# When Relationships Hurt

## A Psychological Guide to how we Relate and how we're affected by Trauma, in Pictures

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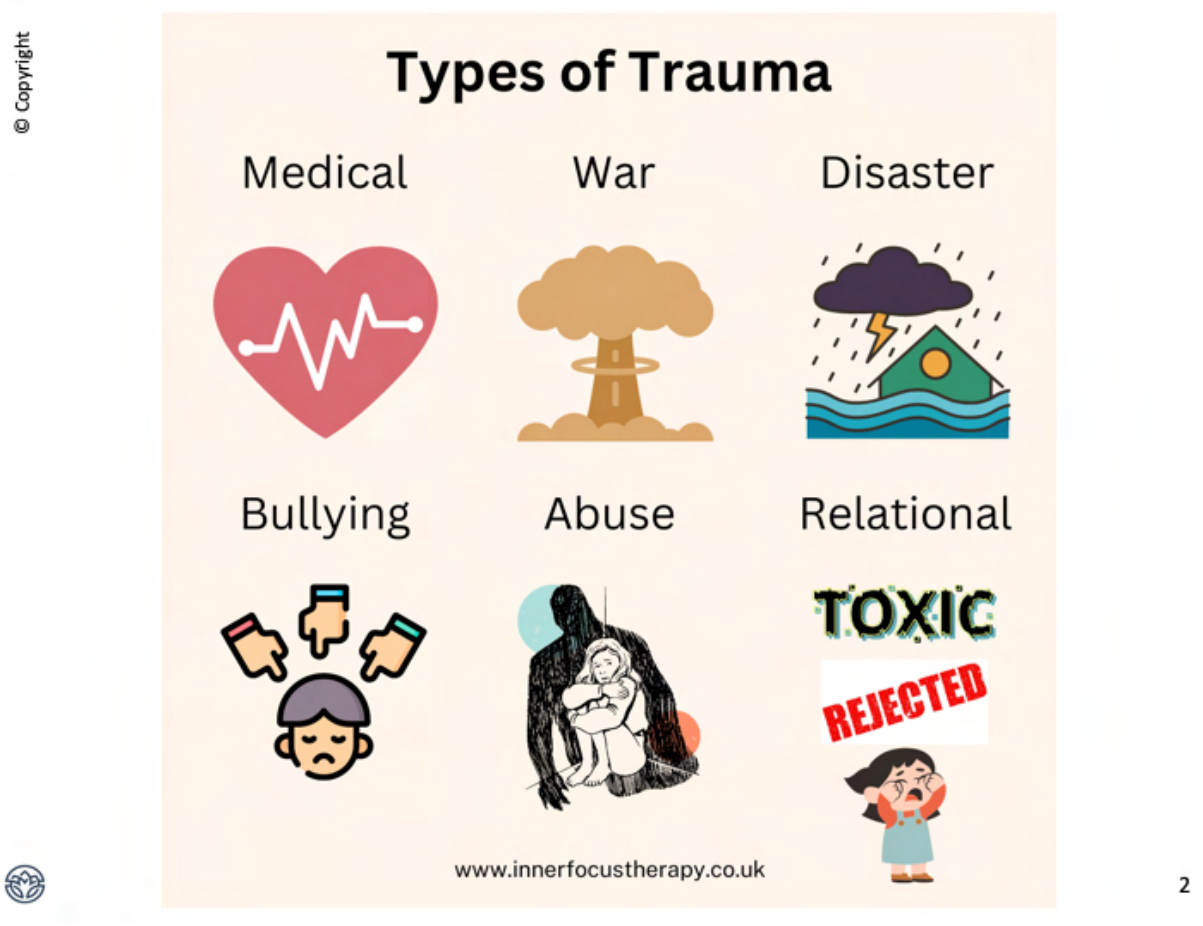
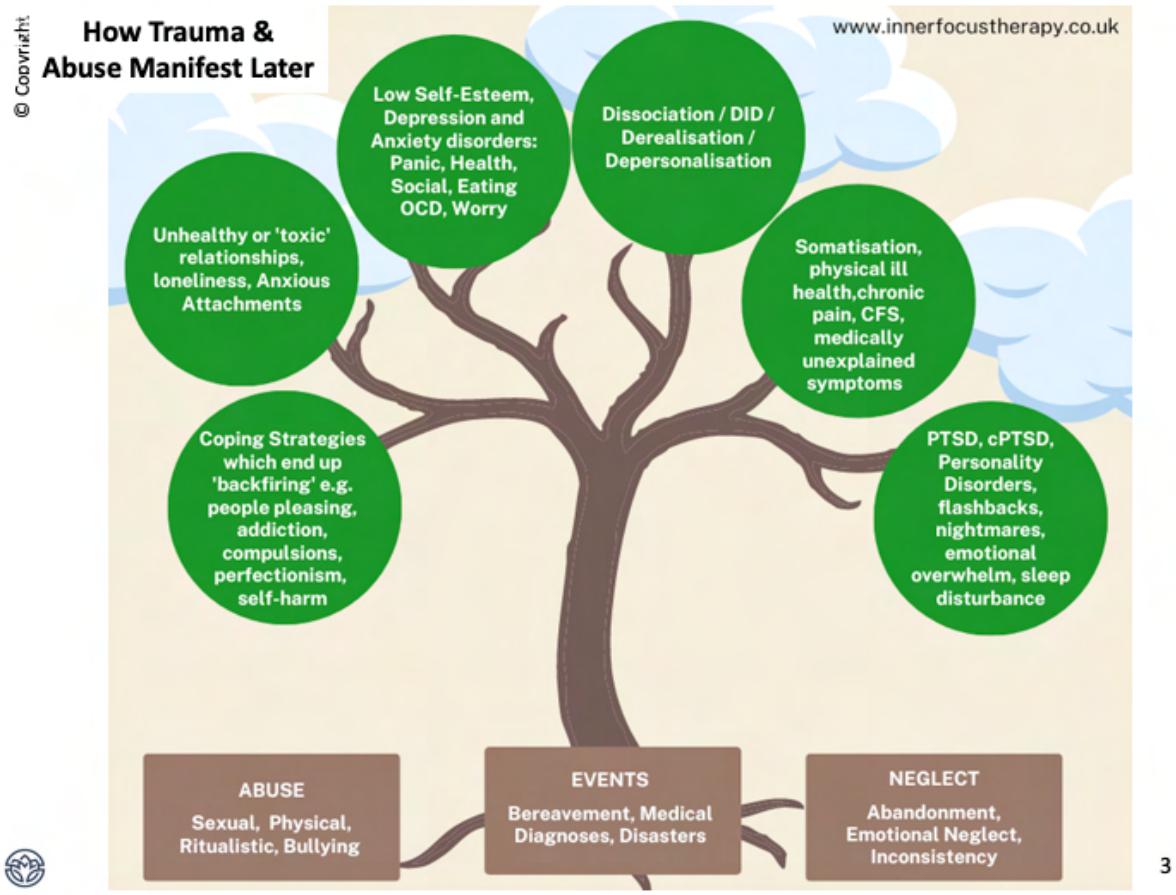
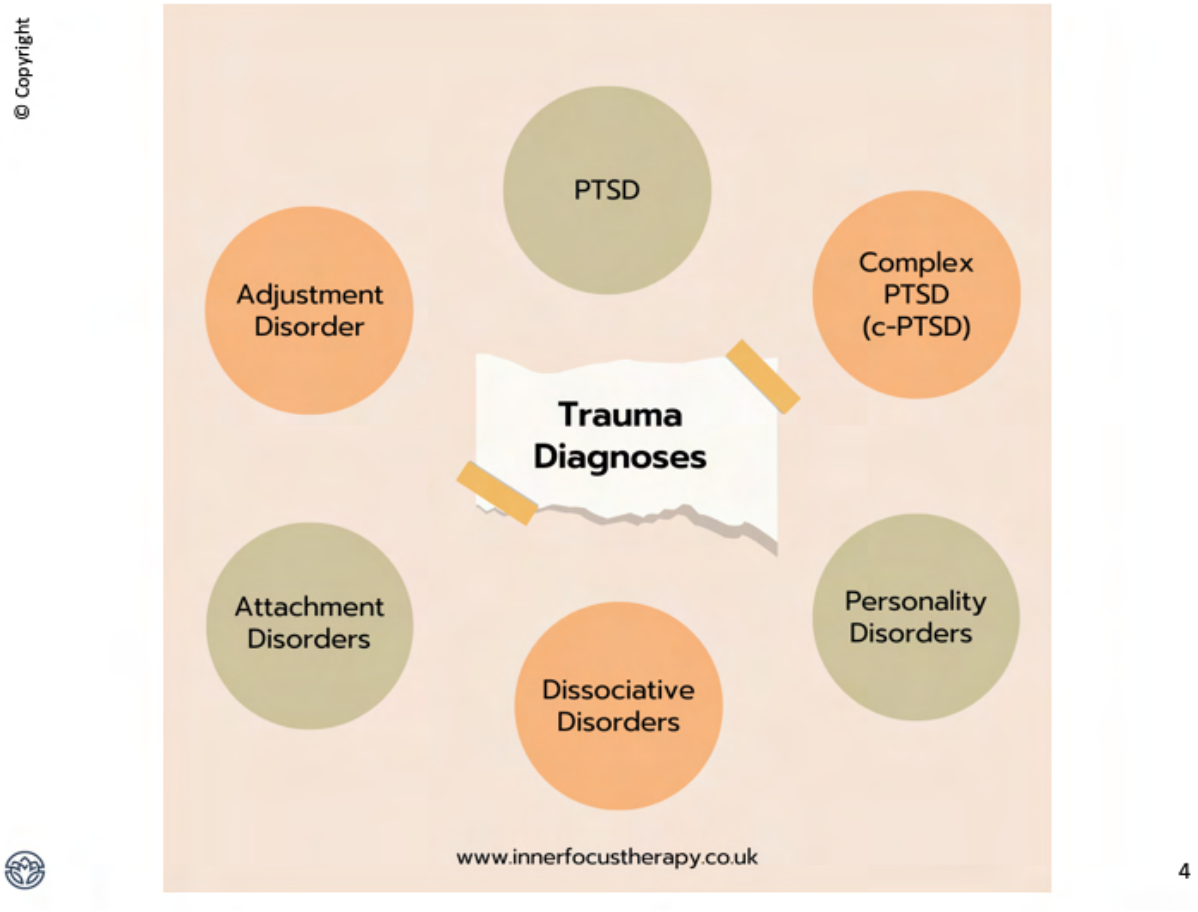



There are many types of trauma we can experience; some examples include war, medical or birth traumas, natural disasters, relational trauma / attachment trauma, abuse (neglect, sexual, physical, emotional, psychological, gas-lighting) and bullying. There are numerous other types of trauma, such as change, adjustments, transitions, loss and other times of adversity.




Experiences, left unprocessed or unrepaired, are the 'roots' of our symptoms and 'diagnoses' in later life. In order to fully understand and resolve our current symptoms we have to formulate and heal the roots from our past. Examples:

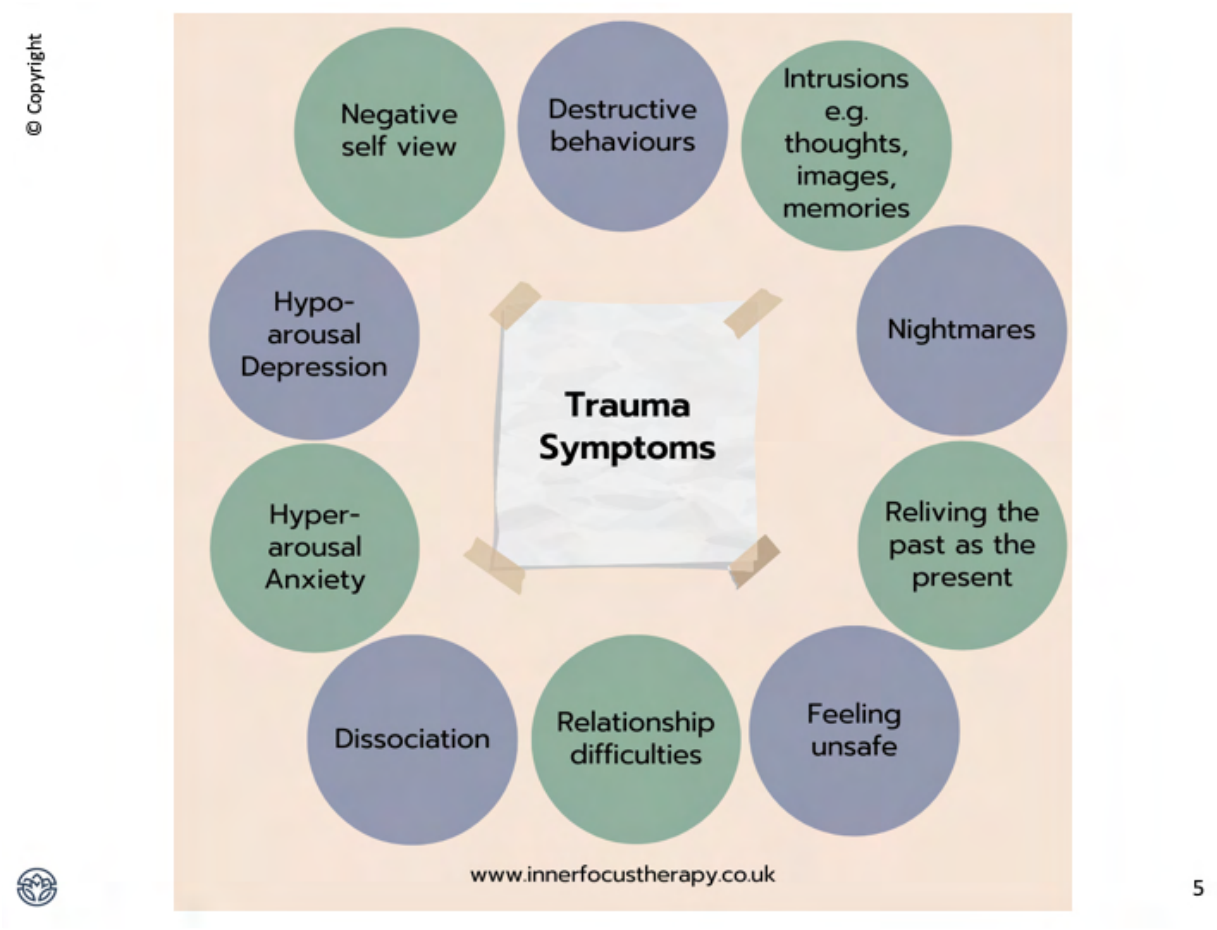
- We may learn to worry in an attempt to find certainty and avoid future problems.
- We may develop trauma diagnoses: PTSD, cPTSD or Personality Disorders.
- We may develop OCD or Eating Disorders, as our anxiety is misdirected from the uncontrollable danger we experienced.
- Low self-esteem develops as we tend to blame ourselves for bad things that happened in our childhood and we develop strategies to adapt to our environment that may be adaptive as a child but are detrimental to us later. E.g. trying to be perfect, be strong, be pleasing, self-medicate.
- We may develop relationships with people who are harmful to us, or have insecure anxious attachments, or we avoid relationships.
- We may become fearful of our somatic sensations in our body and may develop various anxiety disorders or panic disorder.
- We can get stuck in hypoarousal / dissociative disorders, which were adaptive at the time of abuse or trauma, but disrupt functioning now we're safe.
- Unprocessed trauma can be held in the body and lead to physical health conditions, e.g. chronic pain, Chronic Fatigue Syndrome, Non-Epileptic Seizures.




Various diagnoses related to traumatic experiences:

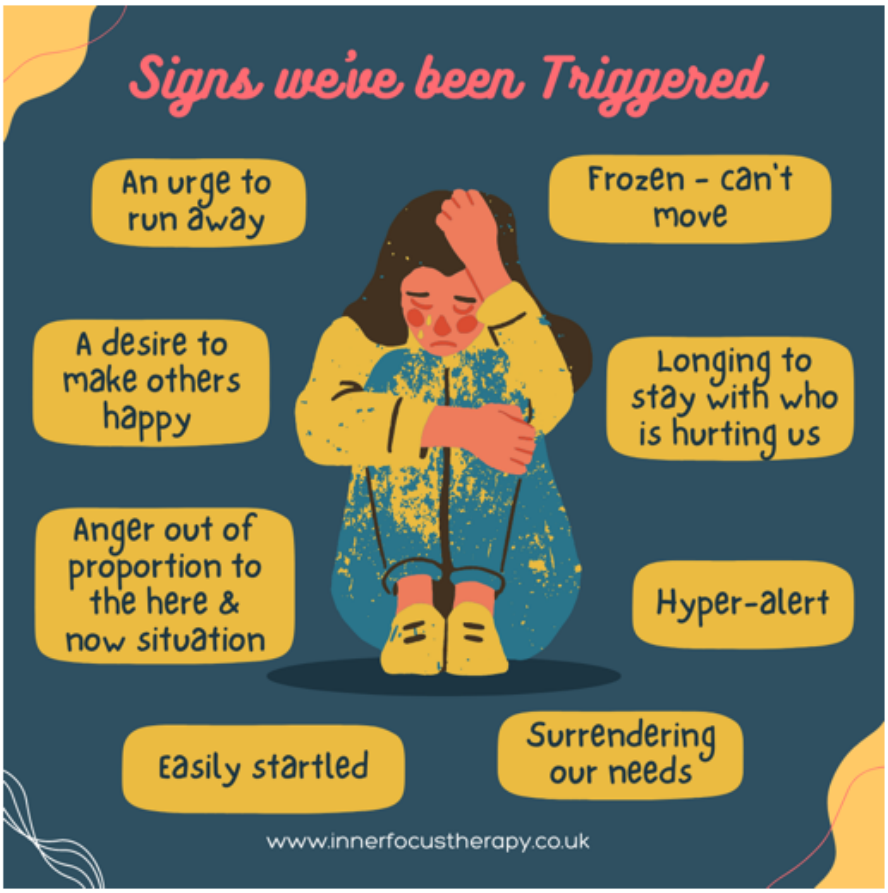
PTSD
Complex PTSD
Adjustment Disorders
Attachment Disorders
Dissociative Disorders
- Dissociative Identity Disorder
- Depersonalisation
- Derealisation

Personality Disorders:
- Paranoid personality disorder
- Schizoid personality disorder
- Antisocial personality disorder
- Emotionally unstable personality disorder (previously known as Borderline PD)
- Histrionic personality disorder
- Obsessive-compulsive personality disorder
- Anxious [avoidant] personality disorder
- Dependent personality disorder




Various symptoms of trauma:

Destructive behaviours include gambling, self-harm, suicide attempts, promiscuity, substance misuse etc.
Intrusions – thoughts, images or feelings from the past triggered in the present
Nightmares – either of the past or scary dreams
Reliving – flashbacks
Feeling unsafe despite there being no current danger or threat
Relationship difficulties – irritability, arguments, attachment, toxic relationships
Dissociation – a state of hypoarousal or freeze, depersonalisation or derealisation, also Dissociative Identity Disorder, fugue states, amnesia
Anxiety – a state of hyperarousal, fight or flight, panic, anger/rage
Depression – another state of hypoarousal, conserve / withdraw survival strategy
Negative self view – negative core beliefs, negative view of self towards others, compare and despair thinking, self-criticism

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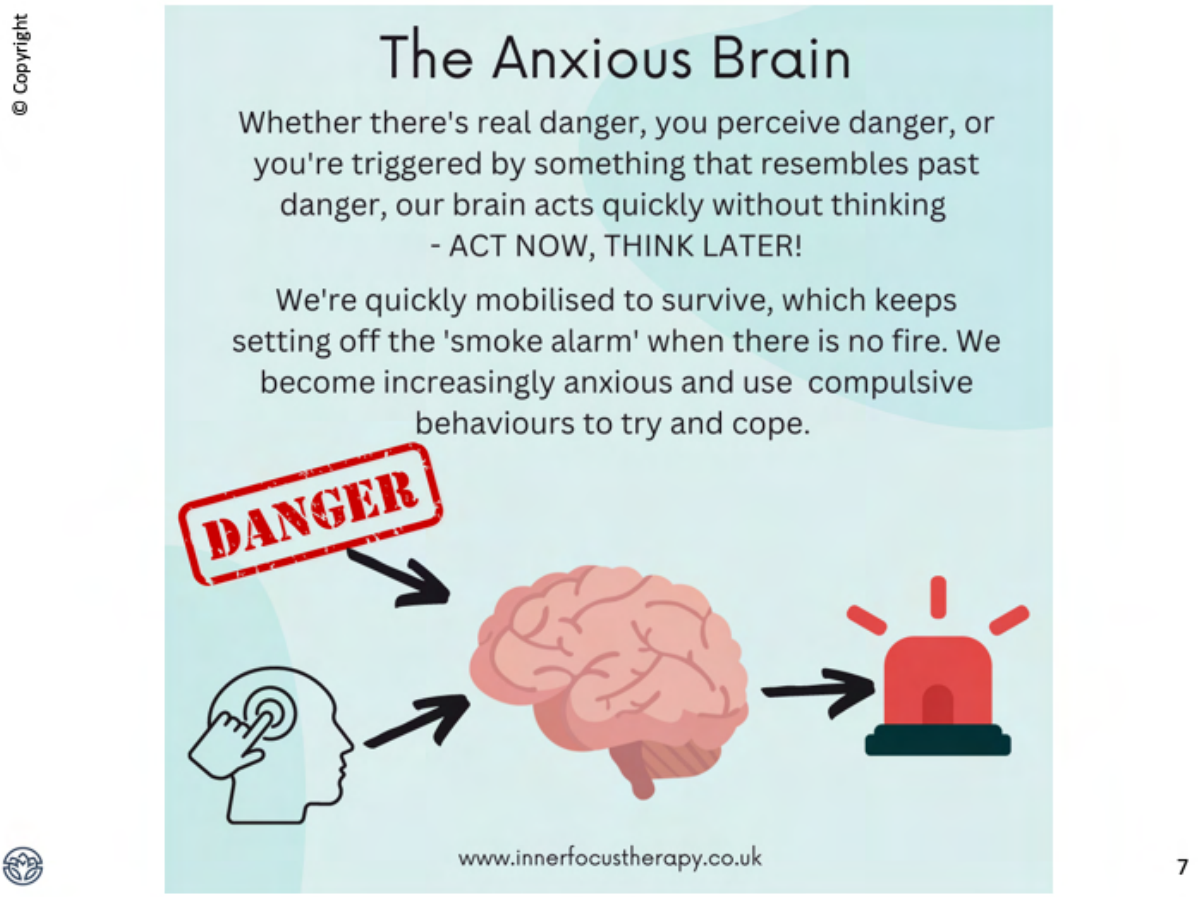
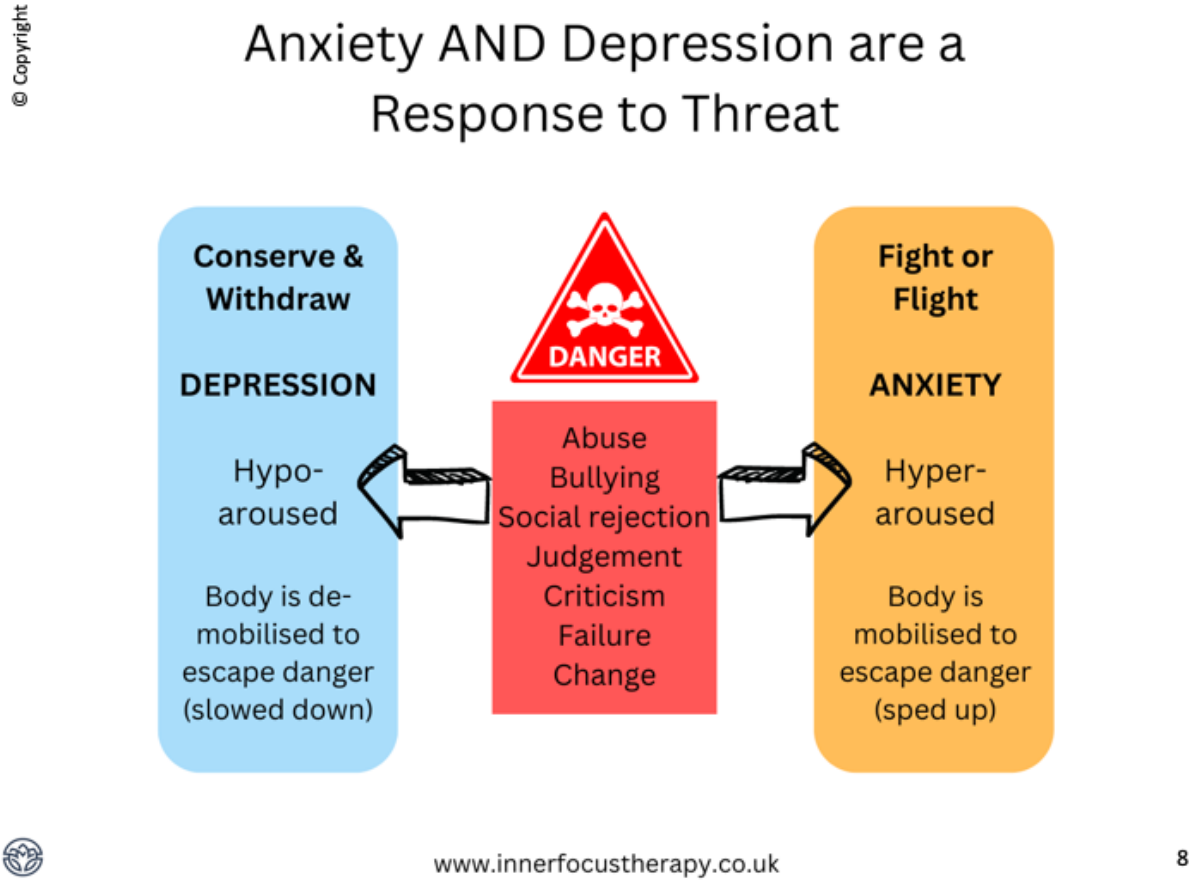
We can be triggered in the present due to a reminder from past trauma – this could be from something we see, hear, smell, sense, feel in the body, touch, taste

We might have a sudden urge to run away
We might freeze and we cannot move
We might stay in unhealthy relationships for a fear of being alone or not being able to cope, our self-esteem may be too low
We might become hyper-alert – noises become louder, smells stronger, lights brighter
We might put our needs second and care for others needs first
We might be easily startled and jumpy
We might feel rage or anger out of proportion to the situation
We might have a need to please others at our own detriment



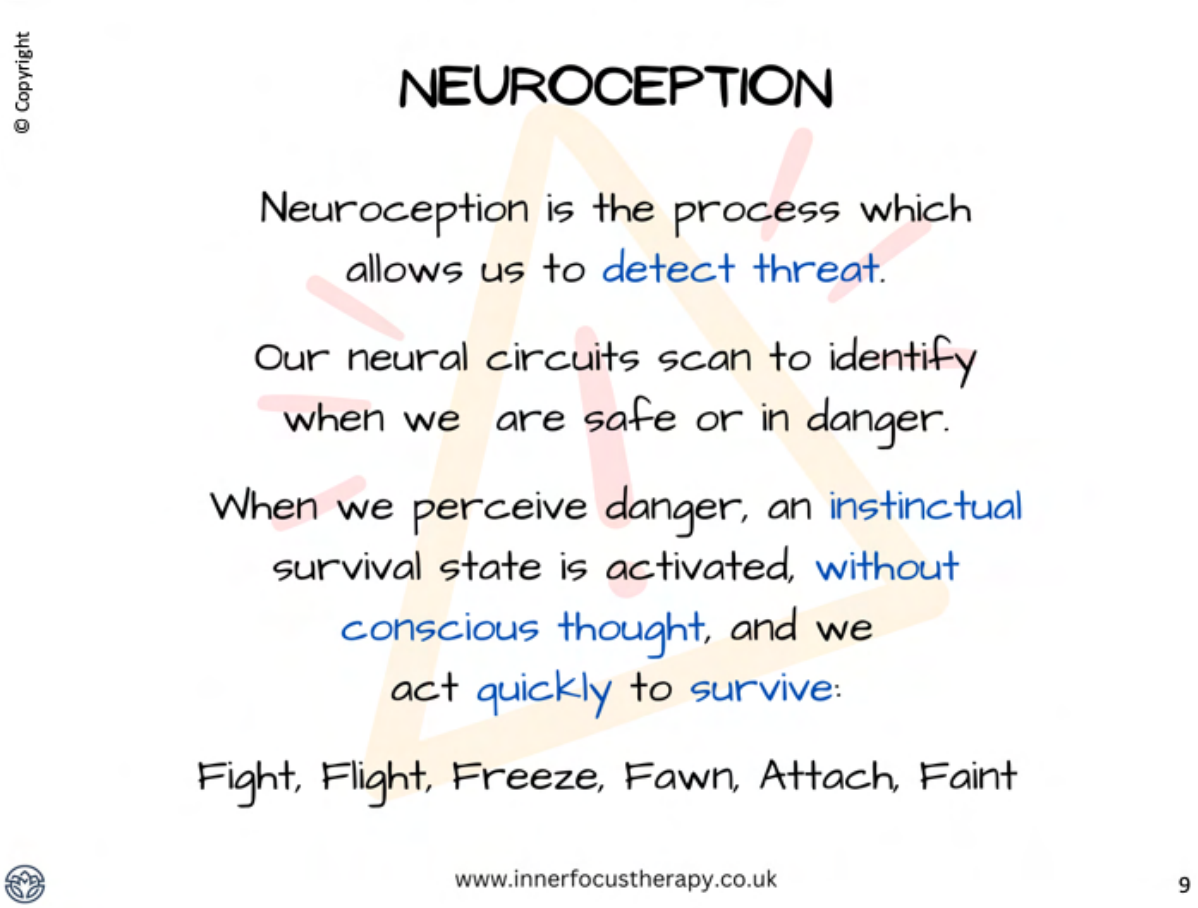

Our brain and bodies are wired for survival, therefore when we perceive or are in real current danger, our 'thinking brain' goes 'offline' and we act now, think later. When triggered, the same process happens and we try and manage this using similar compulsive urges to cope, such as, distraction, alcohol, drugs, spending etc etc.




Anxiety and depression are both responses to real or perceived threats. When we perceive a threat, we go into a state of fight, flight, freeze or fawn. Fight or flight (**hyper-arousal**), is typically what we understand as anxiety – our body speeds up in order to escape an immediate danger by running away or fighting. We may also go into a state of **hypo-arousal** to escape an immediate danger; freeze, dissociate, or faint / 'playing dead'.

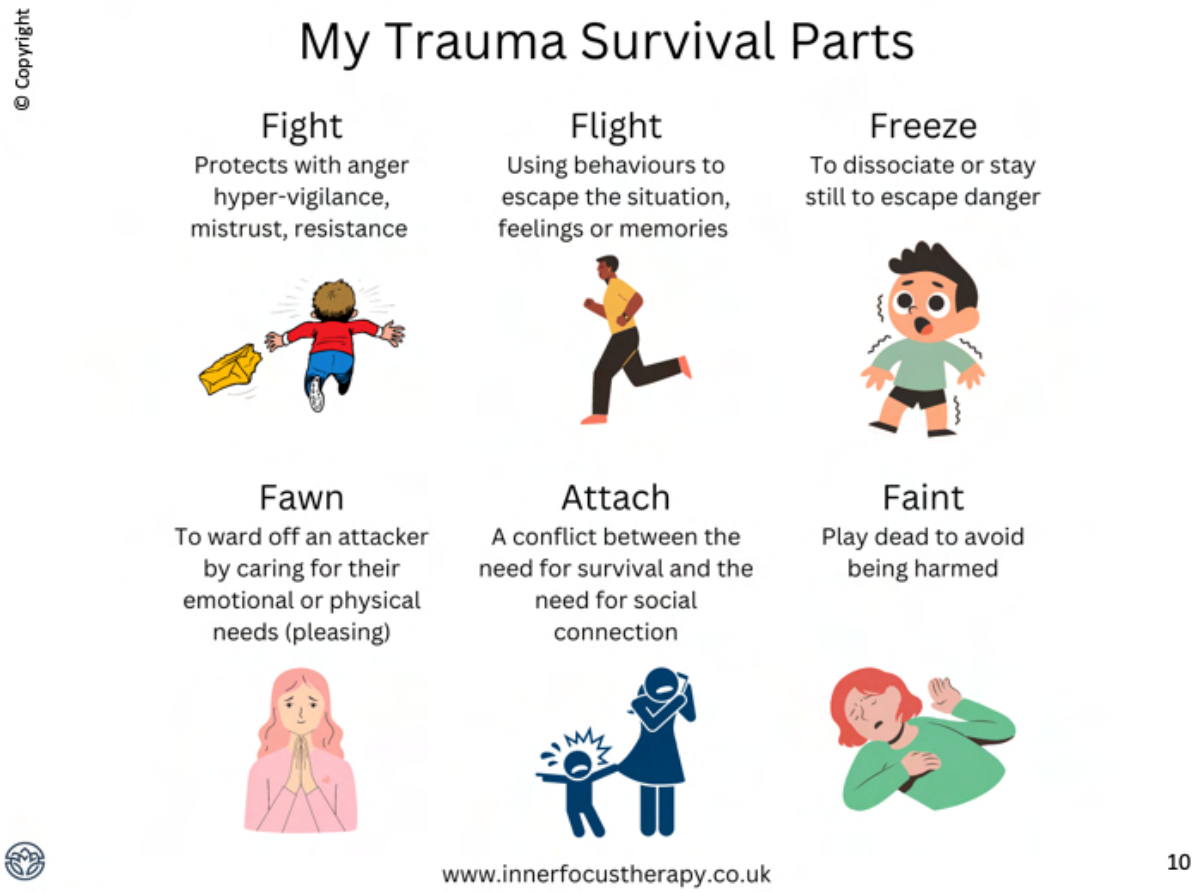
In evolutionary terms, another major stress humans encountered were longer states of scarcity; not having enough to eat or drink. In order to survive this threat, the survival mechanism of **conserve and withdraw response** was necessary. This allowed our bodies to slow down and save energy, which somatically feels similar to depression now. Over the generations, these survival responses have been hardwired into the way humans react under threat.

A prolonged state of hypo-arousal is how depression manifests. When there is no immediate danger; it's in the past, or it is perceived, then our same survival mechanisms may still kick in. We effectively go into a state of 'hibernation' – we withdraw, become lethargic, tired, can't think and can't concentrate, we have little interest in doing things, have low motivation – we freeze in life!

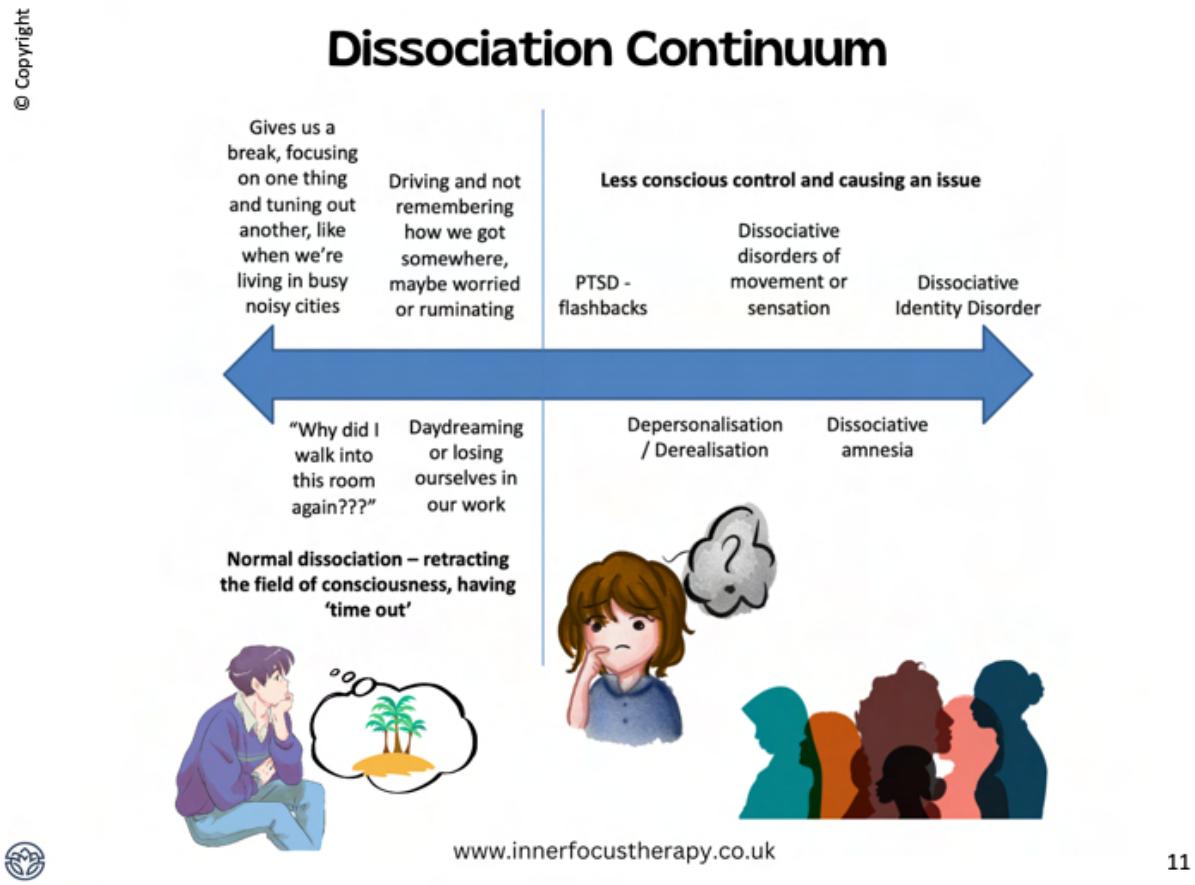



Neuroception is a process developed as part of Polyvagal Theory by Stephen Porges. It describes the mechanism by which we survive danger. Our bodies and brain are constantly scanning our environment for signs of danger, in order to protect us from harm. This is unconscious, incredibly quick and done without conscious awareness. Enabling us to survive the situation instinctually. When we suffer a traumatic event, we often blame ourselves for not acting differently with the benefit of hindsight, but we discount that we unconsciously made the best 'choice' at the time – maybe we couldn't run, couldn't fight back. We should not blame ourselves for doing what was automatically best at the time, when thinking about it at the time would have been too slow!

After trauma, we start to link similarities in the present with those during the trauma e.g. colours, the way someone looks, time of day, time of year, a noise, a smell. And this triggers the same response when there is no danger. *The smoke alarm goes off when there is no fire.* Our own bodies trigger us too; a similar sensation or the anxiety itself; and as such, our neural circuits perceive this as a sign of danger and we get stuck in a cycle of being triggered and activated into states of hyper- or hypo-arousal.



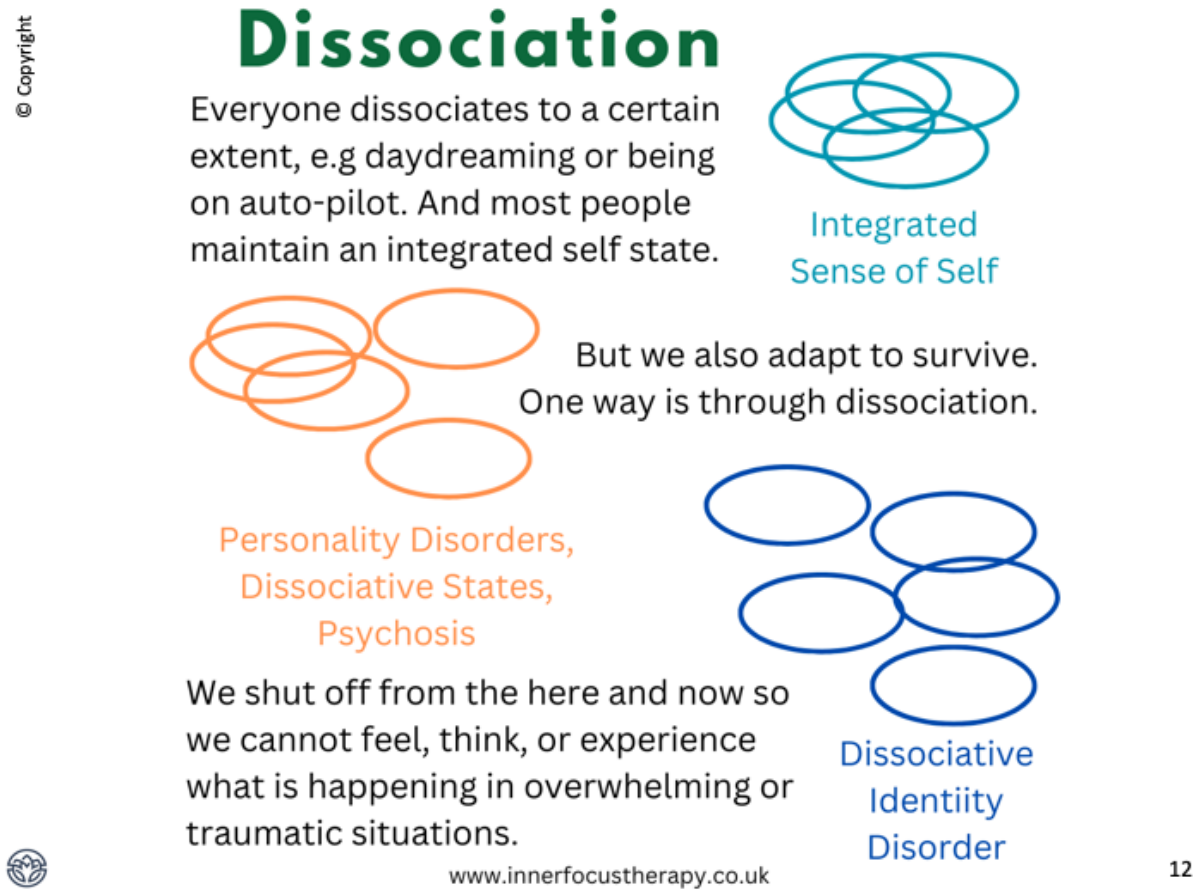

**Fight** – when it's the safest option to do so, we may fight off our attacker. When we're triggered we may feel angry or tense, become aggressive, damage property, mistrust of others or be defensive. It can also be turned inwards into self-harm or suicidality.
**Flight** – we escape / run / avoid. But when there is no real danger we end up staying away from things that are in reality safe. This pattern of avoidance makes our life smaller. We also avoid internally too and distance ourselves from the pain, emotions and memories we have – we might use addictive behaviours for temporary relief e.g. substances, obsessing, perfectionism, gambling.
**Freeze** – we dissociate from the present so pain and fear is lessened. When we're safe, but it *feels* dangerous, we stop living in the present and this can impact our functioning and relationships.
**Fawn** – we please the other person to try and reduce the risk of harm / rejection. But later on we may be still trying to please everyone in our life; not saying "No", we put other's needs before our own, becoming exhausted, miserable, helpless and understandably (yet undeservedly) ashamed.
**Attach** – we attach to the abusers via 'trauma bonds', we depend on them for our safety even when they're hurting us.
**Faint** – freeze response when we 'play dead' to survive the threat; this happens more commonly with a phobia of blood.



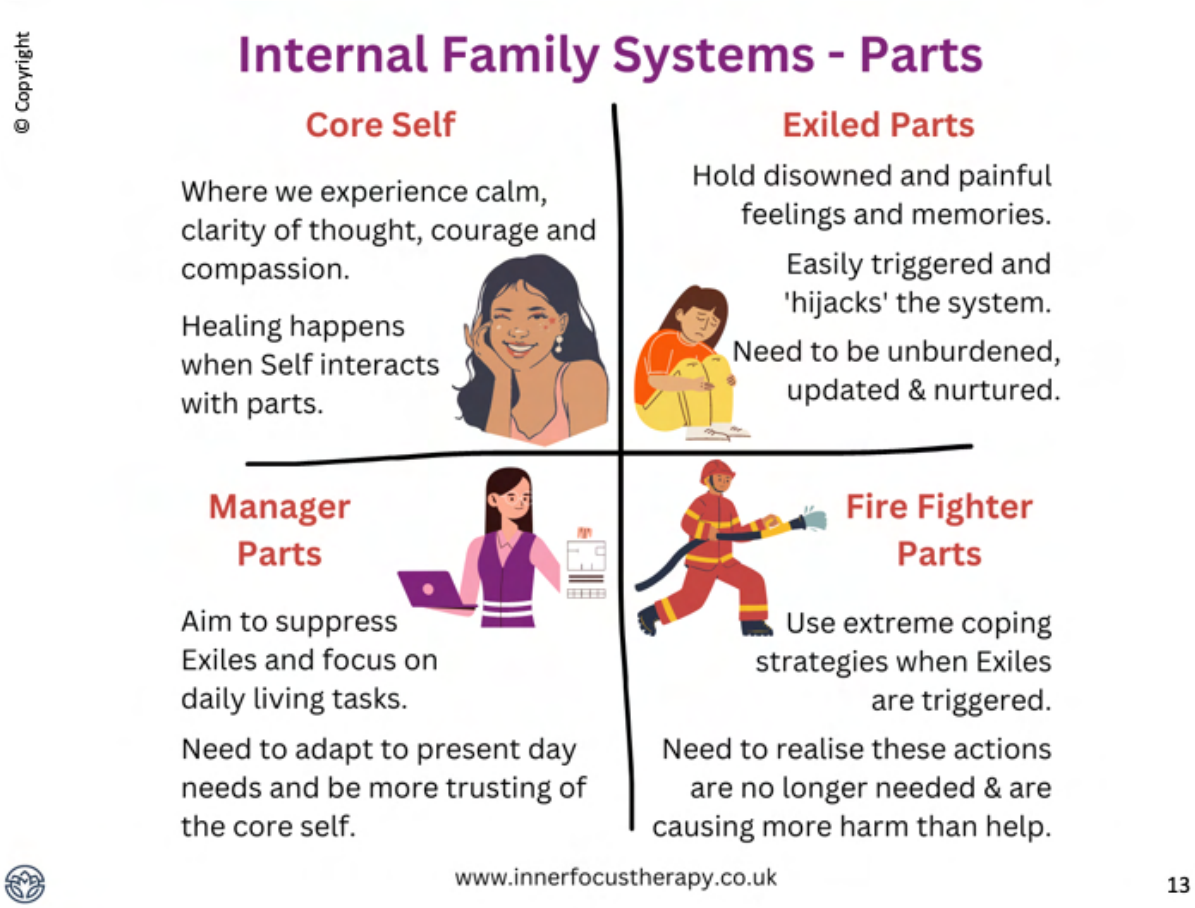

Hypoarousal is a survival strategy when we're faced with danger; it happens when our only automatic option is to freeze, play dead, go numb or disappear into our own minds, even to the level of developing multiple personalities to cope with ongoing early abuse. Everyone dissociates at some level from time to time; having time out or not being in the present moment, for example, daydreaming, not paying attention, worrying / ruminating and we're not attending to what's going on round us. This is normal and doesn't typically interfere with our functioning.

Dissociation can cause more of an impact on our day to day life when we have less conscious control over it and it causes distress or an impact on our functioning. This may be the case when we have:

- Flashbacks – feeling like we are reliving the past in the present
- Depersonalisation – having the feeling of being outside ourselves
- Derealisation – feeling the world around us is unreal or people and things around us seem "lifeless" or "foggy"
- Dissociative Disorders of Movement or Sensation
- Dissociative Amnesia
- Dissociative Identity Disorder

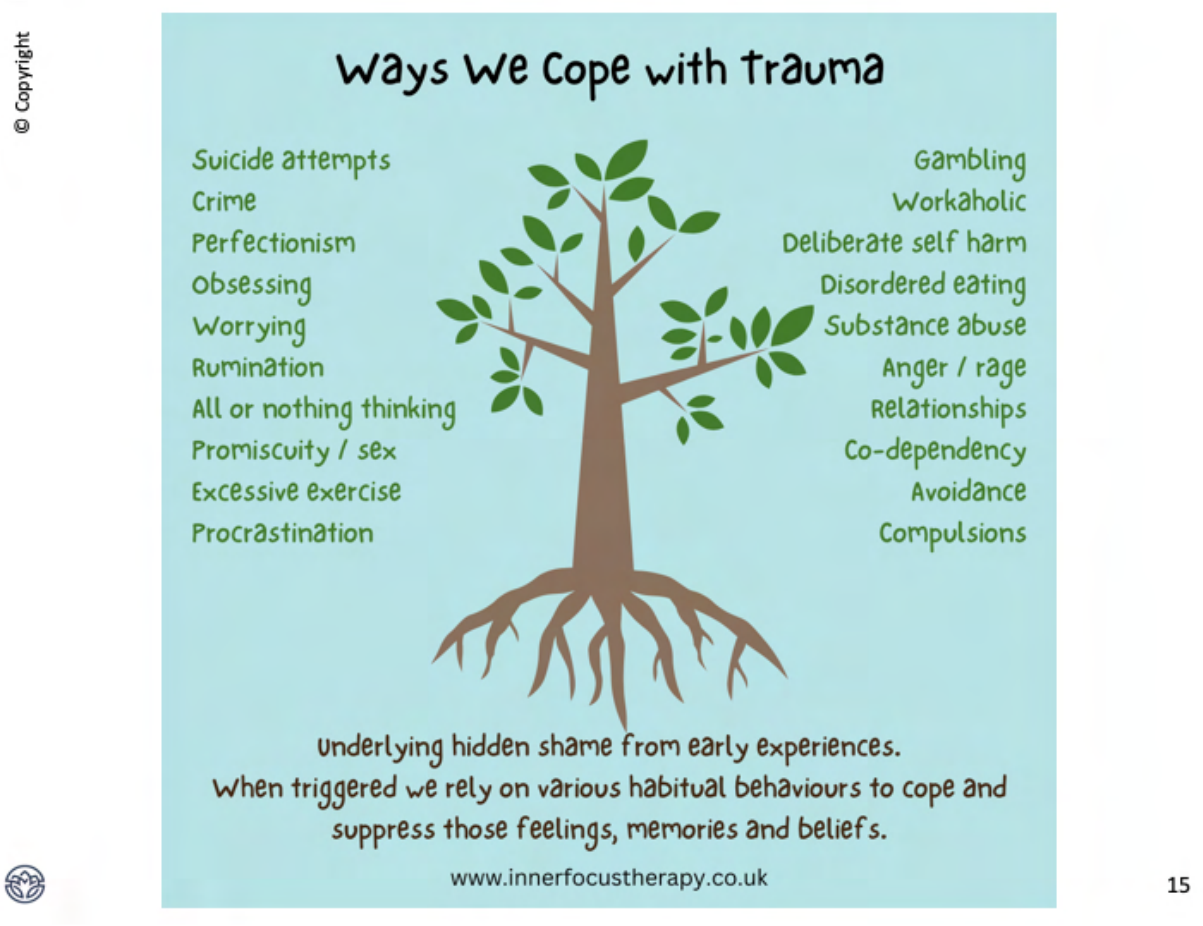



Dissociation is an adaptive state so we can shut off. It therefore makes sense that when we are overwhelmed or in times of trauma, that we rely on dissociation for our survival and in order to cope. Therefore our sense of self can become 'unstable' or dissociative, this can happen in personality disorders, depersonalisation and derealisation, fugue states, dissociative amnesia, PTSD, psychosis, and even more so in Dissociative Identity Disorder (DID) where our self is fragmented into multiple personalities.




Internal Family Systems (IFS) is a therapy which really helps explain how trauma and adversity has affected how we operate in the world. It helps us to understand that none of our survival strategies are 'bad' or trying to deliberately hurt us, quite the opposite, those parts of ourselves are there with the intention to keep us safe in the future and safe from 'bad memories, bad feelings, bad thoughts etc.' so that we can function.

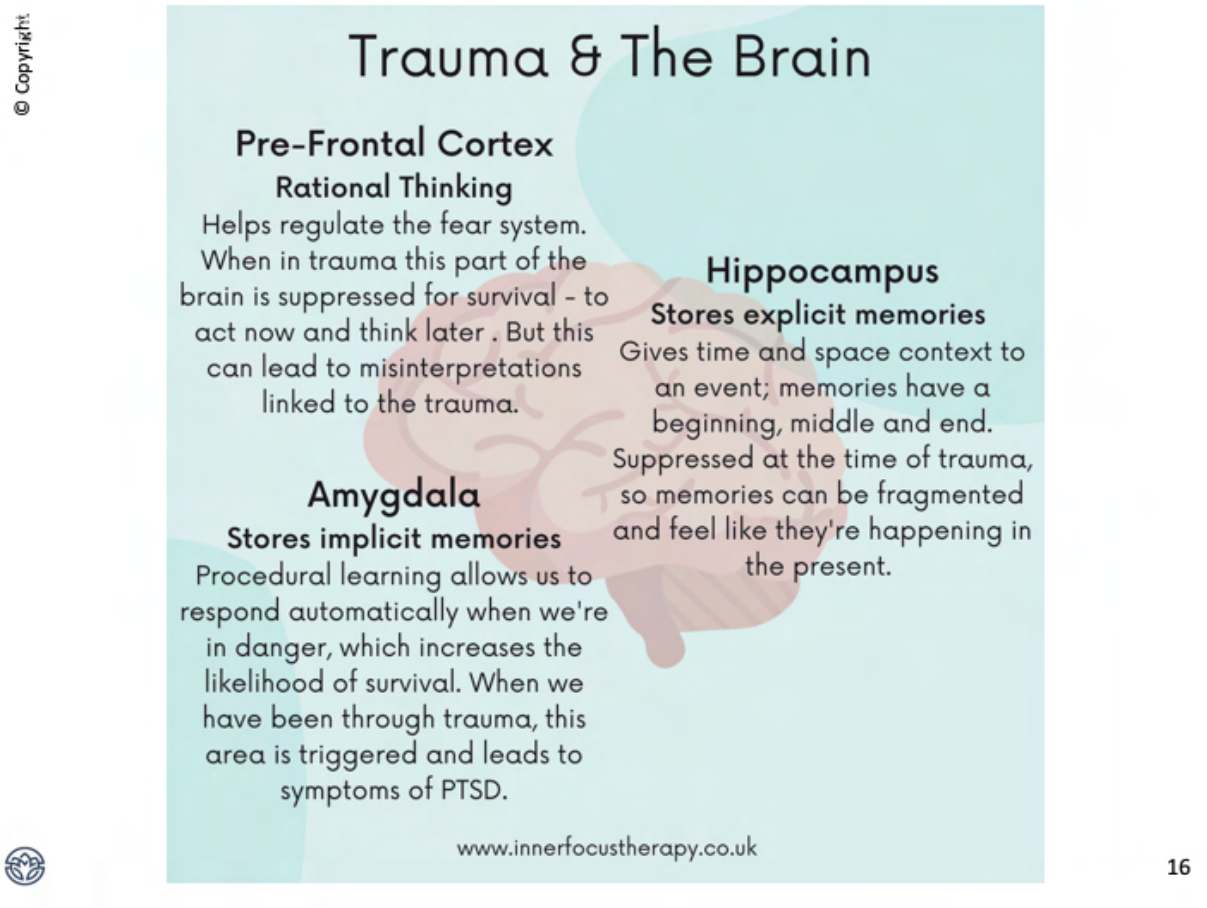

Our Core Self is our inner wisdom to step back and be more aware of the processes happening within us and to aid the healing process so that our 'Exiles' can be heard and process the trauma that we have hidden away. And for our Managers and Fire Fighters to realise that we are now safe, can cope with 'knowing' and feeling our past, as well as understand that their coping strategies, as well intended as they are, are causing us problems in the present. To be *thankful* to these parts of ourselves, rather than fearful or resentful to them.




In order to cope with ongoing trauma or past trauma we develop strategies to suppress the memories, beliefs, thoughts and emotions, the list is endless, but includes some of the above behaviours.

Some of these behaviours end up being destructive to us, but that is not their initial intention. Underneath every behaviour is a feeling, and under every feeling is a need. To heal, identify the feeling and associated unmet need and find ways to meet it in the here and now, that may be a need for connection, to feel worthy, to move our body etc.

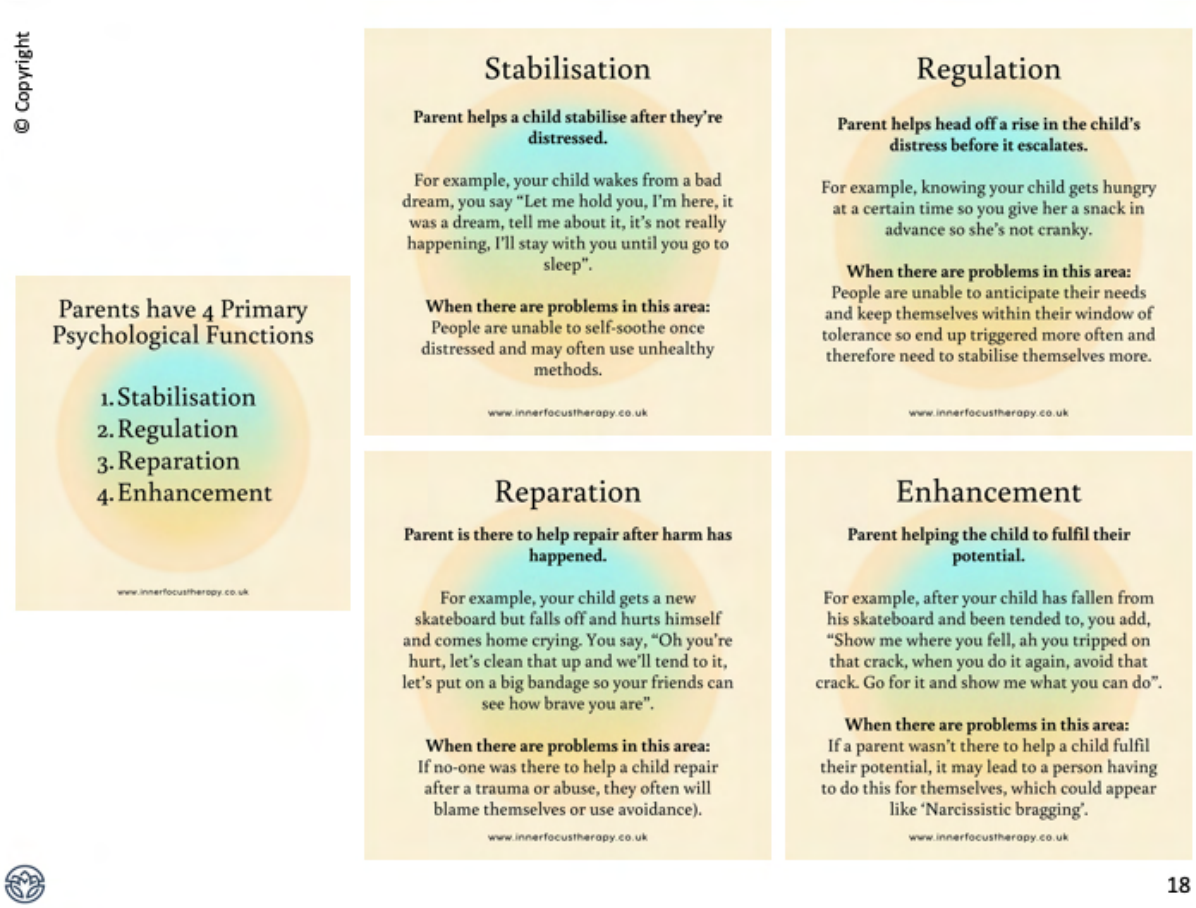
For example:
We might be trying to be perfect so we don't make a mistake, then we cannot be blamed and then shouted at.
We might use alcohol to numb the emotional pain or to help us sleep.
We might worry to try and predict the future so we avoid danger.
We might seek relationships or sex to feel connected.
We might be a 'workaholic' to distract us.
We might use compulsions or disordered eating to try and control what we feel we can.




Human brains are incredibly clever, we have flown rockets to the moon, invented the internet etc etc, but our brains are also incredibly illogical! For example, when we try and fall asleep we can't, if we try and stay awake, we can't keep our eyes open. When we don't want to think of something scary, we try and suppress it, but it makes us think of it more. Our brain and memory is affected by trauma. When we're in danger, we act from our 'Reptilian Brain' our earliest evolved part, it is automatic, instinctual in order to ensure we survive whatever danger is coming for us. There is no time to think, we'd be eaten by the bear already, so it's better to act now and think later.

During trauma, and when we're triggered and outside of our Window of Tolerance, our Pre-Frontal Cortex, our 'rational brain', goes 'offline', but this leads to poorer memory recall and misinterpretations. Our Hippocampus, which stores explicit memories, is also suppressed at the time of trauma, so memories can become fragmented and not logged as a past event, which makes us feel like we're still in danger. Our Limbic System, which includes our Amygdala and stores implicit and procedural memories, is online during trauma for our survival, but it is this area which leads to symptoms of trauma including hyper- and hypo-aroused states when we're triggered.

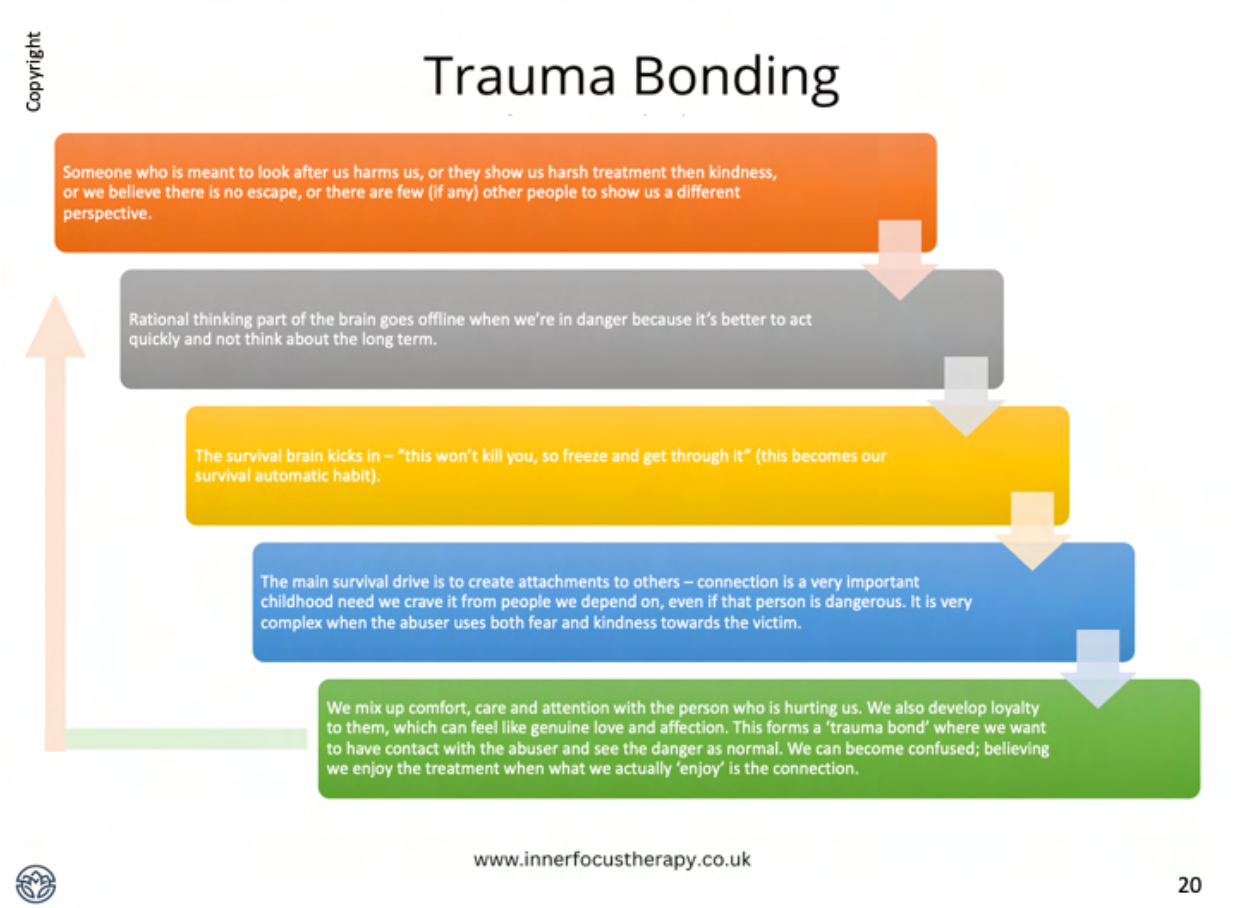

In the aftermath of trauma or adversity, it is crucial we are supported, believed, given compassion, misinterpretations are challenged and there is problem solving, this can help avoid later post traumatic stress reactions.




To foster a child's self esteem, emotional capacity and ability to emotionally regulate and cope, parents have 4 psychological functions:

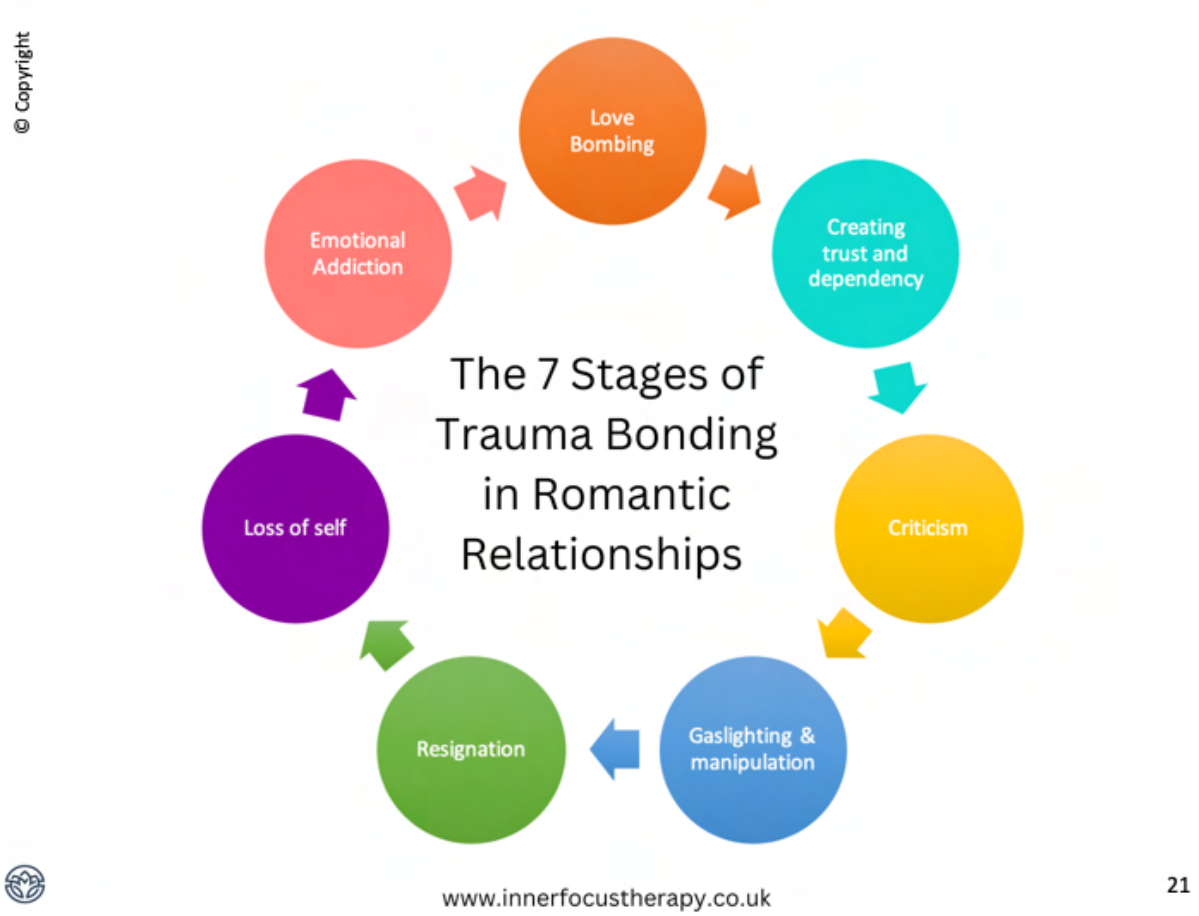
1. Stabilisation
2. Regulation
3. Reparation
4. Enhancement


In order to manage 'toxic', difficult or abusive families, children have an inbuilt strategy called The Moral Defence. It is vital for our survival in order to stay attached to those who are hurting us and who are responsible for our care. However, is also destructive as children then blame themselves for the abuse they have suffered which is absolutely not their fault. This can lead people to experience Negative Core Beliefs such as "I'm to blame", "I'm not good enough", "I'm unlovable", which impacts self-esteem and are often carried into adulthood, which affects functioning, mental health and future relationships.




When we're in a relationship with someone who we are dependent on for our care and survival but who is also hurting / abusing us, this is extremely confusing, especially when it happens in childhood. We can become confused within the relationship and bond with the abuser, our life may depend on it for our physical survival – for food, warmth, shelter, water etc etc. It keeps us in the relationship and makes it difficult to leave, even when, as an adult we are no longer so dependent on the abuser for our survival. We have confused abuse with care.

This won't only happen in childhood, we can also become very dependent on abusers as an adult. Most commonly known as 'Stockholm Syndrome' – feeling trust and affection for our 'kidnapper', abuser etc.




Stress levels are high during traumatic relationships and it is the trauma bond that soothes the pain and distress, whilst also increasing it. There are 7 stages of trauma bonding, however, they are not linear:

**Love Bombing** – being showered with adoration, compliments, gifts, time.

**Creating Trust and Dependency** – the abuser earns their partner's trust, for example, rushing into big commitments, or establishing caretaker-like role to gain dependency.

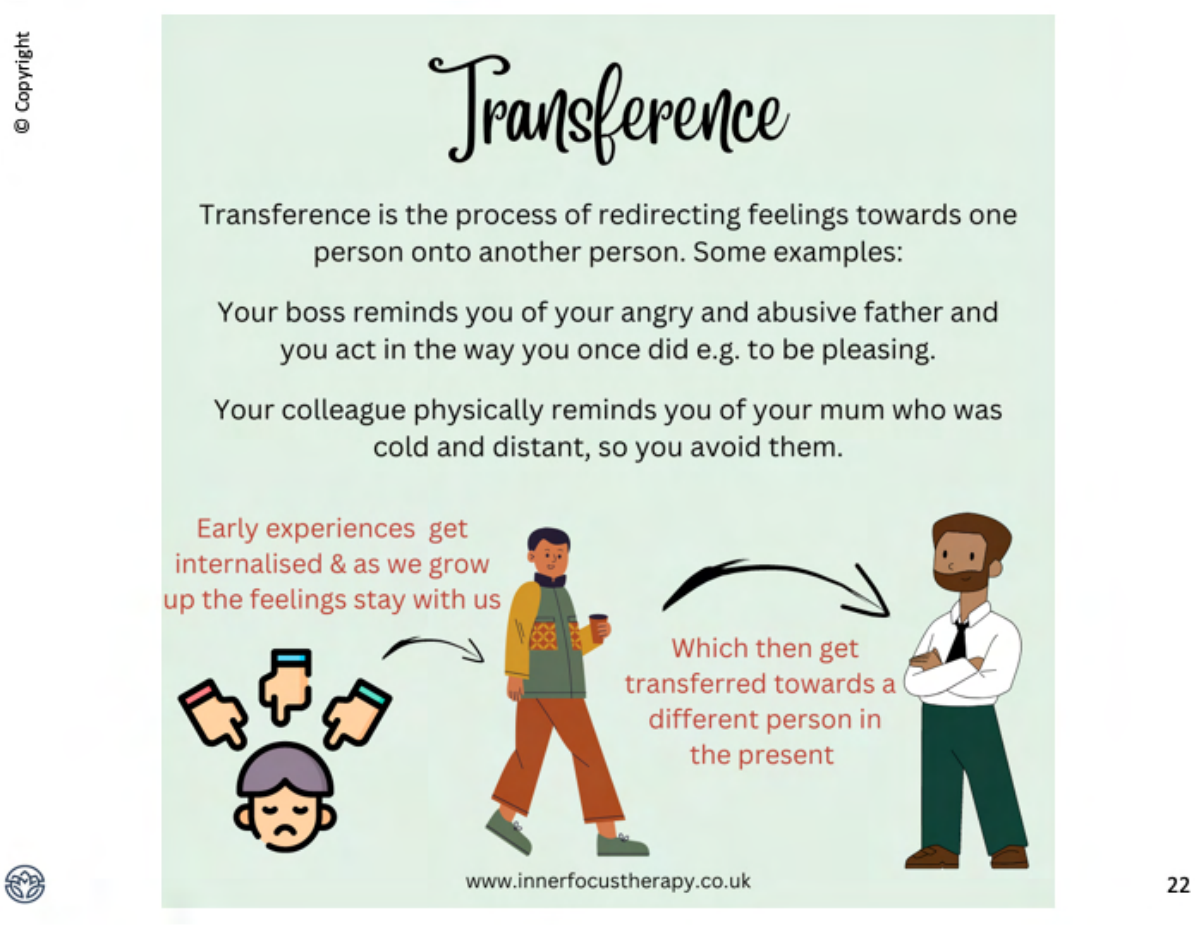
**Criticism** – the abuser starts to point out the person's flaws, is critical, blaming, hurtful, all followed quickly with apologies. This starts to erode self-esteem.

**Gaslighting and Manipulation** – the abuser denies the person's feelings and experiences, they cause someone to question their own sanity, memories, or perception of reality, making them feel 'crazy'. They will also bend the truth and twisting their words to manipulate the other person.

**Resignation** – the person realises it's terrible, but they may just give in or be pleasing to avoid any further blow ups or criticisms, it's extremely difficult to leave by this point, self-esteem is rock-bottom and the person may be dependent on the abuser.

**Loss of Self** – we can become isolated from friends and family, sacrifice our own needs and opinions to make the other person happy. Our self-esteem is shattered and therefore don't feel confident enough to leave.

**Emotional Addiction** – the abuser often apologises and make false promises of change and these short periods of happiness are enough to keep people addicted.




Transference is an unconscious process in which we are re-playing early experiences, usually early attachment relationships, in the present with other people and then reacting to that person as if they are the person from our past. This can be triggered in any relationship, passing a stranger on the street who resembles someone from our past, or a colleague, partner, friend, anyone. If we are reacting to someone new quite quickly with intense beliefs and feelings which are out of proportion to the current situation, we may be experiencing transference. Once we recognise this and bring it into our consciousness, we can unhook ourselves and react more in the here and now.


The feelings we have are not always our own – we can be projected upon within the Transference process, a parent who is insecure is more likely to project their insecurities onto their child which will have a negative effect on the child's sense of self and self-esteem.


Denial is part of the symptomology of trauma, accept it as a symptom and how it has always tried to protect you, rather than believing it as a fact. Society in general works against speaking out about trauma; it's too awful to acknowledge, especially child abuse, so people don't want to know. Defences then come into play - we are victim blamed, not believed, shamed, the 'false memory' defence is brought in, the abuse is done in secret so there are often no witnesses to back up our experiences and the abusers are often well regarded and thus automatically believed (someone 'normal' that we know and respected, is hard for people to accept as that means anyone can be dangerous, and that's a scary world).

Trust your gut! Our body remembers implicitly what happened and can be trusted no matter what fragmented, absent or cloudy explicit memories we may or may not have. We can also minimise the impact "It wasn't that bad" or "It's not as bad as other people have it" – again these belief systems are part of denial, but it doesn't make them fact either. Our intense hyper-aroused state (fight, flight, fawn) or hypo-aroused state (freeze, dissociate, faint) is a learned state to protect us from danger, that danger came from somewhere. We can feel it in our body, in the transference, in the mistrust we have towards people. Reach out to those who will believe you and support you – they are out there and it is in this which is truly healing.

## Sources

Disclaimer – I have been a therapist for many years and thus cannot reference where I have learned all theories and aspects that I have covered in this book, however, I have listed key texts and sites which have shaped my thinking.


- Carolyn Spring https://www.carolynspring.com
- Christiane Sanderson 2022 workshopn on Worth Nothing: Bullying, Scapegoating & The Attrition of Self-Esteem
- Dr Janina Fisher 2022 workshop on Stabilizing the Unstable: Working with Self-Destructive and Addictive Behaviors, Eating Disorders, and Suicidality
- Dr Janina Fisher 2022 workshop on Healing the Fragmented Self after Trauma
- Dr Janina Fisher 2022 workshop on Body-Oriented Therapy for PTSD & Complex Trauma
- Richard Erksine 2022 workshop on Remembering, Re-experiencing, Reliving: Applying Therapeutic Age Regression in Psychotherapy with Clients
- Dr Fiona Kennedy & Dr Helen Kennerley, Feb 2023, Focusing on the Self in CBT, CBT Today (Vol 51 No. 1)
- https://www.soberish.co/7-stages-of-trauma-bonding/
- Images and graphics – Canva www.canva.com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