

After she left home, her father began to abuse her younger sister. At this point, Loretta reported her father to the authorities.

As soon as her father heard that he would be arrested, he attempted to commit suicide. The attempt failed, but left him

for fear of seeing a green car, or if you exclude from your life anyone who drives a green car or wears green, you might want to think twice. Such decisions will certainly protect you from the awful memories, but there are clearly costs to such decisions—ones that you may or may not be willing to bear. These costs may, in fact, be greater than the pain and anger involved in dealing with green cars.

The sections that follow are designed to help you, first, identify your triggers, and then to manage them—including helping you decide which ones you want to take control of.

Identifying Your Triggers

In preceding exercises, you wrote down descriptions of the traumatic event you experienced and your secondary wounding experiences. You were encouraged to include as many details as possible, especially sensory details.

A major reason you were asked to form as clear and complete a picture of the trauma and your secondary wounding experiences as possible was so that, at this point, you could go back and identify those aspects of the trauma that could be serving as triggers for you in the present.

Note: If you had difficulty remembering the trauma when you wrote about it in your journal, you might at this time want to go on to Chapter 6, which offers suggestions for mentally reconstructing the trauma. You can then return to this exercise after working through that chapter.

Exercise: Trigger Chart 1

At this point you will make a trigger chart, which can be invaluable to you first in identifying, and later in anticipating, situations in which you might react as if the trauma were recurring.

Give a piece of your journal paper the heading "Trigger Chart 1" and draw three columns beneath it. Label the first column "Trigger," the second "My Reactions," and the third "Traumatic Memory."

In the first column list those times or instances when you feel the adrenaline rush to fight or run or where you shut down or go numb, emotionally, physically, or both. Examples of triggers include smells, sights, sounds, people, or objects that remind you of the trauma or of events associated with the trauma.

Triggers might also include current stresses, such as the following:

- Interpersonal difficulties at home or at work
- Any kind of work or emotional overload
- Financial or medical problems (including premenstrual syndrome)
- Increased crime or other neighborhood problems

Media presentations, conversations, and other reminders. In addition to present-day stresses, media presentations on your type of trauma, or any kind of trauma, may serve as triggers. Furthermore, simply talking to others about your trauma, or listening to others talk about theirs, can serve as a trigger. As part of the healing process, you need at some point to write about, talk about, or draw pictures of the trauma. However, you may react to such disclosure with confusion, anger, or—even more painful—a profound sadness. Even once the healing process is complete, you may still feel that way when you share your story. This is as it should be. Something terrible happened to you. You can learn to live with it, but you cannot, and should not, wipe it away entirely. Along with the rest of your life experiences, it makes you who you are.

Coping with Other People

Your reactions to your triggers, like other parts of your PTSD, can provoke negative reactions from others. Like other secondary wounding experiences, these reactions may result from a variety of causes and take a variety of forms. What's important, however, is to realize that you are entitled to your response to the trigger.

Say for instance, that like David one of your triggers is green cars. You might grow faint, hyperventilate, sweat, or become nauseated when you see them. Or you might become severely depressed or agitated. You might even turn to a substance to comfort you.

Others may label your strong aversion to green cars an overreaction. They may even call you crazy for feeling as you do. "You should be over it by now," they say. "After all, the color of the car was irrelevant." Someone might even suggest that you buy a green car just to help yourself get over it or to prove to the world that you have overcome the past.

But you aren't over it and there is no reason why you should be. Furthermore, whereas the color of the car may be irrelevant to others, it is highly relevant to you. The color is not only permanently imprinted on your mind, but imprinted with it are the terror, disbelief, anger, and other feelings bound up with being traumatized. The color green has come to symbolize an event that perhaps changed your entire view of life. You can erase neither the memory of the event nor the association—no matter how hard you try.

And despite what others may think, your response to green cars is perfectly rational, logical, and understandable. There is nothing wrong or warped about responding to triggers. Indeed, given the way the human brain works, such responses are inevitable.

However, responding to present-day events as if they were events that occurred in the past may not always be quite appropriate for what is going on in the present. For example, if you never leave your home

- Witnessing or being involved in a current trauma (a fire, car accident, natural catastrophe, crime)

In the second column, indicate your reactions to each trigger situation. Your reactions in each situation will not necessarily be the same. Possible responses include these:

- Anger or rage
- Isolating yourself or overworking
- Self-condemnation
- Increased cravings for food, alcohol, or drugs
- Increased flashbacks
- Self-mutilation
- Depression
- Self-hatred
- Suicidal or homicidal thoughts
- Increased physical pain (headaches, backaches)
- Activation of a chronic medical condition, such as increased blood sugar if you are diabetic, increased blood pressure if you suffer from hypertension, recurrence of urinary tract infections if you are prone to bladder problems

In the third column, try to trace the trigger to the original traumatic event, to a secondary wounding experience, or to an event associated with these experiences. If you cannot remember the original event, do not be overly concerned. The main point of completing this chart is to help you to understand and anticipate when you might be triggered. This understanding is the first step toward change and gaining control.

Take a look at the Trigger Chart 1 examples to get an idea of how the chart works. Consider sharing your chart with your family members and friends. They might be able to help you add instances to your trigger list. Also, sharing this chart will help them to understand you better and ease any stresses in your relationship.

Coping with Triggers and Trigger Situations

"Last week my brother came to town to see the baby. I haven't forgiven him for what he did to me as a kid, and I sure didn't invite him, but I didn't feel okay about refusing to see him.

"So there he is in the living room, mostly just watching TV and eating pretzels—ignoring all of us pretty much—when Tommy, the baby, starts to cry. My brother was on him like that! Slapped him and yelled at him to shut up.

"And I didn't even move, couldn't move. My wife had to tell my brother to leave. I guess the slap and the yelling brought back all those memories of how he used to beat me. I couldn't stop shaking, and I felt so bad that I hadn't helped my kid. I should have been the one to protect him, not Ellen.

"I know it's all part of the PTSD stuff and triggers, but I still wish I had more control over it. I guess knowing helps some though."

As Tom, the speaker above, said, knowledge is one thing, but control is better. The following sections offer not only information but ways to help you deal with triggers and potential trigger situations.

Feeling Safe

As a trauma survivor, feeling safe is a major priority in your life. When you don't feel safe, you are unable to do or give your best in any situation. Trigger situations are threatening because, consciously or unconsciously, they bring up memories of times when you were powerless and therefore vulnerable to attack. They also threaten by bringing up painful and problematic feelings such as anger, fear, and grief.

These feelings are frightening, because they have the power to plumb you into a state of numbing or hyperalertness, or to cause you to otherwise lose control. If you have a history of addiction to a substance, you may know through bitter experience that when sorrow or rage appears, you tend to run for the bottle, the refrigerator, or for some other mood-altering substance. Even sex and work—healthy activities at other times—can serve as a narcotic for these feelings.

Triggers not only give rise to fear of loss of control, they can also make you fear going insane. People who have experienced the terror of wondering if they are mentally ill never forget that experience. It is excruciatingly painful.

You may have made considerable progress in managing your anger and grief. You may even have years of recovery from substance abuse. Yet you may still fear that the next time you are triggered you might not make it. What if you forget to do what your therapist told you to do? What if you are too tired or discouraged to follow the suggestions of your 12-step program?

No matter how much you have grown emotionally, you may fear slipping back into old behaviors. After all, you have practiced the old ways so much for so many years that they have become almost automatic. And, although these new ways of coping are better for you, they require effort, thought, and concentration. They take work. And if you are stressed or otherwise not feeling well, the normal temptation is to resort to the old dysfunctional behaviors, because at the time they seem easier.

Trigger Chart 1—Examples

<p>Trigger Someone, an authority figure, tells me to do something in a disrespectful, rough, or impersonal tone of voice.</p>	<p>My Reactions Anger, desire to fight back, desire to run away instead of hitting the person or having to hide my rage.</p>	<p>Traumatic Memory It reminds me of taking orders from that C.O. who sent us all out to be killed so he could look good.</p>
<p>Trigger Red dresses.</p>	<p>My Reactions Fear, anxiety, repulsion. If I can, I avoid people wearing red dresses. If I can't, and someone approaches me, I break into a sweat. I also start feeling guilty, as if I'm causing her to attack me.</p>	<p>Traumatic Memory I was wearing a red dress when I was raped.</p>
<p>Trigger Car trips, confinement in vehicles or rooms.</p>	<p>My Reactions Sweating, nausea, panic, followed by intense anger. Then numbing and depression for about two days.</p>	<p>Traumatic Memory When my abuser was being prosecuted, I was taken to the courthouse over and over. It was two hours from home, and when I got there they didn't believe me. It kept getting more complicated, and each time they treated me worse.</p>

As a result of all these fears, you may find yourself organizing your life to avoid triggers and trigger situations. However, those avoidance behaviors create problems at home, at work, even within yourself.

This creates a real dilemma. On the one hand you need, and deserve, to feel safe. When you enter into situations that you know trigger you, you are risking emotional and possibly physical discomfort. In some cases, your discomfort can be so extreme that you feel suicidal, homicidal, or out of touch with reality. On the other hand, avoiding situations that have set you off in the past, or that you know have that potential, might be very costly to you. It is one thing, for example, to avoid string beans because they have bad associations, and quite another to avoid your own children, because children are a trigger for you.

It would be wonderful if the world were organized so that you never had to confront any of your triggers, or if you could receive special treatment because of your past suffering. Unfortunately, you are generally going to be expected to cope with life's challenges and stresses just like anyone else. But that coping is going to be more difficult for you than for "just anyone else." To pick a simple example, suppose red dresses are a trigger for you, and your supervisor's favorite color is red. What choices do you have besides quitting your job or suffering in silence? Or perhaps being confined in a car or airplane is one of your triggers. What if someday you need to take a plane to see a dying relative, or need to drive a long distance for some reason?

Social Situations

Special problems arise if you have endured prolonged or repeated trauma. If this is the case with you, your central nervous system may be unable to tolerate a great deal of noise or other stimulation. In that case, even though it is not life threatening, the stimulation of normal socializing or being with your family can irritate and drain you. But what does that do to your relationships with your family and others?

After a day at work or being with others, you may simply need time to yourself to calm yourself, especially if you are experiencing any kind of stress. Sometimes you may need to really be alone—either to practice some of the soothing techniques suggested later in this chapter, or just to think.

If the people in your life can understand, and accept, your needs, any problems may be minimal. But if they do not understand or cannot accept your needs, they may feel rejected or abandoned, and they may in turn reject and abandon you. Thus begins a vicious cycle of misunderstanding, hurt, and anger, the end result of which is mutual alienation.

Even more taxing for some trauma survivors are events such as parties, parades, and other large gatherings. The sheer number of people,

the noise, and the confusion involved in such events, can wreak havoc with your central nervous system. Since such events can put you on sensory overload, you might experience panic, anxiety, or, alternatively, numbness.

As a result you might, understandably, decide to avoid all parties and gatherings to avoid the associated discomforts. However, you could pay the price of being branded antisocial by others. You might also brand yourself as deficient because you can't enjoy such occasions. If attendance at some of these functions is an important part of your family life or job, staying away can lead to problems at home or at work. It can also lead to feelings of loneliness and alienation. Yet to attend such functions can feel almost unbearable.

Under these circumstances, what can you do? You are in a double bind, just as you were during your trauma and during many of your secondary wounding experiences (and that feeling of being in a double bind can itself be a trigger, since it emulates part of your trauma). Whether you go or stay away, you lose. Either you participate in functions that cause emotional and physical distress, or you stay away and pay the personal, social, and vocational penalties.

The good news is you can learn to confront and cope with some of your triggers. It is not easy, nor painless, but it is possible. The remainder of this chapter attempts to teach you ways of structuring your confrontations with trigger events so that you feel relatively safe and can begin to tolerate these events.

However, some of your trigger situations may be almost unendurable, and consequently you may need to make your best effort to avoid these situations whenever possible. But bear in mind that over time, as you continue to heal, you may be able to handle more and more situations that at this point seem unbearable.

As with all aspects of the healing process, you need to start small, with baby steps.

Exercise: Trigger Chart 2

Your first task in this exercise is to divide your trigger situations from Trigger Chart 1 into four categories:

1. Triggers you feel might be the easiest to endure
2. Triggers you feel you might be able to handle after a few more months of healing
3. Triggers you feel you might be able to confront in a few years (maybe)
4. Triggers you plan to avoid for the rest of your life

Title a new page in your journal "Trigger Chart 2," and draw lines to make four columns. Label them, from left to right, "Easiest to Handle"

"Possibly Manageable Within a Year," "Possibly Manageable in the Distant Future," and "Impossible Ever to Handle."

Now, take your list from Trigger Chart 1 and write each trigger in the appropriate category.

Selecting a Trigger to Work On

When you feel you are ready to confront a trigger, select one of the ones you listed in column 1 of Trigger Chart 2—a situation that you judge one of the easiest to confront. Beginning with a more difficult trigger, such as one in column 2 or 3, can be a setup for failure, since no trigger situation, even one you have classified as relatively easy to handle, is truly easy. You have to start somewhere, however, so it is best to start where you have the greatest chance of success.

What if it doesn't work? But what if I try and fail? you might ask. What if, after trying some of the coping methods described below, you find that you still cannot handle the situation? This does not mean you are a failure.

In the first place, you need to examine what you mean by the word *failure*. If you can survive the trigger without hurting yourself, harming someone else, or regressing into some dysfunctional state, that is quite an achievement. Just because you feel anxious or otherwise uncomfortable does not mean you have failed. To expect yourself to cope with a potent trigger without any anxiety, anger, grief, or depression is too much to ask. Would you ask it of anyone else, your best friend, for instance?

Your goal is to be able to endure the trigger situation so that you can go on with your life—not to wipe out all your emotional reactions.

For example, suppose your trigger is a certain ethnic group, and you need to work with individuals from that group. In that case, you would be successful if you were able to learn to work alongside people who trigger you with less anxiety, fear, anger, or pain. The point is to get the job done. You can't expect to shed all your discomfort at once.

However, if you continue to have great difficulty coping with one of your "easy" trigger situations, it may well be that you minimized the severity of the trigger. Or it may be that you have limits you were not aware of.

Working within your limits. As a trauma survivor, it is important that you know your limits, respect them, and try not to put yourself in situations that push those limits too far. Knowing what your limits are enables you to prepare yourself for the ordeal of a trigger by making a plan to handle the situation in the best way possible.

For example, if you were a prisoner of war, an abused wife or child, or were otherwise captive, you may tend to be claustrophobic or become anxious when you are or feel confined. If this is the case with you, you

should try to structure your life to avoid prolonged confinements. However, there will be times when you have to be confined, such as during a hospitalization or a long trip. Under such circumstances, you can take care of yourself by making a list of all the ways you can give yourself some freedom of movement or take time-outs from the confinement.

For example, suppose you are required to attend meetings all day as part of your job. You know that when you are cooped up you tend to become anxious and depressed, but the meetings are mandatory. Your lunch and other breaks are your own, so during those times, you do not have to go to a restaurant or do what the others do. You can plan to go for a walk or do something else that relaxes you.

Furthermore, after the meetings are finished for the day, you would probably want to avoid activities that feel confining to you. Instead plan something that makes you feel free. It doesn't matter what it is—what matters is how you feel about it and the feeling it gives you. For some trauma survivors who have problems with confinement, going to a movie after a day of meetings is like going from one prison camp to the next. Others, however, experience a movie as a form of pleasurable escape and freedom. Only you can judge what would work best for you.

In sum, as you attempt the following coping techniques with a specific trigger, try not to judge yourself too harshly. Consider each attempt a learning experience—don't judge it in terms of success or failure. This is not a test of your character, moral strength, man- or womanhood, or mental health, but a way of acquiring valuable information about yourself.

Along these same lines, remember that you are not a coward or a weakling if you learn (through your own pain), that certain triggers are so powerful that for now, and perhaps forever, it may be best to avoid them if you can possibly do so. It makes ultimate sense to avoid pain, especially if it is unnecessary. There is no shame in this. Remember, you didn't cause the trauma, and you didn't decide to have PTSD.

Considering medication. In some cases, medication may be helpful in reducing PTSD symptoms upon encountering triggers. To find out, you will need to consult with a psychiatrist who is knowledgeable about PTSD. In general, it has been found that medication is helpful in reducing the intrusive symptoms of PTSD—the nightmares, recurring thoughts, flashbacks, and so on—and the hyperalert symptoms, the startle responses and sweating, for example.

However, no medication has been found to help PTSD sufferers cope with the tendency to avoid triggers. Regardless of which symptoms give you the most trouble, or which you desire to work on to improve your life, medication alone is not the answer. Even therapists and physicians who have completed innovative research on the biochemical aspects of PTSD, stress that medication must be accompanied with counseling or therapy for healing to occur (Friedman 1991).

Exercise: Motivating Yourself

In your journal, answer the following questions about the trigger situation you have chosen to attempt to manage. Be as specific as possible in your answers.

1. What are my fears about this situation?
2. How have I usually reacted in the past?
3. What have been the costs of avoiding this situation or of handling the situation with the fear, anxiety, anger, or other emotions associated with the trauma?
4. How would I like to react in the future?
5. What do I stand to gain if I react in a way I feel would be more beneficial?
6. How can I break down this situation so that it is more manageable?

Sometimes even so-called easy trigger situations are too difficult to manage in their entirety. If this is the case, then break the situation down into small parts. For example, if your trigger is a certain object, then break the situation down into being 12 feet from the trigger, then 6 feet from it; then walking toward it. Once you have been able to complete these steps, you can try standing right next to the trigger for 1 minute, then 2, then touching it, and so on.

Only after you are able to take the first step should you take the second. Whenever you are trying to overcome a fear or to change any of your behaviors, it is usually best to start with small, manageable steps.

Writing and sharing. In addition to identifying your fears, spend some time writing about your other feelings about the trigger. You can share some of your writing or thoughts with others if you desire. Consider how Joan used writing to sort out her feelings.

Joan is a 38-year-old woman who suffered from neglect and sexual abuse as a child. Today she has trouble coping with people who let her down in one way or another. For example, if her boyfriend is late arriving (even just a little), or otherwise forgets his promises (including small ones), Joan tends to go either into a rage or a depression. Her reactions are especially intense when she feels stressed for other reasons, such as by overwork, minor illness, or problems with her roommate.

For Joan, being kept waiting and being forgotten are intertwined with a history of gross parental neglect and abuse. Joan's parents used to forget to pick her up from school, church, and parties, as they had promised to. Beatings usually followed.

"I'm know totally overreacting," Joan wrote in her journal, "Jeff is only a half-hour late. That's not anything terrible. It's just that what he's doing is just like what they did to me. I can fly into a rage at him and ruin the evening, or swallow my anger, like I did when I was a kid."

"I know most of my anger doesn't belong to him, but I'm so furious I could explode. I need to keep reminding myself that my fury doesn't belong to him. I don't want to yell at him, but swallowing my anger doesn't work either. All I can do is try to reduce my anger."

Joan tried to reduce her anger by writing about it and doing some exercises in her living room. If you are in an emotional situation that sparks your rage, other methods of reducing your anger may prove more helpful, for example, relaxing, taking a hot bath, talking on the phone to a friend, or resting in bed. Do whatever works for you.

Planning Ahead

Before facing the trigger situation you've chosen to confront, ask yourself these questions:

- What is it I have to do?
- What is the likelihood of anything bad happening?
- If something bad does happen; what can I do?

Try to be as thorough and realistic as possible. Imagine possible eventualities, but don't get caught up in gruesome and unrealistic fantasies. If you become anxious, angry, or otherwise distraught trying to plan for the trigger, counter your anxious or otherwise upsetting thoughts with the following ideas (Veronen and Kilpatrick 1983):

- It's okay if I am anxious, angry, or have other feelings. All my feelings are okay. But I need to focus on what I need to do to confront the trigger.
- I need to make a plan, but I do not need to make a plan alone. In fact, I don't have to do any of this alone. I have the support and encouragement of others. I can call on other survivors, my therapist, and friends for emotional support and guidance. There are people in the world who care about me and who are willing to help me.

Asking others for help. Consider asking others for help. Is there someone you can talk to about how you are feeling either before or after or during your confrontation with your trigger? Ask for suggestions from others, as well as from your counselor or therapist, about how to help yourself cope.

Relaxation Techniques

Before you confront the trigger or trigger situation, consider doing some muscle relaxation exercises, deep breathing, or physical exercise—or some combination of these if that works better for you. The following sections offer some guidelines. Also, throughout the trigger situation, you can use breath control or a modified form of muscle relaxation without anyone else knowing what you are doing.

A note of caution. Before you begin the muscle relaxation exercises suggested here or elsewhere, obtain the approval of your physician, psychiatrist, or other mental health counselor first. Your doctor or psychiatrist's consent is especially critical if you are on medication—either psychiatric or nonpsychiatric drugs. The lowered heart rate and increased oxygen flow induced by deep breathing or relaxation can interact negatively with certain medications. You need to check with your doctor to be sure that there will be no negative side effects for you. Whether or not you are on medication, do not attempt to do deep breathing or relaxation exercises for more than one hour.

For some people the relaxation exercises can bring forth intolerable memories. If this happens to you, stop immediately. If you suffer from multiple personality disorder, if you tend to use dissociation as a means of coping, or you have been told by a mental health professional that you dissociate frequently (even if you don't believe it), do not even begin the muscle relaxation exercises unless you have been given specific medical permission to do so. Also observe the other guidelines listed in the "Cautions" section of the introduction.

Deep Breathing

Your degree of body tension is reflected in the way you breathe. When you are under stress, you breathe shallowly. Conversely, you can learn to calm yourself by practicing deep breathing exercises. Deep breathing increases the oxygen flow to your brain, which increases your capacity to think and concentrate and helps rid your body of many toxins.

The following exercises will be useful to you not only in dealing with triggers, but in other efforts and in any life circumstance in which you want or need to calm yourself. Two forms of deep breathing exercises are offered here: abdominal breathing and calming breath. (Bourne 1990).

Try to practice one of the following techniques regularly. Five minutes a day for two weeks is recommended. Once you've become comfortable with one of the forms, you can use it to combat stress, anxiety, and other PTSD symptoms.

Continuing to practice either of these techniques will make it second nature. You will naturally breathe more deeply, which will promote feelings of relaxation and well-being.

Abdominal Breathing Exercise

1. Note the level of tension you're feeling. Then place one hand on your abdomen right beneath your rib cage.
2. Inhale slowly and deeply through your nose into the "bottom" of your lungs—in other words, send the air as low down as you can. When you're breathing from your abdomen, your hand should actually rise. Your chest should move only slightly while your abdomen expands. (In abdominal breathing, the diaphragm—the muscle that separates the lung cavity from the abdominal cavity—moves downward, causing the muscles surrounding the abdominal cavity to push outward.)
3. When you've taken in a full breath, pause for a moment, and then exhale slowly through your nose or mouth, depending on your preference. Be sure to exhale fully. As you exhale, allow your whole body to just let go. (You might visualize your arms and legs going loose and limp like a rag doll.)
4. Do ten slow, full abdominal breaths. Try to keep your breathing *smooth and regular*, without gulping in a big breath or letting your breath out all at once. Remember to pause briefly at the end of each inhalation. Count to 10, progressing with each exhalation. The process should go like this:
 - Slow ... inhale Pause ... Slow exhale (count 1)
 - Slow ... inhale Pause ... Slow exhale (count 2)
 - Slow ... inhale Pause ... Slow exhale (count 3)
 and so on up to 10. If you start to feel light-headed while practicing abdominal breathing, stop for 30 seconds, and then start up again.
5. Extend the exercise if you wish by doing two or three "sets" of abdominal breaths, remembering to count up to 10 for each set (each exhalation counts as one number). Five full minutes of abdominal breathing will have a pronounced effect in reducing anxiety or early symptoms of panic.
 - Some people prefer to count backwards from 10 down to 1 on each breath. Feel free to do this if you prefer.

Calming Breath Exercise

1. Breathing from your abdomen, inhale slowly to a count of 5 (count slowly "1 ... 2 ... 3 ... 4 ... 5" as you inhale).
2. Pause and hold your breath to a count of 5.
3. Exhale slowly, through your nose or mouth, to a count of 5 (or more if it takes you longer). Be sure to exhale fully.
4. When you've exhaled completely, take two breaths in your normal rhythm, then repeat steps 1 through 3 in the cycle above.

5. Keep up the exercise for at least 5 minutes. This should involve going through *at least* ten cycles of in-5, hold-5, out-5. Remember to take two normal breaths between each cycle. If you start to feel lightheaded while practicing this exercise, stop for 30 seconds and then start again.
6. Throughout the exercise, keep your breathing *smooth and regular*, without gulping in breaths or breathing out suddenly.
7. Optional: Each time you exhale, you may wish to say "relax," "calm," "let go," or any other relaxing word or phrase silently to yourself. Allow your whole body to let go as you do this.

Progressive Muscle Relaxation

Progressive muscle relaxation was developed over 50 years ago by Dr. Edmund Jacobson as a means of deep relaxation. This technique can be especially effective if you feel anxiety physically, in the form of tightness in your neck and shoulders or back, in your jaw, or around your eyes, or if you experience high blood pressure, insomnia, muscle spasms, or headaches associated with tension.

Progressive muscle relaxation involves tensing and then relaxing 16 different muscle groups. It takes only 15 to 20 minutes to do, and requires nothing more than quiet and enough space to comfortably sit or lie down. Unless you experience overwhelming negative thoughts during the exercise, or some of the muscles being used have been injured so that the exercises are painful, there should be no reason you cannot use this relaxation technique.

Here are a few general guidelines:

- Set aside enough time (you might need 30 minutes at first) at a certain time of day for doing the exercises. When you first get up, before going to bed, and before a meal are the best times. After eating is the worst.
- Make sure you're comfortable: the room should be a comfortable temperature and quiet and free from interruptions, your clothing should not be restrictive, and your entire body needs to be supported. You can lie down, perhaps with a pillow beneath your knees for extra support. Or you can sit in a chair, but be sure your head is supported along with the rest of your body. (Sitting may be preferable if you feel unsafe lying down because of your trauma. Whenever and however you position yourself, be sure you feel safe.)
- Try not to worry or think about outside events. Put them away for the time being. Also, don't worry about your performance of the technique. The goal is relaxation here—it's not a competitive sport.

Aside from helping you cope with trigger situations, regular, daily practice of progressive muscle relaxation can have a significant beneficial effect on your general anxiety level. You can also use the following exercises (from Bourne 1990) before, during, or after completing any of the written exercises in this book, or before, during, or after doing any other kind of work on the trauma, either in a group or in individual counseling.

Muscle Relaxation Exercises. The idea is to tense each muscle group hard (but not so hard that you strain) for about 10 seconds, and then to let go of it suddenly. You then give yourself 15 to 20 seconds to relax, noticing how the muscle group feels when relaxed in contrast to how it felt when tensed, before going on to the next group of muscles. You might also say to yourself "I am relaxing," "Letting go," "Let the tension flow away," or any other relaxing phrase during each relaxation period between successive muscle groups. Throughout the exercise, maintain your focus on your muscles. When your attention wanders, bring it back to the particular muscle group you're working on. The guidelines below describe progressive muscle relaxation in detail:

- When you tense a particular muscle group, do so vigorously, without straining, for 7 to 10 seconds. You may want to count "one-thousand-one," "one-thousand-two," and so on, as a way of marking off seconds.
- Concentrate on what is happening. Feel the buildup of tension in each particular muscle group. It is often helpful to visualize the particular muscle group being tensed.
- When you release the muscles, do so abruptly, and then relax, enjoying the sudden feeling of limpness. Allow the relaxation to develop for at least 15 to 20 seconds before going on to the next group of muscles.
- Allow all the *other* muscles in your body to remain relaxed, as far as possible, while working on a particular muscle group.
- Tense and relax each muscle group once. But if a particular area feels especially tight, you can tense and relax it two or three times, waiting about 20 seconds between each cycle.

Once you are comfortably supported in a quiet place, follow the detailed instructions below.

1. To begin, take three deep abdominal breaths, exhaling slowly each time. As you exhale, imagine that tension throughout your body begins to flow away.
2. Clench your fists. Hold 7 to 10 seconds, and then release for 15 to 20 seconds. Use these same time intervals for all other muscle groups.
3. Tighten your biceps by drawing your forearms up toward your shoulders and "making a muscle" with both arms. Hold, and then relax.

4. Tighten your triceps—the muscles on the undersides of your upper arms—by extending your arms out straight and locking your elbows. Hold, and then relax.
5. Tense the muscles in your forehead by raising your eyebrows as far as you can. Hold, and then relax. Imagine your forehead muscles becoming smooth and limp as they relax.
6. Tense the muscles around your eyes by clenching your eyelids tightly shut. Hold, and then relax. Imagine sensations of deep relaxation spreading all around the area of your eyes.
7. Tighten your jaws by opening your mouth so widely that you stretch the muscles around the hinges of your jaw. Hold, and then relax. Let your lips part and allow your jaw to hang loose.
8. Tighten the muscles in the back of your neck by pulling your head way back, as if you were going to touch your head to your back. (Be gentle with this muscle group to avoid injury.) Focus only on tensing the muscles in your neck. Hold, and then relax. Since this area is often especially tight, it's good to do the tense-relax sequence twice.
9. Take a few deep breaths and tune in to the weight of your head sinking into whatever surface it is resting on.
10. Tighten your shoulders by raising them up as if you were going to touch your ears. Hold, and then relax.
11. Tighten the muscles around your shoulder blades by pushing your shoulder blades back as if you were going to touch them together. Hold the tension in your shoulder blades, and then relax. Since this area is often especially tense, you might repeat the tense-relax sequence twice.
12. Tighten the muscles of your chest by taking in a deep breath. Hold for up to 10 seconds, and then release slowly. Imagine any excess tension in your chest flowing away with the exhalation.
13. Tighten your stomach muscles by sucking your stomach in. Hold, and then release. Imagine a wave of relaxation spreading through your abdomen.
14. Tighten your lower back by arching it up. (You can omit this exercise if you have lower back pain.) Hold, and then relax.
15. Tighten your buttocks by pulling them together. Hold, and then relax. Imagine the muscles in your hips going loose and limp.
16. Squeeze the muscles in your thighs all the way down to your knees. (You will probably have to tighten your hips along with your thighs, since the thigh muscles attach at the pelvis.) Hold, and then relax. Feel your thigh muscles smoothing out and relaxing completely.

17. Tighten your calf muscles by pulling your toes toward you. (Flex carefully to avoid cramps.) Hold, and then relax.
18. Tighten your feet by curling your toes downward. Hold, and then relax.
19. Mentally scan your body for any residual tension. If a particular area remains tense, repeat one or two tense-relax sequences for that group of muscles.
20. Now imagine a wave of relaxation slowly spreading throughout your body, starting at your head and gradually penetrating every muscle group all the way down to your toes.

You might want to record the above exercises on an audiocassette to expedite your early practice sessions. Or you may wish to obtain a professionally made tape of the progressive muscle relaxation exercise. There are many of these available, some of which are to be played while you sleep. However, the sleep tapes have not been proven to be particularly effective, and are additionally not practical for those who have trouble sleeping. Sources of some tapes that help you practice active muscle relaxation are listed in Appendix B.

Physical Exercise

Activities that involve physical exertion, for example, walking, swimming, jogging, and aerobic dance, are highly recommended for dealing with anxiety and trigger situations. "One of the best methods for controlling stress is to exercise. Vigorous physical exertion provides a natural outlet for your body. Exercise releases special chemicals in your brain called endorphins. These act as natural tranquilizers and have tremendous stress-reducing properties. When you experience a state of arousal, exercising can return your body to normal equilibrium, leaving you feeling relaxed and refreshed" (McKay et al. 1989).

Numerous books and programs are available to help you get started on a course of aerobic exercise. It need not be expensive, or complex—walking can be one of the best forms of exercise there is, if it's done right. Just keep a few things in mind:

- Don't start too strenuously or abruptly. Get a checkup and talk to your doctor about what you propose to do. This is especially important if you smoke, are sedentary, or have a family history of medical problems or existing medical conditions of your own.
- Warm up before and cool down after exercise. Allow at least 5 minutes of stretching and light exercise before and after your activity.
- Exercise for at least 20 minutes, three times per week, at a sufficient level of exertion. The Estimated Heartbeats chart shows

estimated heart rates by age; 70 percent of maximum is considered the optimal rate at which to exercise (Davis et al. 1988).

- At all times, pay attention to your body. If it screams Stop! then stop. Warning signs include hyperventilation, chest pain, inability to breathe, or any form of acute discomfort (McKay et al. 1989).

Estimated Heartbeats per Minute for Average Man or Woman by Age Group

Age	80%		70%		60%		50%	
	Maximum Rate	Maximum Rate	Maximum Rate	Maximum Rate	Maximum Rate	Maximum Rate	Maximum Rate	
18-29	203-191	162-153	142-134	122-115	101-95			
30-39	190-181	152-145	133-127	113-108	95-90			
40-49	180-171	144-137	126-120	107-102	90-85			
50-59	170-161	136-129	119-113	101-96	85-80			
60-69	160-151	128-121	112-106	95-90	80-75			
70-79	150-141	120-113	105-99	89-84	75-70			

Quick Fixes

Here are a few suggestions for occasions when you don't have much time or are in a public place or social situation and need a breather (McKay et al. 1989):

- Spend 10 seconds rubbing a tense part of your body
- Take ten slow deep breaths
- Change your posture and stretch
- Talk more slowly
- Get up and get a cold (nonalcoholic) drink
- Sit down and lean back

Positive Self-Talk

Another important component of coping with triggers involves the way you talk to yourself internally. All of us have an internal dialog going on more or less all of the time, and what is said in that dialog can be very important to the healing process and your well-being in general.

You read about self-talk in relation to feelings and thoughts in Chapter 3 and in reference to victim thinking in Chapter 4. Following

are examples of how you can get that dialog to be on your side—how you can use it to help you get through a trigger situation.

Several years ago, Claudia was in an abusive relationship. Since that time she has been in group and individual therapy. The following are entries from her journal, but they demonstrate the way positive self-talk works.

February 23, 9 p.m.

"I've been numb with pain all day, but it took me until now to figure out why. This numbness or sadness or whatever it is, is a reaction to telling Tim about some of my traumatic experiences. I felt fine while I was talking to him yesterday afternoon. I guess today I got blessed with the great delayed reaction.

"Now that I think about it, whenever I talk about the past I get like this. Yet I'm always shocked that I react so strongly.

"I thought I'd be over it by now. After all, I've talked about it in therapy and group for years. I've cried about it, raged about it, made my peace with it, even gotten some good uses out of it. Why isn't it over? Why do I have to go through the pain and anger over and over again?

"I guess it's that trigger stuff my therapist is always talking about. When I get triggered, she says I should try to soothe myself as much as possible. So today I talked to friends, tried to eat right and get a little exercise, and tried not to stress myself too much. I also bought myself a little present.

"I did all the right things, but I still hurt. I hurt so bad I can't even cry. Oh God, how I wish I could, crying would be such a relief. It's pretty bad when you're so immobilized by pain that you can't even cry."

February 24

"The pain lifted. I guess doing all the right things helped. I'm also glad I didn't make any major decisions yesterday. When I get triggered like that, I'm not in my right mind. But that's not my fault.

"I have to keep telling myself, 'It's not your fault you were in a trauma. It's not your fault you have PTSD. The only thing you are responsible for is to try to manage your PTSD so that you don't hurt yourself or others.'"

Like Claudia, you need to learn to talk to yourself in a way that's supportive and nonjudgmental. Affirming pep-talks though they may seem silly to you at first, are a powerful tool you can use to deal with

triggers and other stressful situations in your life. The following sections (adapted from Veronen and Kilpatrick 1983) give suggestions for things you might say to yourself before and during a trigger situation.

Before the Trigger

As you anticipate your encounter with the trigger event, try to talk to yourself like this:

Soon I will face a trigger event. In the past, this event has made me extremely anxious. Sometimes my anxiety has turned into rage, sometimes into depression. Either way, I find the situation distasteful, if not unbearable. I am also aware that I tend to react with more anxiety to this situation than other people would. This makes me feel abnormal, deviant, and different in a negative kind of way.

But I need to remember that, though anxiety happens to everyone, to trauma survivors like me it happens very easily, very quickly, and more intensely than to others.

Because of what I have been through, my system quickly responds to certain situations as if an emergency were going on. What for other people sounds like an alarm clock, sounds like a fire engine's siren to me. That's because I was traumatized.

My head knows there is no real emergency, but the rest of me, my emotions and body, don't know. That's why I have to keep telling myself over and over again that this is not *the original trauma*. Nothing terrible is going to happen. It might feel like something terrible is going to happen, but the reality is that I am not in danger.

Yet, in a sense, there is an emergency going on and it's caused by the way my brain reacts to a trigger because I was traumatized. My anxiety creates that emergency. When I get very anxious I can't think well. I don't act the way I want, and I make poor decisions to boot. When people get too anxious or afraid, there are changes in their brain that do not allow them to solve problems as well as usual. The brain just doesn't work as well, and emotions, like fear, anger, panic, and hopelessness, take over.

I hate it when I feel I might become out of control with one of these emotions. What if I get so mad I hurt someone, or myself? What if I become so anxious or scared I act in a foolish or stupid way? Others will think poorly of me. Or what if I get so hopeless and depressed that it shows, and others think of me as needy? That's why I stay away from trigger events—because I fear losing control and can't predict

how I will act.

The bad news is that when I confront a trigger, most likely I will react with fear, anxiety, rage, or depression right away. But that's okay. My crazy way of reacting is perfectly rational for a PTSD sufferer like me. Because I was in a trauma, the neural connections in my body are set up for these kind of emotional reactions.

But the good news is that I can build a new history. I can learn that the anxiety, the anger, the panic, or whatever strong emotion I am having will pass. At first it might take 2 or 3 hours to pass. The next time, 1½ hours to pass. The time after that, ½ hour. Each time I will progress until the trauma reaction becomes shorter and shorter.

I can build a new history in my brain if I keep practicing my coping techniques. Eventually, the new history will be more familiar and powerful than the old history.

In the past I've panicked, then I've panicked at the panic. I don't have to do that anymore. I can use my muscle relaxation and deep breathing techniques. I can take time out from the situation to center myself, call a friend, or do something that will help take care of me emotionally. If the situation becomes unbearable, I should permit myself to leave it entirely and try again another time, if that's possible.

I need to be patient with myself. I need to remember that it only takes a few minutes to become traumatized, but years to get over that trauma. I also need to congratulate myself for trying. At least I am trying. So many trauma survivors isolate from others and from life. They are too afraid to try what I am doing. I understand why they are afraid, but I also need to applaud myself for having the courage to try not to let my past strangle my present.

During the Trigger

When confronting a trigger event, try to speak to yourself as follows:

I need to take this one step at a time. I can't think about the entire event I have to endure. I have to break it down into small segments.

I need to be aware of my fears, anxieties, angers, and other feelings. But I need to focus more on what I am doing than on what I am feeling.

If I am afraid or angry, this does not mean I am a failure. I need to expect to be emotionally uncomfortable. After all, I'm in a trigger situation. Instead of getting mad at myself for my feelings, I need to view these feelings as

signals that I need to use one of my coping exercises. For example, it may be time to do some deep breathing exercises, call a friend or sponsor if possible, take time out, or whatever makes sense. I also need to remember the plan I made for handling this trigger and stick with it.

Whenever I become overwhelmed with fear, anxiety, or anger, I need to tell myself, This too shall pass. Eventually I can go somewhere where I feel safe.

Progressing Through Trigger Chart 2

Once you have attempted to use some or all the preceding methods with one trigger situation, you may want to consider choosing another trigger situation to work on. Start with another trigger from column 1 of your Trigger Chart 2, the relatively easy category.

After you have attempted to work with all the triggers listed in column 1, when you are ready—not when someone else thinks you should be ready—you may want to tackle a situation listed in column 2. After you have attempted to confront the situations in column 2, you may then want to proceed to triggers in column 3.

Remember that coping with triggers is psychological, mental, and often physical work. Any kind of change, even positive change, creates a temporary increase in stress. If you are already under considerable stress, wait until your life is less full of pressures to tackle the extremely difficult task of trying to overcome a trigger. Go on to the triggers listed in column 3 only after careful consideration of your psychic energy and resources.

Discuss your decision with your therapist, sponsor, or trusted friends. Although it is important to challenge yourself and try not to let the past inhibit your life in the present, it is also important to be kind to yourself and not overtax yourself.

Acknowledging Reality

Don't delude yourself into thinking that following the suggestions given above will give you an anxiety-free life. These techniques reduce anxiety, but they may not eliminate it entirely. It is natural to have a little anxiety in certain situations—most people do. A very helpful resource in dealing with anxieties is the *Anxiety and Phobia Workbook*, by Edmund J. Bourne (1990). Your therapist will have additional suggestions.

Taking Stock

Over the course of the last five chapters, you have had the courage to look at your traumatic experiences and the equally traumatic secondary wounding experiences that followed. As the result of these experiences, you learned that your psyche is attuned to triggers—situations that remind

you of the original trauma. Since you have identified not only the trauma but the triggers that flowed from them, you are no longer in the dark about these important aspects of your life.

You have also had the willingness and courage to examine yourself for any possible depression or addiction. If you have discovered that you indeed suffer from depression or that your "little habits" are, in truth, addictions that could ultimately kill you, you may at first have been shocked, then wanted to deny your findings. However, if you are indeed clinically depressed or addictive in some aspects of your life, and you have been willing to accept these truths rather than run from them, applaud yourself vigorously.

But why? you might be asking. Look at me, I'm a mess. First, I went through a trauma and a series of secondary wounding experiences. Then, instead of coming out a hero, I emerged damaged—depressed, addicted, and full of triggers that can send me into a rage, a crying jag, or a state of numbing that makes me feel half dead, all of which alienate me from others.

Do not despair. Healing is possible. But without the insights you have gained about yourself in these first five chapters, it probably wouldn't be. You must know what your problems are before you can begin to solve them. The time and emotion you spent gleaning the truths about your life in these chapters were not spent in vain. What you have so painfully learned about yourself will form the basis of the healing process, which is the theme of the chapters that follow.

Part II

The Healing Process

Carl Jung, a student of Freud and a famous psychologist in his own right, used the metaphor of a growing tree to describe the client in therapy. The client, he said, is like a tree, naturally growing taller and fuller while its roots spread out wider and deeper into the ground.

When the roots of a tree hit a large stone or other obstacle, do they shove the stone away or crack it? No. The roots just grow around the obstacle and then keep going.

The stone may have interrupted or slowed the tree's growth for a while, but no stone, no matter how large, can stop the tree from growing.

In Jung's view, the stones in the way of tree roots symbolize obstacles to personal growth. These obstacles can include an internal emotional conflict (for instance, loving and hating the same person) or an external stressor (for example, a trauma). Jung theorized that certain emotional conflicts are never totally eliminated; they are simply outgrown. They stay a permanent part of the psyche, just as the stones surrounded by tree roots become "part of" the tree. In the same way that roots can move far past the stones in their path into new territory, you can integrate and grow beyond your trauma.

Perhaps today your trauma is, to one degree or another, frozen in time, far away from the rest of you. However, once you have integrated the trauma into your life, you can use some of the powerful energy generated by the trauma to benefit you, to use in pursuing goals of your own choosing. The trauma can become a vital part of your life—just as the stones support and strengthen the root structure of the tree.

How to Use These Chapters

Generally speaking, you will want to work through the chapters in this part in order they appear. However, if (for example) the process of re-

two steps back. That is fine; you are still making progress. Sometimes you go backwards because you need to go backwards—if, for example, you have taken on more emotional material than you can handle at a particular time. At that point you may have to retreat so that you can absorb the emotional shock and otherwise make sense of the material.

The Stages of Healing

The healing process can be divided into three stages:

1. Remembering the trauma and reconstructing it mentally—the cognitive stage—covered in Chapter 6.
2. Feeling the feelings associated with the trauma—the emotional stage—covered in Chapters 7 through 9.
3. Empowerment—the mastery stage—covered in Chapter 10. In this stage, you find meaning in the trauma and develop a survivor, rather than a victim, mentality.

Another component that may be important to you involves recognizing any spiritual or moral concerns you have regarding the trauma. Not everyone has such concerns, but if you do, you may want to consider talking to a clergyman, priest, rabbi, or other spiritual advisor. Keep in mind though, that with these individuals, as with others, you need to be on guard against any subtle or overt victim-blaming attitudes.

Whether you come to identify and take a closer look at any spiritual or moral concerns with a religious or spiritual professional, with a trusted friend or family member, or within yourself, it is important that you recognize, rather than deny or minimize, any such concerns. If you do have spiritual or moral concerns, part of the healing process includes learning to forgive yourself for any action or inaction on your part that has caused you shame or guilt.

The stages of healing tend to be progressive. For example, feeling the feelings (Stage 2), will be more intense and meaningful if you actually remember some or most of what occurred during the traumatic event (Stage 1), than if your memory is hazy. On the other hand, you may have feelings left over from the traumatic event without any recollection whatsoever about what happened. This is commonly the case with individuals who were abused as young children.

However, the healing stages do not necessarily flow in a neat progression. You may find empowerment and mastery, for instance, without recalling the traumatic event. Similarly, you may already be in the mastery stage (Stage 3), when suddenly you remember a highly significant aspect of the trauma that changes almost everything you previously thought or felt about it. Much to your surprise, the new revelation puts you back in the role of a helpless, hopeless victim.

membering the trauma covered in Chapter 6 raises emotions so great that they must be dealt with before you can continue the work of remembering, then you will want to go on to Chapters 7 through 9, which deal with feelings in general, anger, and grief, respectively. The final chapter of Part II, Chapter 10, discusses ways of regaining control of your life—putting what you have learned from the healing process—and even from the trauma itself—to work for you in your present and future life.

A Growth vs. Deficit Model of Therapy

One of your healing goals should be to rid yourself of the idea that because of the trauma, you are diseased or deficient. Such thinking hearsens to a deficit model of therapy, which assumes that you, the client, are “sick,” “wrong,” or “inadequate” in some way. The role of the therapist in this model of therapy is to help you discover your deficiencies and purge you of them.

In contrast, in a growth model of therapy, which is used in this book, the therapist's role is to help you discover and develop your strengths. A growth model assumes that you are not deficient or abnormal; instead it was the events you experienced that were (highly) abnormal. As a result, you may have developed certain defenses, certain ways of thinking, and other patterns that may have served you well during the trauma but do not do so now.

As you grow and heal, many of these negative patterns will naturally fall by the wayside, because you won't need them anymore. In addition, the more you are able to look at the trauma directly, the less need you will have for defenses that limit your life.

Healing, as explored in the following chapters, means confronting what you haven't yet confronted, integrating what you have yet to integrate, and binding up your emotional wounds. You don't need to be “fixed,” you simply need help in mobilizing your inner healing and creative powers. The following sections describe and give several guidelines for the healing process.

Healing Is a Nonlinear Process

Healing does not run a straight path; it inevitably involves setbacks. For example, in recovering from the flu you may have several days of improved health, followed by a temporary relapse. This setback doesn't mean you won't recover from the flu; all it signifies is that the human body is not an inanimate object. It can't simply be repaired and then be expected to stay that way once and for all. Rather, it is delicate and complex. Yet it has great ability to withstand stress.

Like the body, the human psyche is also not inanimate. You may find yourself taking three steps forward in the healing process, and then

Healing Takes Time

Healing is a lifelong process. Depending on the intensity and duration of your particular traumatic experience, it may take months or even years to fully remember or gain perspective on the events that trouble you now. Similarly, it may take a long time for much of the anger and pain to diminish.

If you have been extremely traumatized, it may take 5, 10, or even 20 years. But that's okay; the main point is that you have begun. Your healing process will take its own course and unfold in its own time, not according to some cookbook formula.

You may be in a great hurry to get it over with. If so, you can accelerate your recovery by working harder in therapy and using other aids, such as support groups and books. However, in general, it is better to deal with the trauma in doses. This way, you run less risk of becoming overwhelmed, the way you were during the original traumatic event. Just as you get more out of a meal if you eat slowly and chew each bite, it is more important to take the healing one step at a time, slowly, than to attempt to do too much and understand yourself only superficially.

Restorative Experiences

Your healing process will be heavily influenced by what has happened to you since the trauma. If you were besieged with secondary wounding experiences, your healing process will be longer and more painful than if you had affirming restorative experiences.

For example, battered women who receive some justice in the court system, such as having their abusers jailed, fare far better than those whose batterers are left unpunished. Similarly, the healing process of both abuse and crime victims is facilitated when they feel well treated by court and police officials: when they feel listened to rather than demeaned, when they are informed instead of being kept ignorant of the legal process, and when their cases are handled in a prompt and professional manner.

Restorative experiences can be economic, vocational, political, and interpersonal. To what extent were you financially compensated for any losses incurred during the trauma? To what extent has fulfillment on the job, or the love, approval, and support of others, helped soothe the psychic wounds of the traumatic event? The more restorative experiences you have had, the easier your healing process will be.

Conversely, if you have been retraumatized since the original traumatic event, your healing will be longer and more complicated than the healing of a trauma survivor who was fortunate enough to have escaped subsequent victimization or disasters.

Medication

If you are in an extreme state of depression, anxiety, or hyperalertness, you may need medication to help reduce your symptoms so that you can concentrate in your therapy. For example, if you can't sleep at night and start dozing off at work or during therapy sessions, you may need to consider medication to help you sleep. Similarly, if you are having so many flashbacks and intrusive thoughts that you can't concentrate on your job, you may need medication so that you can function. For such medication, you will need to consult a psychiatrist with expertise in PTSD.

The Prerequisite of Safety

In order to begin the healing process, you need to feel and be safe. You cannot begin to heal from your wounds, psychological or physical, if you are still being wounded. If you are in an abusive living environment or are otherwise living in danger, you will need to take steps to create a safer existence. Indeed, creating a safe living environment for yourself is part of the healing process.

The sense of safety is also internal. You need to feel safe with your thoughts, feelings, and behaviors before you can begin to contemplate the trauma. This does not mean you won't sometimes have troublesome thoughts or feelings, but rather that you feel you can manage them.

If some of the symptoms of PTSD, or some of your thoughts, feelings, or behaviors, are making you feel out of control of yourself, those need to be your primary area of concentration.

It is not wise to begin the unsettling process of remembering the trauma and the other stages of the healing process without feeling you can exert at least some control over the symptoms that are creating the most havoc in your life. In some cases, medication may be needed. See Chapter 10 for more on establishing a safe environment and attaining a sense of security.

Cautions: When the Healing Process Is Not Advisable

If you have been severely or repeatedly traumatized or are currently coping with a great deal of stress, the healing process described in this book and certain forms of counseling may not be advisable. In most cases, counseling is helpful. However, in some cases it has been shown to increase symptoms and depression. For example, some Nazi concentration camp survivors have fared much better by keeping their memories in repression and denial than others have by remembering the horror. Similarly, preliminary studies of torture survivors from Cambodia and other Southeast Asian countries indicate that counseling that focused on the trauma made many of these people feel worse, not better. For these survivors, counseling

that deals openly with their trauma only deepens their sense of loss and helplessness. For such individuals, supportive counseling for present-day concerns seems to be more beneficial than delving into the past.

If you fall into one of these categories or feel that you, too, are better off not remembering the trauma, then you need to focus on improving your coping skills, rather than on gaining insight. More beneficial to you than the chapters on remembering the trauma (Chapter 6), feeling the feelings (Chapter 7), and understanding grief and loss (Chapter 9), are Chapter 8, "Living with Anger," and Chapter 10, "Attaining Empowerment." You may also want to discuss medication with your therapist or counselor.

Although it is natural and normal for you to experience distress upon trying to follow the healing suggestions in this book, keep in mind the warning signs listed in the "Cautions" section of the introduction to this book (suicidal or homicidal thoughts, disorientation, hyperventilation, shaking, irregular heartbeat, and so on). If you experience any of these signs, seek professional help immediately. It is possible that one of the following statements applies to you:

- You should not attempt to remember the past at all, ever. Instead you can learn means of stress reduction, such as relaxation techniques and deep breathing.
- You have so much stress in the present that looking at the past is best saved for a later point in your life.
- You need some other form of counseling before you tackle the trauma.
- You need to be in a safe, controlled environment, for example, an inpatient ward devoted to trauma survivors, in order to begin the healing process.

The Strength of Survivors

Mary lost two of her best friends and her home in the 1989 Loma Prieta earthquake in Northern California. She came close to death herself, and suffered permanent damage to her legs, which, although not severe, limits her ability to participate in sports and other recreational activities.

To this day, Mary has periods of numbing, alternating with what some of her friends and acquaintances pejoratively call hyperactivity or workaholism. However, those knowledgeable about trauma use more loving words. They say Mary is a high-energy person.

Mary's energy is similar to the high energy noted in other types of survivors, for instance, former prisoners of

war. Part of this energy stems from the hyperalert stage of the PTSD cycle, the rest from a sense of gratitude for having survived. Mary feels compelled to live to the fullest and to make her life count by being as useful to society as possible.

Mary serves as a volunteer reader to the blind, in honor of one of her friends who died in the earthquake. Her friend had done similar work while she was alive.

Like other trauma survivors, Mary has a sense of urgency about time that those who have not touched their own death sometimes lack. During the earthquake, Mary's former illusion that she was invulnerable to harm was shattered. As part of her PTSD, she has a foreshortened sense of time. Sometimes she is overcome with fear that she will die young. Therefore she wants to get all she can out of life. Her resulting impatience aggravates her boyfriend, Joel, who is far more casual in his outlook on life.

Joel resents the time Mary spends helping the blind, and when she wants to talk about the earthquake, her losses, and her confusion about the meaning of life, he tries to change the subject. She should forget the past and live in the present, he thinks—she needs to lighten up.

Recently, however, Joel's dog became too old and sick and had to be put to sleep. "He couldn't take it," Mary told her therapist. "Instead of admitting to his feelings, he developed all these psychosomatic symptoms. He had headaches, backaches, rashes, you name it. Yet he claims it doesn't bother him."

"He thinks he's stronger than me because I hurt sometimes and he hardly ever hurts. But if he can't face this, what is he going to do when one of his parents dies or if he's in an accident?"

"Because of what I've seen and experienced, I feel prepared for almost anything. I'm not afraid to suffer, or feel any feeling, anymore. The earthquake taught me to deal with emotional and mental pain directly. Even though to other people I might look weak because sometimes I cry and shake a lot, actually I'm stronger than my supposed 'Mr. Macho' boyfriend."

How Will I Know When I Am Healed?

As Mary's story illustrates, healing from trauma does not mean that you will never again remember the traumatic event or never again experience any symptoms. Some symptoms, for instance, sleep disorders, tend to persist for years—even after other symptoms have either disappeared or become relatively insignificant.

If you must measure your progress, try not to think in terms of outcome, but in terms of having made your best effort. Also, think less about eliminating your symptoms and more about the evidence that you are increasing your involvement in the present.

Mental health is sometimes defined as the ability to love, work, and play. If, due to the healing process, you regain or increase your ability to love and care for others (including yourself) and to work and participate in some activities you find meaningful—or you simply become better able to enjoy yourself—consider yourself a great success.

Never mind if you still have nightmares or choose to avoid people or places that remind you of the trauma. Never mind if on the anniversary of the trauma you have flashbacks or nightmares or just sit in a chair, numb or crying. If you are able to know and accept your feelings and not fight them, you are a very strong person. At least you know what you feel and why you feel the way you do. Many people don't know the what, much less the why, of their feelings.

Flexibility and the ability to distinguish present reality from the past are two other aspects of mental health. PTSD sufferers who have not received help are often quite rigid in their thinking and behavior. Because they feel so fragile inside, they may find it difficult to tolerate external changes, for example, changes in schedules. Furthermore, their understandably intense need to protect themselves and their families may lead to a dread of change. However, growth requires the ability to change and adapt. The more you progress in your healing, the more flexible you will become.

Hang in There!

Therapists who work with trauma survivors have observed high dropout rates. After a few sessions, survivors sometimes experience some relief from their symptoms. They tend to sleep a little better at night and feel less anxious during the day. In addition, because the therapist assures them that they are normal people who are simply suffering from symptoms caused by abnormal amounts of stress, there is relief from fears of insanity and abnormality.

I'm feeling much better. Why go anymore? I have so many other things to do, they think. Then they drop out of counseling until some crisis brings them back—as nontraumatized clients also frequently do. Because of some initial relief from symptoms and some emotional support, they think the psychological pain that propelled them to seek help has finally died and been buried, never to rise again.

But the pain is not dead. If you drop out of counseling prematurely, you are only postponing dealing with the problem. If you are truly a trauma survivor, the pain, numbing, anger, or self-destructive behavior will resurrect itself again and again, until circumstances force you to look at it

In certain extreme cases, untreated PTSD can lead to suicide or homicide. Far more typical, however, is succumbing to depression or addiction. Once these vicious cycles begin to absorb your life energies, you will have greater difficulty than ever facing the trauma. Instead of spending hours with a therapist, you may end up spending years in needless misery and defeat.

With this book, as with any healing effort, you need to hang in there. Don't stop because you feel a little bit better, or because you feel uncomfortable, or because of the agony of confronting the trauma and feeling your feelings. Stop only if you begin to experience some of the warning signs listed in the "Cautions" section of the introduction.

You don't have to be in counseling forever. At some point, it will be time to terminate your sessions or to reduce their frequency. But before you terminate therapy or take a break from it, be certain that you have made progress in the following four areas:

- You have obtained a clearer, more rational picture of the trauma than when you began the healing process.
- You have spent time grieving, raging, or experiencing other feelings associated with the trauma.
- You have acquired some skills and attitudes that help you take back control of your life, as much as is possible and practical.
- You have begun to forgive yourself for the behavior during the traumatic event about which you felt rational or irrational guilt or shame.
- You have mastered some effective stress-reduction skills so you can function better in your day-to-day life.

Be aware that these goals are never completely realized. You do not need to stay in counseling until you are "perfect" or until you are "perfectly healed." The decision to stop counseling, or take a break from it, should be made thoughtfully and discussed with your therapist or group leader.

It is also acceptable, and in many cases extremely advisable, to remain in counseling for many years—as long as is needed.