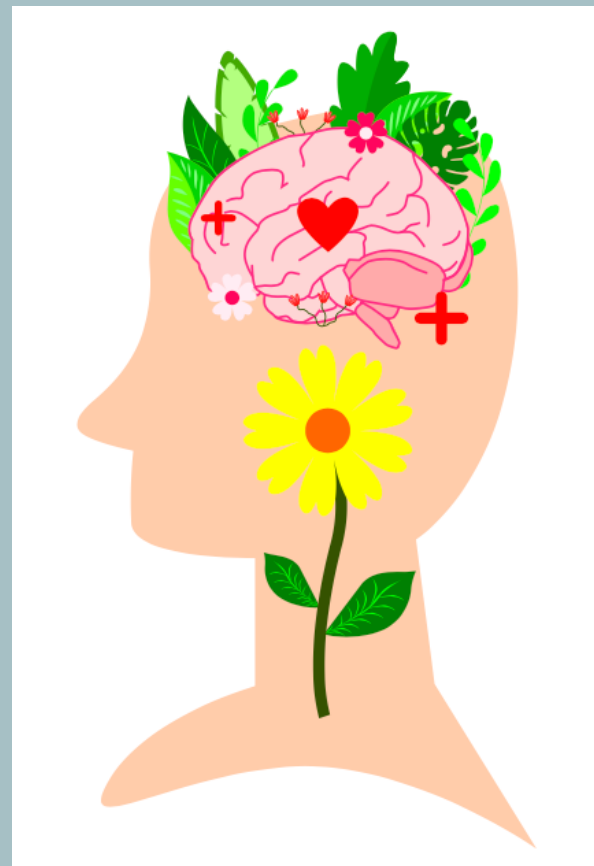


When Relationships Hurt

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

By Kathryn Spence
Psychotherapist
InnerFocus Therapy
www.innerfocustherapy.co.uk



Types of Trauma

Medical



War



Disaster



Bullying



Abuse



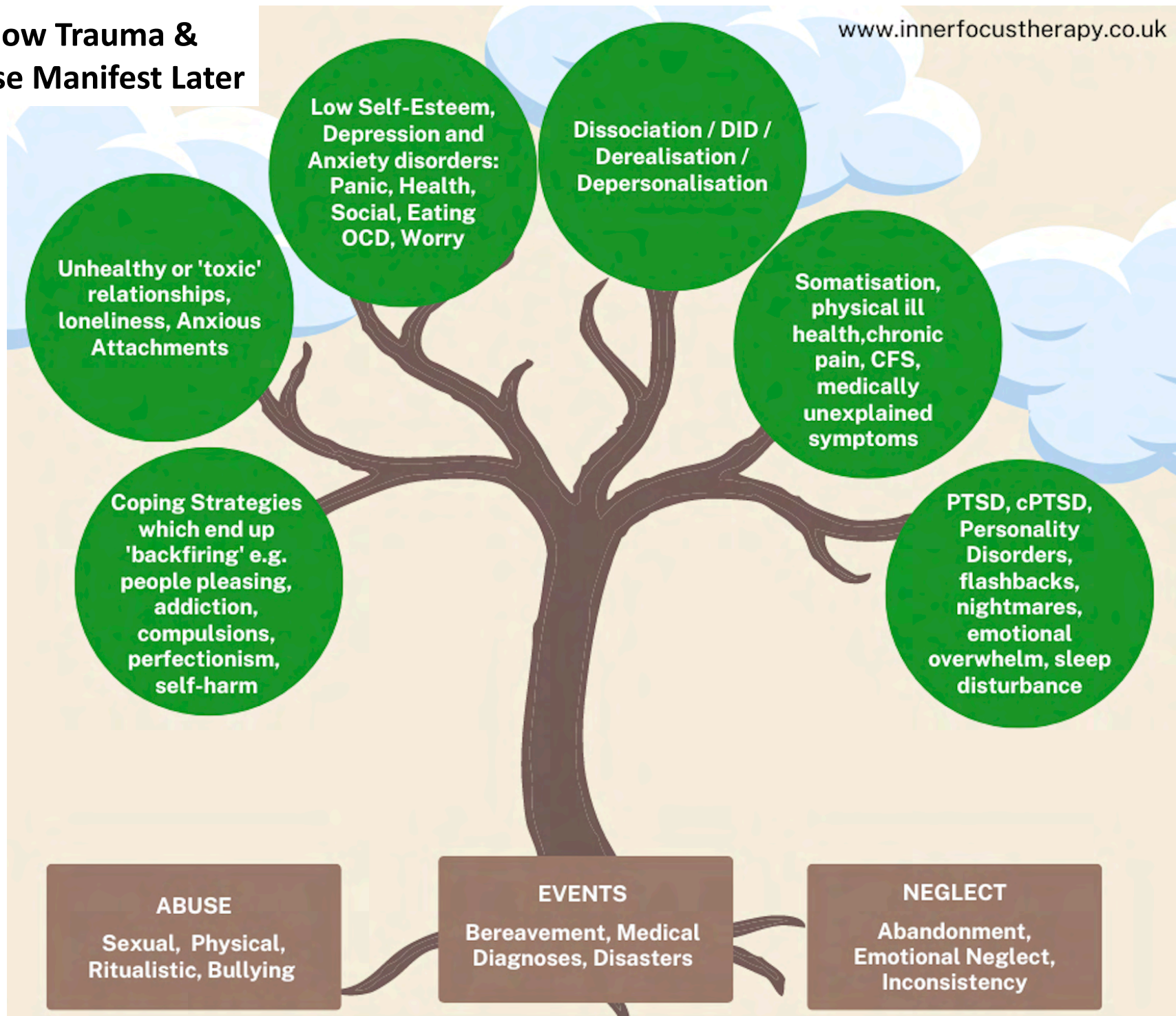
Relational

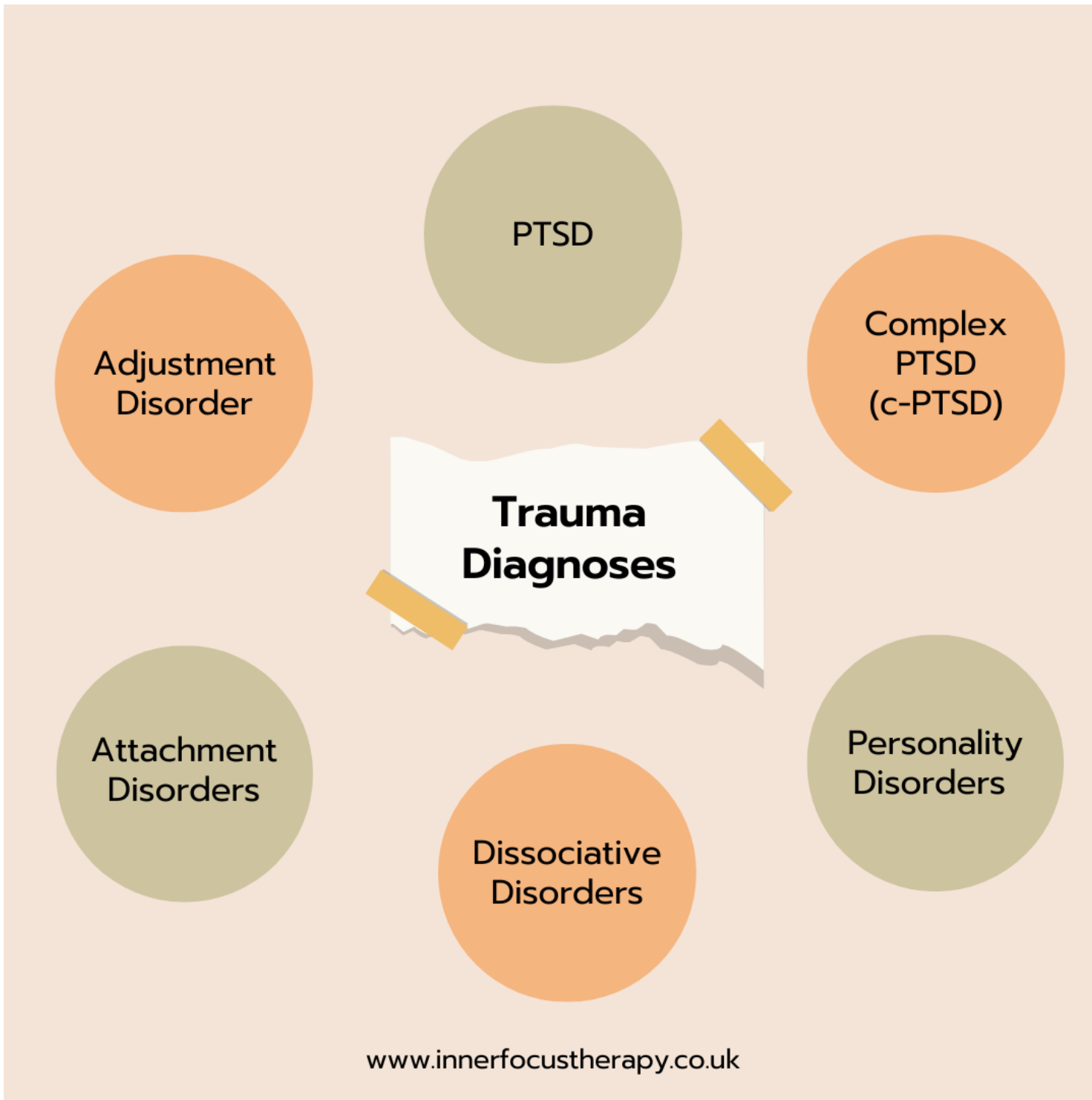
TOXIC

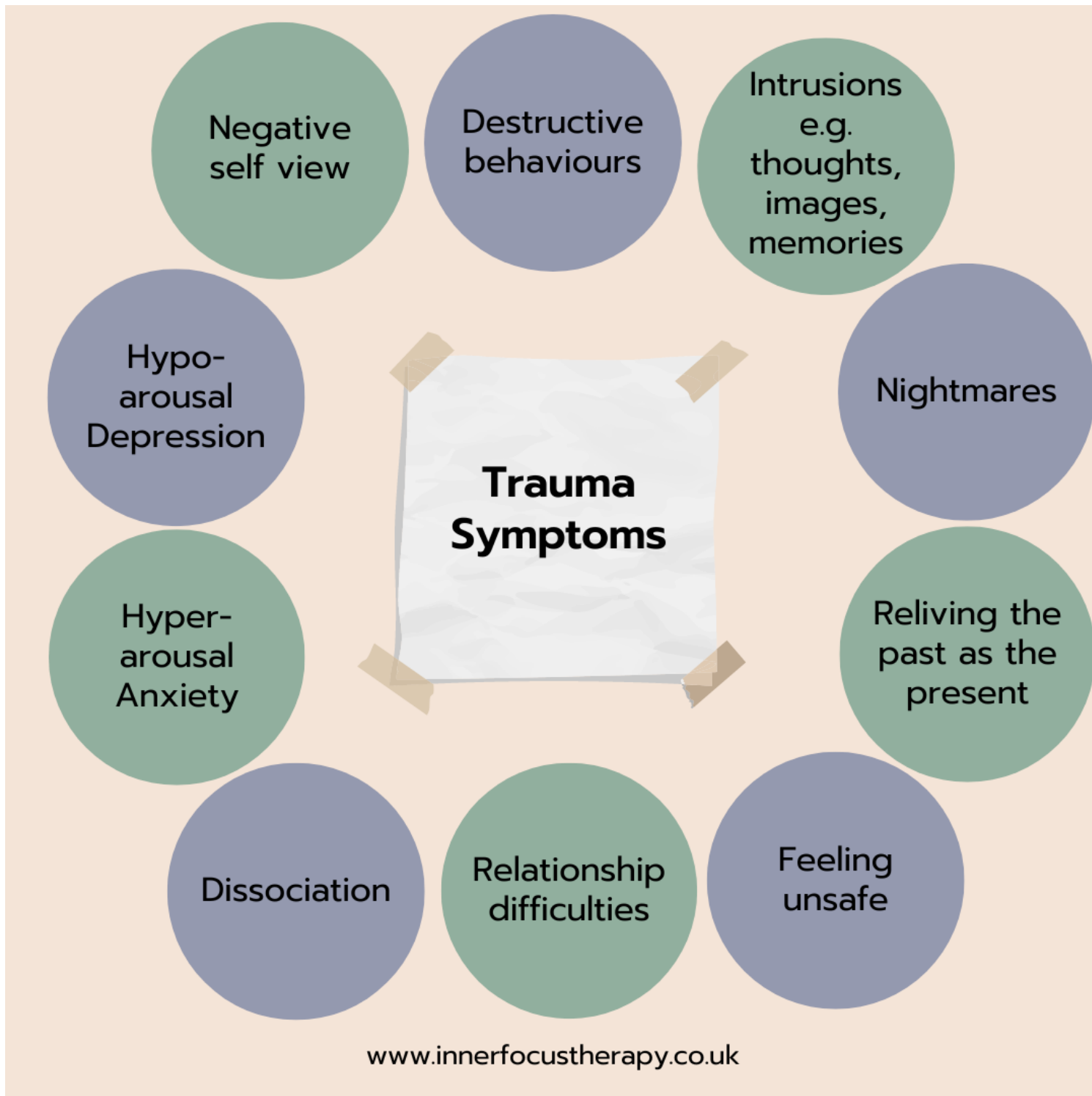
REJECTED



How Trauma & Abuse Manifest Later







Signs we've been Triggered

An urge to run away

Frozen - can't move

A desire to make others happy

Longing to stay with who is hurting us

Anger out of proportion to the here & now situation

Hyper-alert

Easily startled

Surrendering our needs

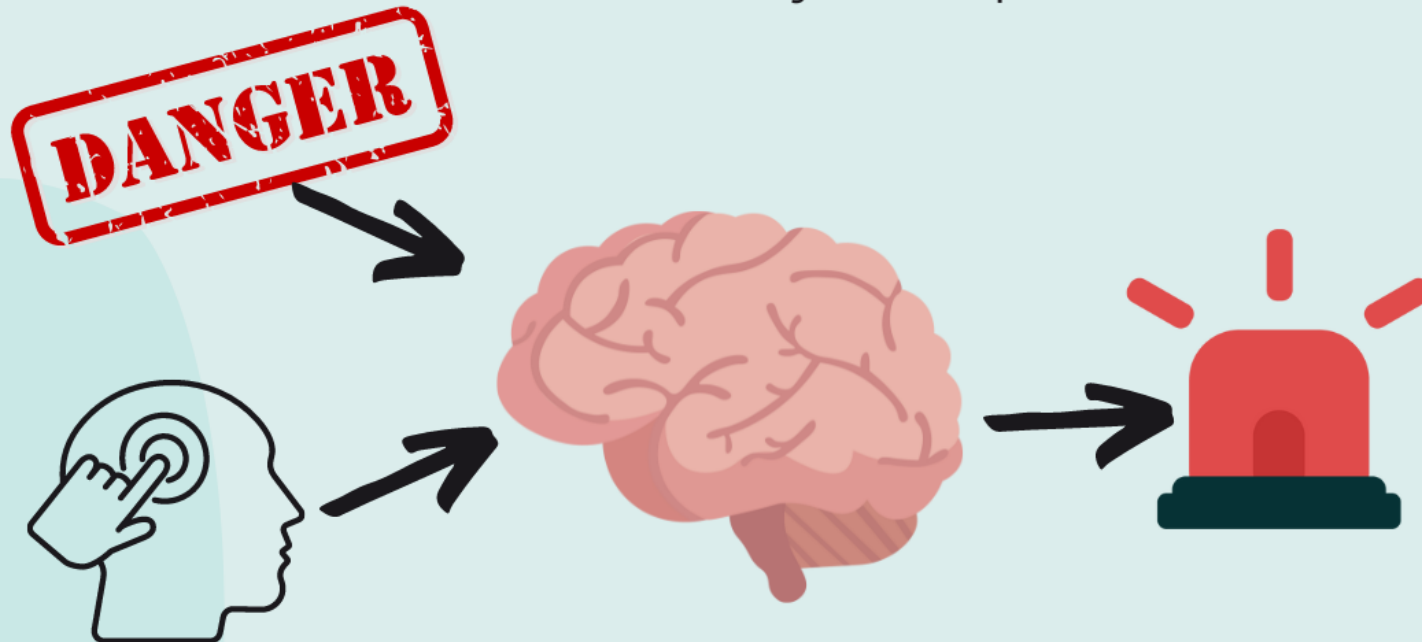
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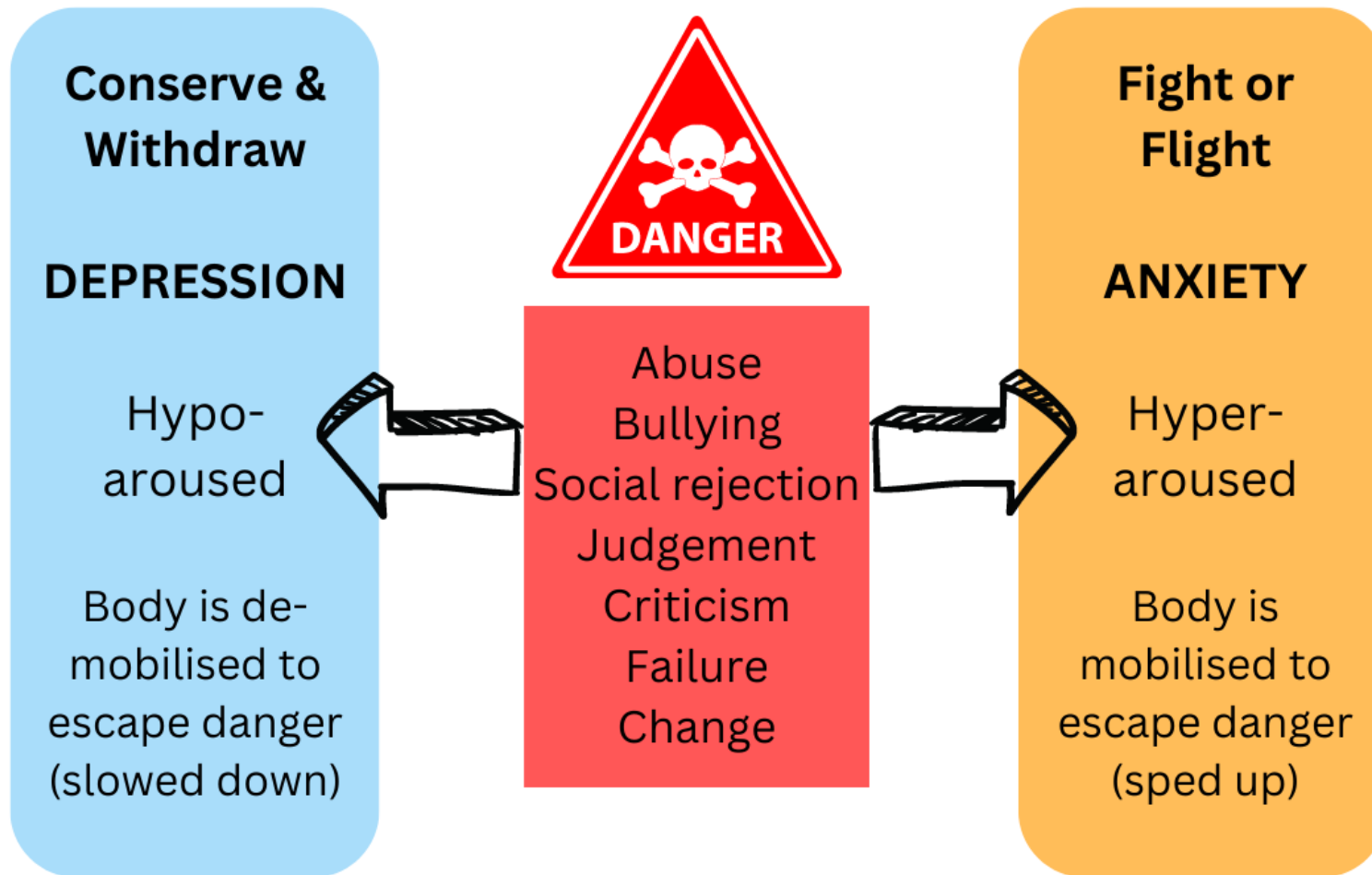
The Anxious Brain

Whether there's real danger, you perceive danger, or you're triggered by something that resembles past danger, our brain acts quickly without thinking
- ACT NOW, THINK LATER!

We're quickly mobilised to survive, which keeps setting off the 'smoke alarm' when there is no fire. We become increasingly anxious and use compulsive behaviours to try and cope.



Anxiety AND Depression are a Response to Threat



NEUROCEPTION

Neuroception is the process which allows us to **detect threat**.

Our neural circuits scan to identify when we are safe or in danger.

When we perceive danger, an **instinctual** survival state is activated, **without conscious thought**, and we **act quickly to survive**:

Fight, Flight, Freeze, Fawn, Attach, Faint



My Trauma Survival Parts

Fight

Protects with anger
hyper-vigilance,
mistrust, resistance



Flight

Using behaviours to
escape the situation,
feelings or memories



Freeze

To dissociate or stay
still to escape danger



Fawn

To ward off an attacker
by caring for their
emotional or physical
needs (pleasing)



Attach

A conflict between the
need for survival and the
need for social
connection

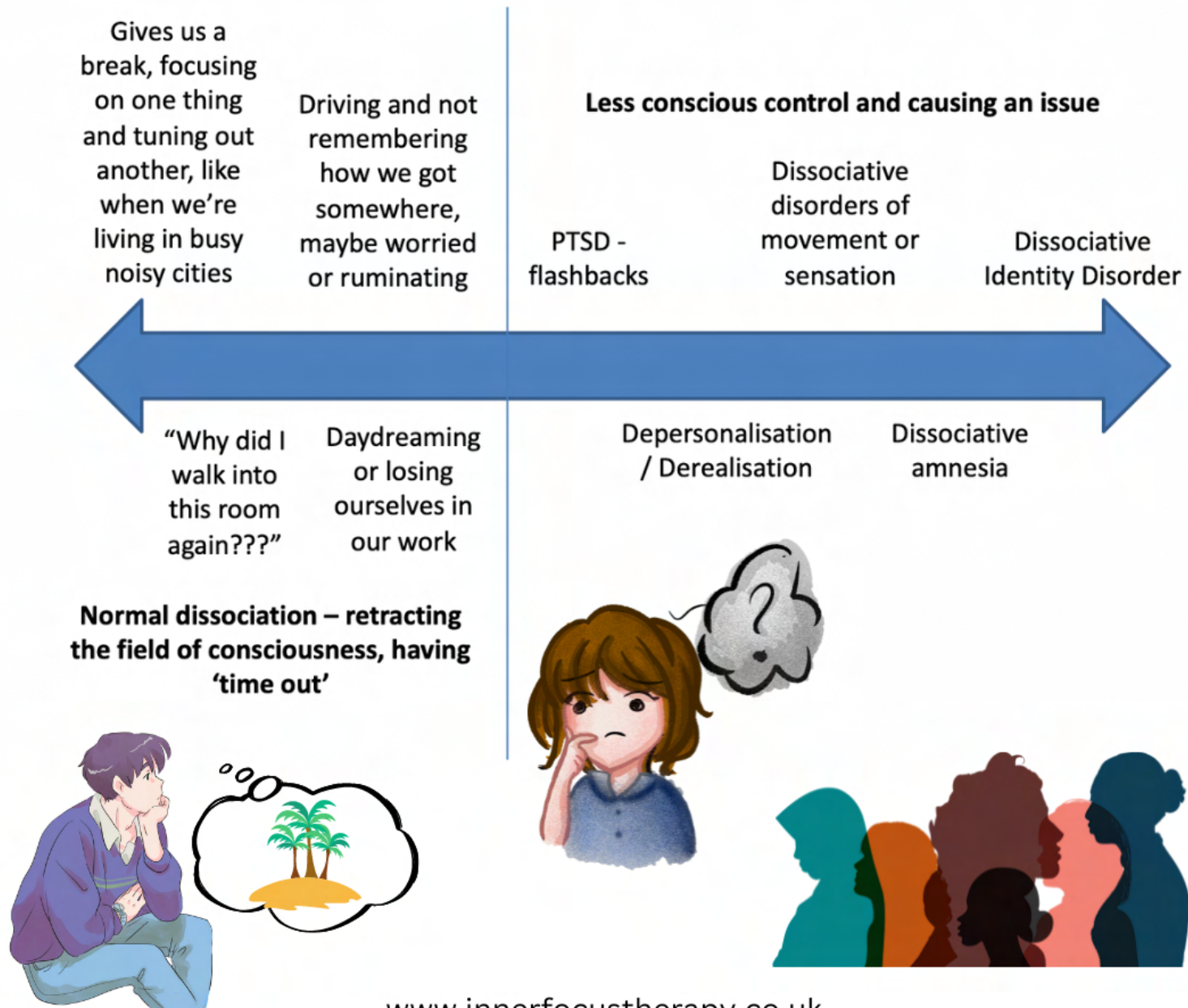


Faint

Play dead to avoid
being harmed

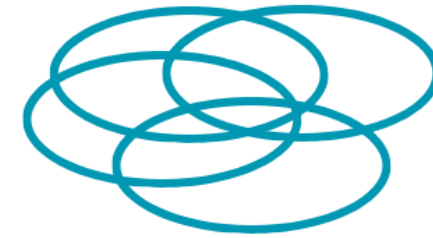


Dissociation Continuum

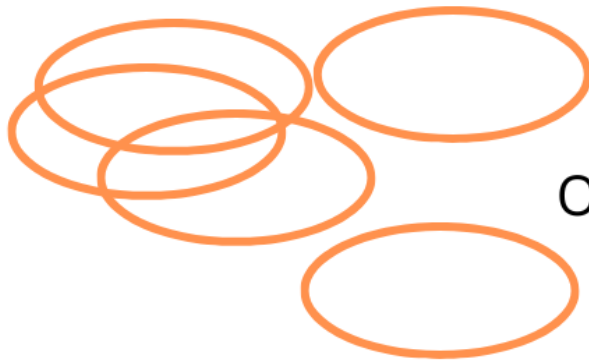


Dissociation

Everyone dissociates to a certain extent, e.g daydreaming or being on auto-pilot. And most people maintain an integrated self state.

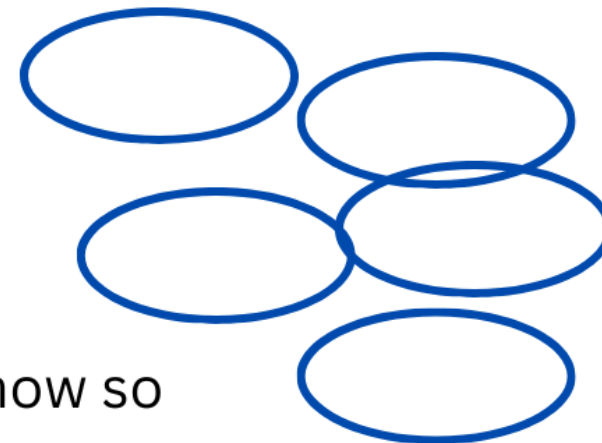


Integrated
Sense of Self



Personality Disorders,
Dissociative States,
Psychosis

But we also adapt to survive.
One way is through dissociation.



Dissociative
Identity
Disorder

We shut off from the here and now so we cannot feel, think, or experience what is happening in overwhelming or traumatic situations.



Internal Family Systems - Parts

Core Self

Where we experience calm, clarity of thought, courage and compassion.

Healing happens when Self interacts with parts.



Exiled Parts

Hold disowned and painful feelings and memories.

Easily triggered and 'hijacks' the system.

Need to be unburdened, updated & nurtured.



Manager Parts

Aim to suppress Exiles and focus on daily living tasks.

Need to adapt to present day needs and be more trusting of the core self.



Fire Fighter Parts

Use extreme coping strategies when Exiles are triggered.

Need to realise these actions are no longer needed & are causing more harm than help.



Internal Family Systems - Core Self

The Self demonstrates positive qualities of:

Compassion,
Curiosity, Clarity,
Creativity, Calm,
Confidence,
Courage and
Connectedness



Playfulness,
Patience,
Presence,
Perspective and
Persistence.

Healing happens when Self interacts with parts:



Ways We Cope with Trauma

Suicide attempts

Crime

Perfectionism

Obsessing

Worrying

Rumination

All or nothing thinking

Promiscuity / sex

Excessive exercise

Procrastination



Gambling

Workaholic

Deliberate self harm

Disordered eating

Substance abuse

Anger / rage

Relationships

Co-dependency

Avoidance

Compulsions

Underlying hidden shame from early experiences.

When triggered we rely on various habitual behaviours to cope and suppress those feelings, memories and beliefs.



Trauma & The Brain

Pre-Frontal Cortex

Rational Thinking

Helps regulate the fear system.
When in trauma this part of the brain is suppressed for survival - to act now and think later . But this can lead to misinterpretations linked to the trauma.

Amygdala

Stores implicit memories


Procedural learning allows us to respond automatically when we're in danger, which increases the likelihood of survival. When we have been through trauma, this area is triggered and leads to symptoms of PTSD.

Hippocampus

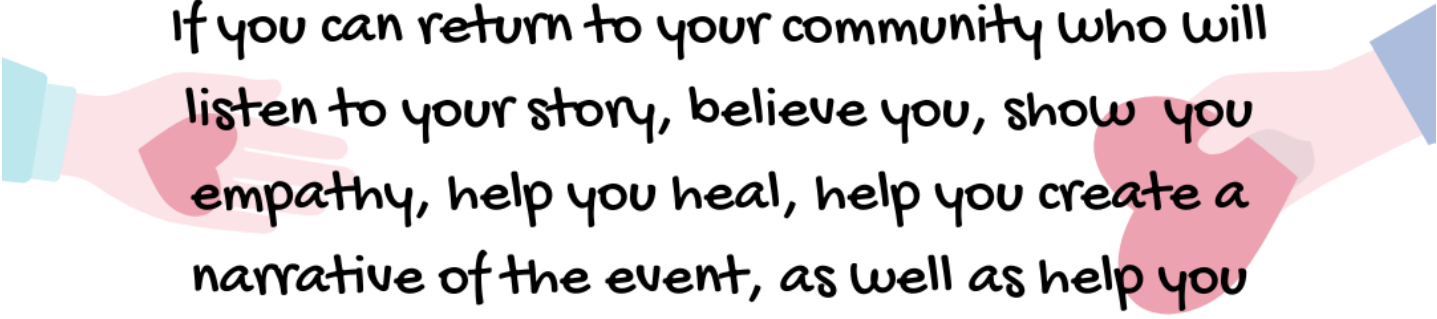
Stores explicit memories

Gives time and space context to an event; memories have a beginning, middle and end.
Suppressed at the time of trauma, so memories can be fragmented and feel like they're happening in the present.






Traumatisation is what happens in the aftermath of a traumatic event



If you can return to your community who will listen to your story, believe you, show you empathy, help you heal, help you create a narrative of the event, as well as help you avoid danger again in the future, then we don't end up 'traumatised'.



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Parents have 4 Primary Psychological Functions

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

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Stabilisation

Parent helps a child stabilise after they're distressed.

For example, your child wakes from a bad dream, you say "Let me hold you, I'm here, it was a dream, tell me about it, it's not really happening, I'll stay with you until you go to sleep".

When there are problems in this area:
People are unable to self-soothe once distressed and may often use unhealthy methods.

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Regulation

Parent helps head off a rise in the child's distress before it escalates.

For example, knowing your child gets hungry at a certain time so you give her a snack in advance so she's not cranky.

When there are problems in this area:
People are unable to anticipate their needs and keep themselves within their window of tolerance so end up triggered more often and therefore need to stabilise themselves more.

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Reparation

Parent is there to help repair after harm has happened.

For example, your child gets a new skateboard but falls off and hurts himself and comes home crying. You say, "Oh you're hurt, let's clean that up and we'll tend to it, let's put on a big bandage so your friends can see how brave you are".

When there are problems in this area:
If no-one was there to help a child repair after a trauma or abuse, they often will blame themselves or use avoidance).

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Enhancement

Parent helping the child to fulfil their potential.

For example, after your child has fallen from his skateboard and been tended to, you add, "Show me where you fell, ah you tripped on that crack, when you do it again, avoid that crack. Go for it and show me what you can do".

When there are problems in this area:
If a parent wasn't there to help a child fulfil their potential, it may lead to a person having to do this for themselves, which could appear like 'Narcissistic bragging'.

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The Moral Defence

When children find their parents' behaviours so destructive but continue to rely on them for their survival, they internalise the badness and make themselves the one that is "not good enough".

This helps the child feel in control, "If I'm the bad one, I can try harder and fix it and then mummy or daddy will love me".

This allows children to stay attached to the adults they desperately need to look after them.



Trauma Bonding

Someone who is meant to look after us harms us, or they show us harsh treatment then kindness, or we believe there is no escape, or there are few (if any) other people to show us a different perspective.

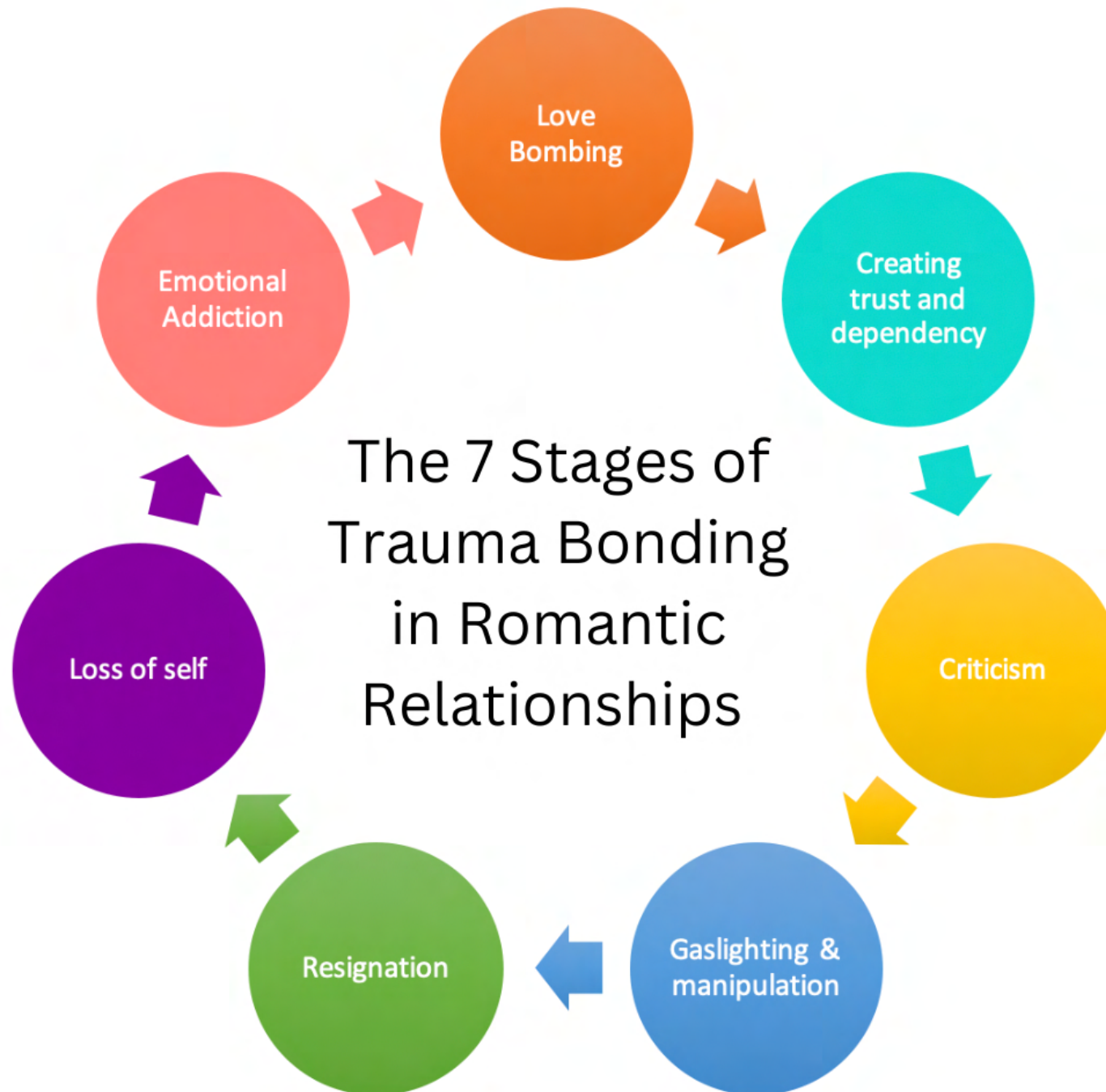
Rational thinking part of the brain goes offline when we're in danger because it's better to act quickly and not think about the long term.

The survival brain kicks in – “this won't kill you, so freeze and get through it” (this becomes our survival automatic habit).

The main survival drive is to create attachments to others – connection is a very important childhood need we crave it from people we depend on, even if that person is dangerous. It is very complex when the abuser uses both fear and kindness towards the victim.

We mix up comfort, care and attention with the person who is hurting us. We also develop loyalty to them, which can feel like genuine love and affection. This forms a 'trauma bond' where we want to have contact with the abuser and see the danger as normal. We can become confused; believing we enjoy the treatment when what we actually 'enjoy' is the connection.



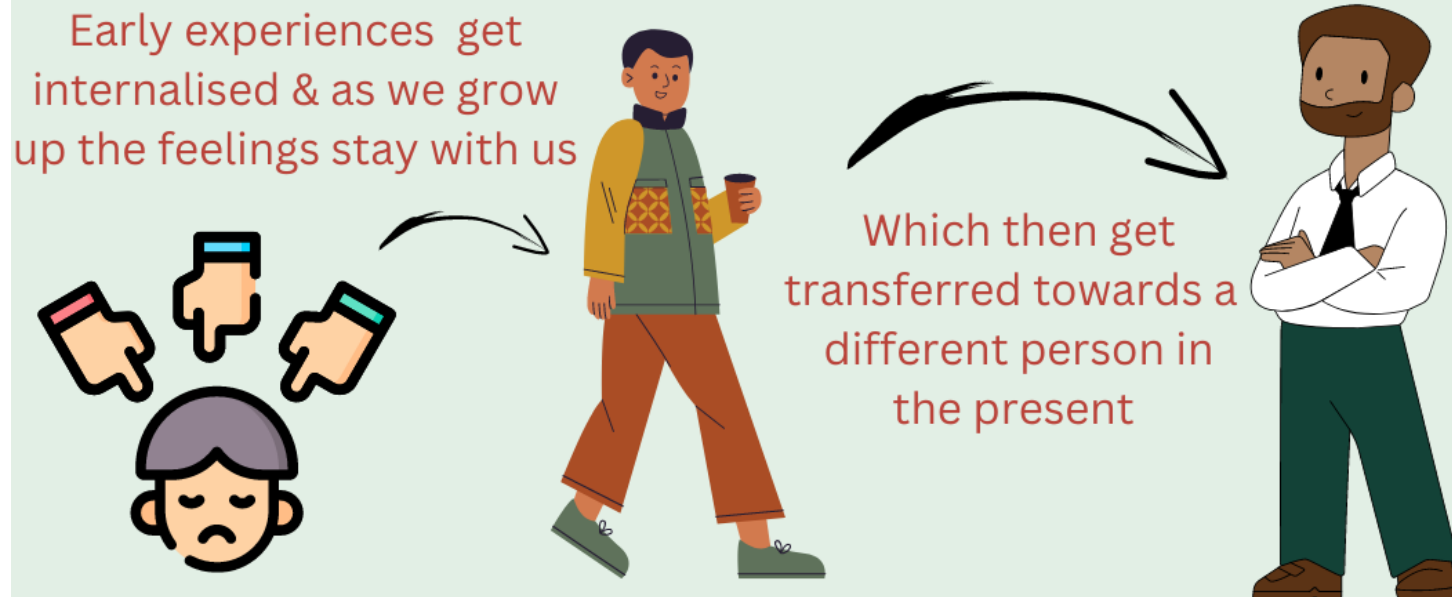


Transference

Transference is the process of redirecting feelings towards one person onto another person. Some examples:

Your boss reminds you of your angry and abusive father and you act in the way you once did e.g. to be pleasing.

Your colleague physically reminds you of your mum who was cold and distant, so you avoid them.



Projection

Projection is the process of displacing our internal feelings onto another person. When this happens in childhood, a parent or caregiver is projecting their insecurities onto their child, which the child then internalises as meaning something about them and it being their fault, leading to inner shame.

Anger from own
lack of self worth

Anger turned inwards
and felt as shame



Denial

Denial is part of trauma, why wouldn't it be, why would we want to believe terrible things happened?

This is especially true in child trauma - when we're just developing our bodies, our brains, our sense of self, our attachments and relationships. It's safer to dissociate and pretend it's not happening, particularly when we might not be believed.

This confuses us as adults, "Did that really happen?" "Am I making it all up?" "What if it's a 'false memory'?"

The impact of abuse and how it feels to Survivors is very real. There's no reason for people to pretend to themselves they were abused but many reasons to distance from it?

And there is evidence - our emotional and bodily reactions, maladaptive coping behaviours in adulthood, insecure attachment patterns.



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 workshop 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
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- 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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