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CHAPTER FIVE

Kathy's Story
Healing Depressive Symptoms

Kathy, a bright single woman in her mid-forties, came into my office having already been through several years of therapy elsewhere. She knew her story well, and was able to give a clear summary of her traumatic past. In our first session, I learned that Kathy had been sexually abused, starting at the age of six, by her father. The abuse had gone on for five years undetected. Her mother was "checked out." When Kathy was 11, she finally told her mother about the abuse, and the two of them left the state. She never saw her father again. She left her home, her friends, and her community. Kathy and her mother moved five more times throughout her childhood.

Though she's been in therapy for a while, Kathy remains burdened by pervasive feelings of hopelessness and despair. "I still feel so depressed and I am constantly exhausted," Kathy said to me through her tears.

I later learned that Kathy suffered from stomach problems and chronic back pain that caused her to miss work due to frequent doctor's appointments. "I'm worried that I will lose my job," she expressed. She felt plagued by feelings of embarrassment and shame. She asked, "What is wrong with me that I can't get better?"

> "It is one thing to process memories of trauma, but it is an entirely different matter to confront the inner void."
>
> —DR. BESSEL VAN DER KOLK, psychiatrist

Kathy's story describes the pervasive nature of depressive symptoms and the toll that trauma can take on the body and mind. Depressive symptoms of complex PTSD are often the hardest to resolve. Feelings of hopelessness, helplessness, despair, and shame can dominate your reality. When your mental and physical well-being becomes compromised, it is hard to see a way out.

If you can relate to Kathy's story, know that you are not alone. About 1 in 10 adult Americans have some type of depression; however, depression is nearly four times more likely if you have a history of trauma. Depression can cause you to lose interest in things you used to enjoy. Perhaps you sleep and eat more or less than you would like. Maybe you feel worn out or don't have the desire to do anything. You might believe things will never change, or wonder what's the point of trying.

It is important to recognize that the hopeless thoughts and feelings are part of the depression itself. These symptoms are remnants of your former existence in an environment where you were threatened and helpless to change the situation. Through a multifaceted approach, you will learn ways to compassionately work with any depressive symptoms. This chapter will help you unwind any unresolved feelings of shame and helplessness. The goal of this phase of trauma treatment is to support your physical and emotional wellness by integrating new positive feelings and beliefs about yourself into your life.

The Depression Trap

Kathy feared that she would always be depressed. Feeling defeated, Kathy said, "I have no hope that I will ever get better."

Kathy and I began to explore some of the beliefs that she had about herself and her symptoms. I learned that she internalized a core belief that she is permanently damaged. I asked what her life might be like if she let go of that belief. She reflected on the question for several minutes and finally replied, "I wouldn't know who I am."

Gently I replied, "Then who would you like to become?"

Most people with C-PTSD must confront the hopeless thoughts, painful emotions, and intolerable sensations of depressive symptoms. Cognitive behavioral therapy suggests that there is a triad of negative thinking associated with depression. This triad consists of a negative view of the self, a negative view of the world, and a negative view of the future. For instance, you might say, "I am a failure, bad things always happen to me, and nothing is ever going to change." These beliefs are derived from learned helplessness and shame. Dissociation is common when you feel helpless. Freeing yourself from the trap of depressive symptoms requires gentleness, acceptance, and persistence.

LEARNED HELPLESSNESS

When there is no way to stop an abuse, end a situation of domestic violence, or convince a parent to stop drinking, a child feels powerless. Persistent childhood trauma is characterized by a state called *learned helplessness*. This term was initially introduced to describe how animals that were repeatedly exposed to an unavoidable shock would make no attempt to escape, even when given an opportunity to exit. Psychologist and researcher from the University of Pennsylvania Dr. Martin Seligman later extended an understanding of learned helplessness to people who feel and behave in a helpless manner when they have no control over a threatening situation. He suggested that learned helplessness

was the base of a pessimistic attitude. He identified the 3 P's of pessimism: Personalizing, Pervasiveness, and Permanence. In other words, it's like saying: "It's my fault, I mess everything up, and I will always be this way."

When you have been raised by untrustworthy caregivers, it is common to generalize your experience—you may feel as though no one can be trusted or that the world is completely dangerous. As you heal from C-PTSD, it's important to recognize that you are safe now and have choices now. You are no longer stuck in the powerlessness of your past. Dr. Seligman suggests adopting a positive set of thoughts he calls "learned optimism." This process is achieved by consciously challenging negative self-talk and replacing inaccurate thoughts with positive beliefs.

IN PRACTICE

Can you relate to the cognitive triad of depression and the 3 P's of pessimism? What core beliefs tend to hold you back? If you were to let go of these beliefs, what do you imagine your life might look like? What would you like to be able to tell yourself now?

HEALING SHAME

Shame is characterized by believing that you are "bad." This emotion is based upon a distorted sense of yourself as being unworthy, damaged, or a failure. Why is shame so pervasive? Young children are completely dependent upon caregivers for a sense of safety and connection in the world. As discussed earlier in the book, if you had an abusive caregiver, you faced a critical conflict: your biological drive to seek closeness from the very source of the terror you were trying to escape. Adults who were abused or neglected as children will often blame themselves. This can lead to persistent feelings of guilt and shame. EMDR therapist Dr. Jim Knipe proposes that this self-blame is a direct link to childhood logic—children will develop a fantasy that they are bad kids relying upon good parents to avoid confronting the terrifying reality that they are good kids relying upon bad parents.

> ". . . We cannot eliminate the so-called negative forces of afflictive emotions. The only way to work with them is to encounter them directly, enter their world, and transform them. They then become manifestations of wisdom. Our weaknesses become our strengths, the source of our compassion for others, and the basis of our awakened nature."
> —DR. JOAN HALIFAX,
> Buddhist teacher and author

Shame is often hidden underneath perfectionism. As a child, you may have internalized the belief that you had to act perfect because your parents couldn't handle your authentic feelings. Or perhaps you believed acting "good" would stop the bad things from happening. In either situation, you may have had to hide your true feelings to avoid rocking the boat. Perfectionism is maintained by critical self-talk that attempts to push down painful feelings. When the inner critic berates you for being lazy, stupid, or useless, you are again confronted with your shame.

Let's take a closer look at some practices that can free you from the cycles of shame and perfectionism:

- **Explore your use of language:** Dr. Siegel points out the difference between saying "I am bad" and "I feel bad." The first statement reflects identification with a painful emotion, whereas the second statement allows for recognition of a feeling without being consumed by it.
- **Avoid "shoulds":** "Shoulds" are one way of pushing perfectionism or perceived expectations on yourself and rejecting your authentic presence. You might say, "I should be over this by now," "I shouldn't make mistakes," or "I should be strong." When you say or think the word "should," I invite you to step back and instead focus on self-acceptance.
- **Imagine shame is a bully:** Seeing shame as a bully can give you some space from the emotions and allow you to talk back! How do you feel when the shame bully puts you down? What do you want shame to know? If you have a hard time standing up to shame, you can bring in your ally from chapter 3 (see page 90) for reinforcements. Who would stand up for you and protect you? What would you and your ally say to the shame bully?
- **Experience the body's sensations of shame:** Often the most difficult part of healing shame is tolerating that felt sense in your body. Words can hardly describe the often intolerable "yuck" that accompanies shame. You might experience an encompassing sinking feeling or a vague sensation as though you did something wrong. A valuable practice for unwinding the somatic experience of shame is to return to the pendulation practice from chapter 4 (see page 111). The goal is to slowly build tolerance for the physical discomforts that accompany shame. Once you can feel your body, you have greater choice about how to move and breathe. There is tremendous power in reclaiming your body from shame. Perhaps you find a posture that feels strong and capable, or maybe you place your hands over your heart in a gesture of loving kindness.
- **Invite vulnerability:** When feeling shame, it is common to hide your true feelings for fear of further embarrassment. Showing people how you really feel allows them to support you. Dr. Brené Brown's research has shown that

expressing one's most vulnerable feelings is a sign of strength and facilitates health. She explains, "We cannot selectively numb emotions. When we numb the painful emotions, we also numb the positive emotions."

IN PRACTICE

How does shame show up in your life? What thoughts or sensations accompany shame for you? Explore the preceding practices when shame intrudes in your life. What helps you overcome or heal from shame?

HEALING DISSOCIATION

Dissociation is a biological protection that disconnects you from threatening experiences. It exists on a continuum from relatively mild sensations of fogginess, sleepiness, or having difficulty concentrating to feeling numb or cut off. In the most extreme situations, you might have lapses of memory or a feeling of lost time. For instance, a neglected or abused child may learn to dissociate from, or tune out, threatening experiences. In adulthood, this dissociation can be perpetuated as you push away the parts of you that hold emotions of fear, shame, or helplessness. Here you might say, "It's just too much to know what happened."

Derealization and *depersonalization* are two key aspects of dissociation. Derealization refers to ways in which you feel surreal or as if you are living in a dream. Depersonalization is when you disconnect from your feelings or thoughts as though they are not yours.

Healing dissociation asks you to accommodate the reality of your childhood neglect or abuse. In doing so, you develop the capacity to recognize that traumatic events happened to you and that they are over now. You can differentiate the past from the present, which gives you access to choices now that were not available to you then. This process asks you to develop your understanding of injustice, unfairness, suffering, or evil as it exists in your life and the world—this plays a crucial role in your ability to adapt to adversity. Dr. Viktor Frankl's story of surviving his years as a prisoner in a Nazi concentration camp exemplifies this process. He observed that those prisoners who were able to retain a sense of meaning could maintain hope, and therefore were most likely to survive the atrocities.

"The question we should be asking is not, why did this happen to me? What did I do to deserve this? That is really an unanswerable, pointless question. A better question would be, 'Now that this has happened to me, what am I going to do about it?'"

—DR. HAROLD KUSHNER, rabbi and author

Meaning can be found in many ways. It can come in the form of philosophy, religion, or spirituality. Meaning can also come about through recognizing how your unique and painful life experiences have helped you grow or become a better person in some way. Importantly, nobody has a right to tell you that your traumatic life events happened for a reason. No matter what concepts resonate with you, the meanings you take must be of your own choosing and must feel right to you.

IN PRACTICE

What are your thoughts and feelings after reading about dissociation? What gave you meaning before reading this book? Has any new meaning begun to surface? Describe your thoughts.

Trauma and Grief

Kathy was no longer blaming herself for her depression. She felt a slight glimmer of hope. Nonetheless, she still felt the heaviness of her depression and continued to cry almost every day. We explored the underlying cause of her sadness by talking about the many losses she has faced in her life. She began to grieve—for the loss of her community, her friends, and her childhood home. She even grieved the loss of her father. Even though he was abusive, she was still sad that she never saw him before he died. She reflected, "I never even said goodbye."

Kathy had so many feelings about his death—anger, relief, sadness, redemption. She said it was confusing to have so many emotions about the same person.

Trauma often involves grief. You might grieve the loss of your safety. Maybe you grieve missed joys of childhood. Additionally, loss of those who were neglectful or abusive can bring forward unresolved pain and feelings of resentment. Grieving

involves letting go. However, releasing traumatic memories can sometimes feel at first like you are letting go of any last remnants of hope for redemption.

Cognitive processing therapy (CPT) recognizes that unresolved grief can complicate recovery from PTSD and lead to depressive symptoms. Importantly, grief is not a disorder. It is a normal reaction to loss and does not have a timeline. CPT aims to remove the barriers that interfere with the natural course of grief. For example, distorted thoughts can block grief by either denying the reality of the loss or making you inaccurately blame yourself. You may have received messages that you need to "be strong," and therefore have learned to hide your pain. By developing more accurate beliefs about yourself and the world, you can foster a healthier relationship to grief and accept the reality of any losses you have faced.

STAGES OF GRIEF

Grief is complex and can be disorienting. Models of the grief process can help you find your bearings. Classically, psychiatrist and author Dr. Elisabeth Kübler-Ross identified five core stages of grief as denial, anger, bargaining, depression, and acceptance. More importantly, Dr. Kübler-Ross encouraged her readers to refer to these stages lightly—they are neither universal nor linear. Nonetheless, the stages of grief offer a way to validate and talk about feelings related to death and loss. Later models of grief recognize that resilience, hope, and growth are also essential components of the grieving process; that attending to loss will bring about feelings of gratitude and forgiveness. Allow this review of the core aspects of grief to help you explore your own relationship to loss as it relates to your trauma history.

> "There is nothing in the world, I venture to say, that would so effectively help one survive even the worst conditions, as the knowledge that there is a meaning in one's life."
>
> —DR. VIKTOR E. FRANKL, psychiatrist and Holocaust survivor

- **Denial:** You can think of denial as a protective mechanism that buffers you from the reality of trauma. You might feel as though life is surreal. At times, you might feel disoriented or have an inability to concentrate. In the context of C-PTSD, denial can be expressed as dissociation; it's a way to live as if the event didn't happen or as if you weren't impacted.
- **Anger:** It is common to experience anger, rage, resentment, and blame. You might feel abandoned, powerless, and helpless. Grief brings up unfulfilled hopes and wishes that things had been different. You might miss someone who'd been there for you, but now is gone. Or you might miss the chance to connect with some someone who hadn't been there for you. It is common to have regret and lingering resentment. You might feel angry at yourself, your loved ones, or life itself.
- **Bargaining:** The core emotion of bargaining is guilt. You might relate to self-blaming statements such as "I should have been able to stop them from fighting," or "If only I had done something I could have prevented the abuse." Bargaining is characterized by magical thinking and beliefs that you can somehow turn back time to make a different, often unrealistic choice.
- **Depression:** Grief is most recognizable in deep sadness. However, with depression there is an accompanying despair or feeling, as though your life is meaningless. You might ask yourself, "What is the point of living?" You might wonder how you can go on or why you should. Recognize that this is not something to fix directly; rather, it is the warning sign of what needs attending to—the feeling of emptiness that accompanies great loss.
- **Acceptance:** Acceptance is the ability to acknowledge what happened to you and to choose to live your life. This does not mean that you will feel okay about what happened. However, you can still invest in and find joy in your current relationships and engage in the world in a meaningful way.
- **Resilience and growth:** Anger, fear, and sadness are not the only emotions associated with a traumatic history—it is also possible to feel profound appreciation for your life. As a result of your unique life experiences, you might experience a deeper capacity to connect to others in meaningful ways, have an increased willingness to be vulnerable, or be more willing to ask for help. Resilience is not innate; it is learned and developed as part of the healing process.

IN PRACTICE

The goal of this practice is to work with conflicting emotions of resentment, regret, appreciation, and hope that are associated with grieving traumatic losses. This exercise has four sentence prompts. As you look at each one, take as much time as you need to write down any memories, reflections, words, and feelings that come to your mind.

What I feel grief about is . . .

I feel anger and resentment about . . .

What I regret is . . .

My hope is . . .

What I appreciate and accept is . . .

When There Are No Words

Kathy often had powerful emotions and sensations in her body. She had a chronic tightness in her stomach and had been diagnosed with irritable bowel syndrome. She had unrelenting lower back pain. She had lived with these pains for so long, she assumed that change was impossible.

We began to work with the feelings in her body. I encouraged Kathy to focus her attention on her belly and lower back with mindfulness and curiosity. At first she began to cry. I invited her to continue to notice any emotions, images, words, or impulses to move her body.

Kathy said, "It is dark. I can't move! I feel stuck and my body hurts." She collapsed into the couch.

I reminded Kathy that she was in the safety of my office. She opened her eyes and looked around. She looked at me. Then I asked her to check back in with her sensations. She said, "I can feel my feet pushing against the floor. I notice a lump in my throat."

I then inquired, "What does your body want to do now?"

Kathy asserted, "I want to push and kick! I want to scream, 'Get away from me!'"

With encouragement she repeated these words. She slowly and mindfully pushed with her arms and legs. She allowed herself to intently repeat the words, "Get away from me!"

After several minutes Kathy became quiet. She looked peaceful and had a glow on her face that I hadn't seen before. She looked up at me and said, "It's over now."

She then remarked, "All of these years I had been telling the story from my head but I never let my body tell the story. I didn't know that my body had a story too!"

In the last decade, somatic psychotherapy has come to the forefront of therapies that treat PTSD. Dr. van der Kolk's book, *The Body Keeps the Score*, describes the science behind why the body needs to be included in treatment. For instance, early childhood memories prior to the age of five are not like typical memories that occur later in life. You tend not to have images or a clear story. Traumatic memories from after the age of five can also be repressed or dissociated from and recalled only in fragments. In either case, you might experience emotions without understanding why, or physical sensations of unknown origin. Therefore, reason and logic alone are seldom sufficient to treat trauma. Unresolved trauma impacts health, leading to a wide range of illnesses, including digestive problems, heart disease, cancer, chronic lung disease, liver disease, and autoimmune conditions, to name a few. Attending to the sensations and movement impulses of your body is a central part of healing.

> "Every bad feeling is potential energy toward a more right way of being if you give it space to move toward its rightness."
> —DR. EUGENE GENDLIN, philosopher and psychotherapist

THE BODY'S STORY

One limitation of talk therapy is the focus on telling the story in the past tense. Somatic psychotherapies engage body awareness in the here and now. All stressful life events evoke a fight-or-flight response. In situations of a threat without an escape, the body will freeze into immobilization.

You can unwind the physiological impact of traumatic events by sensing, breathing into, and moving your body. Somatic Experiencing therapy calls this process completing "unfinished defensive actions," in which you mindfully sense