UNDERSTANDING & COPING WITH PAINFUL, TRAUMATIC, OR HURTFUL EVENTS[1]

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We all experience various forms of pain as a course of normal living. These can be physical, emotional, or interpersonal. We learn to handle and deal with many of these as we gain experience, learning, and maturity. However, some **painful events** are so deeply and personally hurtful, prolonged, or developmentally premature that our reactions go beyond our normal ability to cope and resolve. This may result in strategies of **avoidance to survive** the pain of what happened, then **intrusive** or **disruptive** reactions which interfere with healthy personal, social, or family living. It is often when these unwanted, intrusive symptoms (see below) become discouraging as regular or recurring irritants that individuals seek some form of support, help, or counseling.

There are many models for understanding and dealing with stress reactions that can occur following painful, traumatic, or hurtful events. One approach has been suggested in the phase response theory of Horowitz (1986) and in descriptions of stress-response disorders outlined in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) (American Psychiatric Association, 1994). An adaptation of these ideas is summarized in the three pages of **flow diagrams** that follow at the end of this paper. This three page model can itself be adapted and used to facilitate alternative approaches to understanding and treating unhealthy stress reactions following traumatic circumstances, whether they occurred **recently**, in the **past**, or continue in the **present**.

Referring to the **attached model**, the **first page** (p. 5) summarizes typical stress reactions following notably painful, traumatic, or hurtful events and the healthy processes involved in dealing with them. The **second page** (p.6) gives a little more description of normal avoidance and intrusive reactions as well as more intense and eventually unhealthy reactions that can develop if one remains in an avoidant pattern over longer time. Eventually, chronic avoidance seems to prevent healthy reflection and the resolving-coping process. In fact, long-term avoidance tends to promote long-term unhealthy beliefs and behaviors. The **third page** (p.7) contains suggestions for helping people resolve their unhealthy avoidant patterns and resulting symptoms. These latter ideas come from a variety of theoretical and research sources and roughly parallel a developmental progression of movement out of “avoidance,” and through “intrusion,” “reflection,” and eventual “healthy coping” (see explanations below).

This model suggests that there are some **consistent**, **overlapping patterns** in people’s reactions to traumatic, painful, or hurtful events:

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[1]From papers presented at the American Psychotherapy Association (Heaps, 2009), International Society for Traumatic Stress Studies (Heaps, 2000), and the Utah State Mental Health Convention (Heaps, 2000).

Initially, people experience either some form of **emotional outcry** (e.g., panic, fear, shock, anger, sadness, grief) or some form of **avoidance** or **denial** (e.g., not wanting to think or talk about "it"—often not even naming or describing what happened), or both. The avoidance usually serves a purpose such as not wanting to feel the fright, hurt, or pain.

Avoidance strategies can be used for a long time, but with diminishing value. They begin yielding to **intrusive** and unwanted thoughts, images, or distress. These can include occasional "floods" of any emotion, nightmares, sleep problems, flashbacks, anxiety, concentration problems, and depression, among others.

It's at this point some people begin to worry about their personal strength, character, or sanity, thinking they are somehow weak, unable to cope, or, in some small sense, "going crazy." But, the reality is, those are all "normal" (i.e., common, typical) reactions. It was the traumatic event that was not normal. In other words, they are **normal reactions** to an **abnormal event**. It's very difficult, if not impossible to prevent having some of these reactions. They are part of the mind's way of "figuring out" what happened.

The problem here is that many people worry something must be wrong with them to have such miserable reactions, so they try very hard not to have them by going back to **avoidance strategies** (e.g., keeping themselves so busy they won't have to think about "it"; avoiding certain situations, activities, or people that may remind them of their pain and what happened; trying to numb their emotions; etc.).

Unfortunately, these strategies only work for awhile, and then individuals begin having upsetting, intrusive reactions again. These hurt, so they go back to avoiding. This leads to a "**vicious cycle**" of avoidance and intrusion that prevents or blocks healthy reflection and real understanding of the trauma. It interferes with healthy coping, and eventually creates more serious emotional and interpersonal difficulties.

One way to get past the "trap" of this avoidance-intrusion cycle or "block" is to begin **reflecting** or facing and thinking about what was experienced in order to understand its painful reality. Then one can begin the process of **resolving** the event(s) in a way that leads to eventual **healthy coping** (which involves going on with life without dysfunctional pain, even though one will likely remember what happened and even have occasional sad or frightened feelings). Personal insights which seem to help this progression include such ideas as "I'm OK—thinking about it doesn't make it happen again and doesn't have to make anything bad happen;" or "Some negative emotion is normal—it was the event that was abnormal, not me or my feelings;" or "It's OK to allow myself to feel—especially the love of people close to me;" or "It's OK to tell people a condensed version of what happened;" or "Smiling or being happy is OK and not a betrayal of those who were hurt;" etc.

It seems helpful for those impacted by painful life events to be able to see where they are and what they are experiencing in the above processes. Being afraid to think about these processes and the event(s) that started them, loss of concentration, nightmares, and relationship difficulties are often simply part of the normal avoidance-intrusion experience—not fun, but normal experience.

Reflecting and resolving are good ideas, so long as they come when a person is ready for them. People do not have to be in a hurry—just not repeatedly avoidant. There is no rush. They need to "approach" each phase as they are able.

If individuals, for whatever reason, are not able to progress developmentally through the above phases, the likelihood increases that they will experience an **intensification** of the unhealthy stress reactions summarized on the second page of the model diagramed below (p. 6). If this happens, the need also increases for a more involved form of **trauma counseling**. An adaptable process for such counseling is diagramed on the third page of the model (p. 7).

This process begins with helping individuals **pay attention to**, **acknowledge**, and **calm** their emotional and body reactions whenever events or relationships **remind** them of past traumas and they believe they are unsafe. Some of these reactions might include fear, panic, anger, agitation, or withdrawal.

Once individuals have sufficient ability to calm their emotional and physical reactions, they are better prepared to **tolerate** the potential emotional pain of processing what happened to them during the traumatic experience(s). **"Telling the story"** is not the therapy. It is an initial step that helps people begin moving out of their avoidant processes and gives them (as well as anyone listening) a context for understanding the reality of what happened to them and where their dysfunctional beliefs and behaviors came from. An important element of this step is to validate the pain of the trauma and its impact in their life. Additionally, it can help reduce the "fear" of thinking or talking about "it." There can be healing in the narration, but that usually is not enough.

It also is important to be clear that this process of "telling the story" can be a metaphorical landmine. If done in response to pressuring or prodding, or simply to be compliant with an important person's request, it can produce a kind of "re-experiencing" which may not be healthy and, qualitatively, feels like being re-victimized. This can have the effect of promoting a return to avoidant behaviors and the avoidance-intrusion cycle which is a hallmark feature of post-traumatic stress disorder. Nevertheless, there is much theory and research that supports the importance of some form of imaginal or other exposure to the traumatic memories or circumstances. It may be uncomfortable, and even prompt a temporary return to some uncomfortable, intrusive experiences, but it helps when done with sensitivity to timing, readiness, and appropriateness. One of the goals is to eventually render the trauma as little more than a "bad memory" which can be reframed and resolved.

This process foreshadows or sets the stage for another possible intrusive prompt. This next task involves **remembering** the painful confusion over what happened, its hurt, and the eventual dysfunctional interpretation of the event's meaning about the person and others who, in any way, were believed to be involved. These are not always easy to remember, but often include such judgmental and self-blaming beliefs as "I must have done something wrong to deserve this;" or "It's my fault. No one could possibly love me now;" or "As soon as I'm happy, bad things happen, so I'd better stay miserable;" or "I can't trust in anything or anyone now;" or "I can't bear it any more;" or "I can't possibly bear thinking about it;" etc.

Once the unhealthy beliefs have been identified, the process moves to **rethinking** those beliefs into more accurate and healthy interpretations of the **meaning** given to what happened. This can be done within an empathic approach to challenging and changing the unhealthy beliefs and behaviors.

As one begins thinking in more healthy ways about the trauma, oneself, and others, it becomes easier to let go of bitter or self-deprecating feelings. This sets the stage for being able to **forgive** those who are **innocent** and undeserving of blame, including **oneself**. As an added note, if there are bona fide perpetrators of hurt within the trauma, forgiveness of them may be a premature goal at this stage, especially if the perpetrator(s) is unavailable or unwilling to accept responsibility. It is important to understand that forgiveness does not mean acceptance of, or permission to abuse, nor does it have to mean reconciliation. It means letting go of the hate and fear that keeps giving a perpetrator power in one's life. The question of forgiveness should be considered with sensitivity to readiness and appropriateness.

Having progressed developmentally out of avoidance and through the phases of intrusion and reflection, one is now ready to begin **healthy coping processes**. The old, unhealthy stress reactions are no longer emotionally driven. They are now more like old habits that are more amenable to change. Individuals begin developing a healthier sense of identity, personal boundaries, or who they are in relation to the world. They are more willing to learn new behaviors and approach life, risking some vulnerability, but with reasonable discernment. They are now able to go on with life, remembering the "awfulness" that happened, but without the dysfunctional pain. The trauma literally becomes little more than a "bad memory."

References

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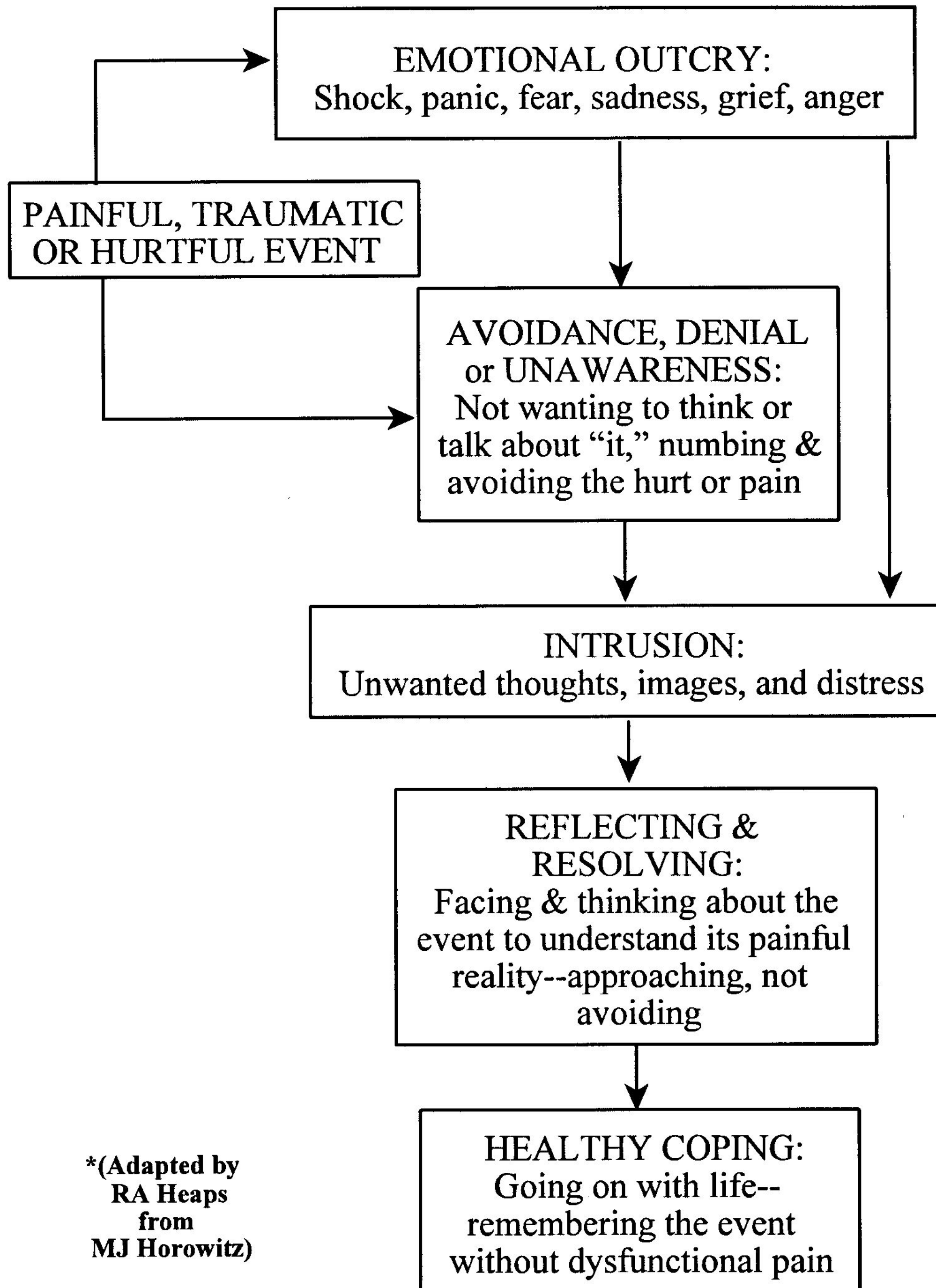
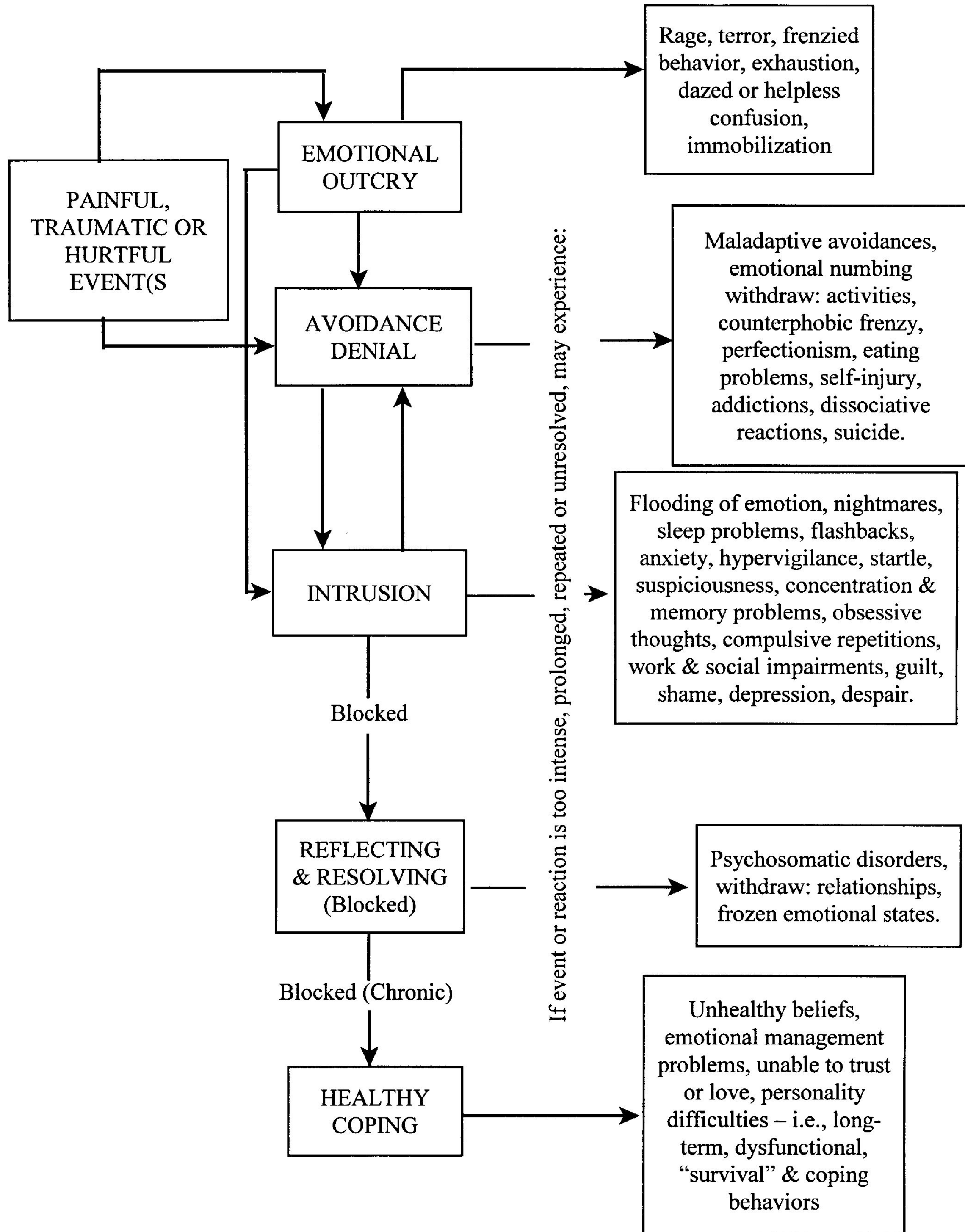
TYPICAL STRESS REACTIONS & HEALTHY COPING FOLLOWING PAINFUL, TRAUMATIC, OR HURTFUL EVENTS*



***(Adapted by RA Heaps from MJ Horowitz)**

UNRESOLVED STRESS REACTIONS & UNHEALTHY COPING

(Adapted by R.A. Heaps from DSM IV and MJ Horowitz)



RESOLVING UNHEALTHY REACTIONS
TO PAINFUL OR TRAUMATIC EVENTS
(RA Heaps)

OBSERVE, ACKNOWLEDGE, & CALM:
Emotional & body reactions
(e.g. fear, panic, anger, agitation, withdrawal)

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TELL:
The "Story"
(What happened)

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REMEMBER:
The emotional confusion, pain, or hurt;
Dysfunctional meaning given the event, self, & others
(e.g., my fault, I'm unacceptable & unlovable, can't trust); resulting avoidant "survival" behaviors

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RETHINK & REDECIDE:
More accurate & healthy
meaning, beliefs, & behaviors

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FORGIVE:
Self & innocent others
(Perpetrator & collaborator as able)

↓

STOP: Avoiding
START: Approaching
CHOOSE: Healthy identity & self-boundaries
CHANGE: Old "survival habits & associations (no longer emotionally driven)
LEARN: New behaviors & skills
RISK: Vulnerability (with discernment)