Empowerment and Recovery for Trauma Survivors

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Rules for Relationships of Coercive Control

- The strong do as they please.
- The weak submit.
- Bystanders seem willfully blind or indifferent.
- There is nowhere to turn for care or protection.

Methods of Coercive Control

- Violence and Threat of Violence
- Control of Bodily Functions
- Capricious Enforcement of Petty Rules
- Intermittent Rewards
- Isolation
- Degradation
- Enforced Participation in Atrocities

---Source: Amnesty International Report on Torture, 1973

Rules for Relationships of Mutuality

- Everyone is entitled to respect
- Everyone is entitled to a voice
- Decisions are made by mutual consent
- Power and responsibility are shared
- Relationships are governed by principles of fairness
The Therapeutic Alliance: Principles of Safety

- Collaborative Relationship
- Patient is in charge of recovery
- Therapist’s Role as Witness, Ally and Consultant
- Therapist also needs to be safe

Implications for Treatment: Avoiding Re-enactments (Karpman’s Drama Triangle)

Adaptive Strategies for Recovery (Burgess & Holmstrom, 1979)

- Problem-Solving Action
- Affiliative Coping Style
- Mature Defenses: Altruism and Humor


- Phase-Based or Sequenced Psychotherapy
- Initial Focus on Trauma Education
- Anxiety/Stress Management
- Emotion-Regulation Strategies
- Interpersonal Skills
- Narration of Trauma Memory
- Grieving and Making New Meaning

Stage One: Safety Focus on the Body

- Daily Cycles of Sleep, Eating, Exercise
- Drugs and Alcohol
- Basic Health Care

Stage One: Safety Creating a Safe Environment

- Physical Self-Protection
- Work and Money
- Secure Living Situation
Stage One: Safety Strategies for Self-Care

- Biological: Medications
- Behavioral: Meditation, Relaxation, Exercise
- Cognitive: Journals, Lists & Plans
- Relational: Reliable Connections
- Social: Natural Support Systems, Self-Help Organizations, Mental Health System

Groups In Early Recovery

- Therapeutic Task: Safety
- Time Orientation: Present
- Focus: Self-Care
- Structure: Didactic
- Membership: Homogeneous
- Boundaries: Flexible, Inclusive
- Cohesion: Low
- Conflict Tolerance: Low
- Time Limit: Limited, Repeating

The Trauma Information Group

Lois Glass, L.I.C.S.W. & Barbara Hamm, Psy. D.

Victims of Violence Program

- Session I: Post-traumatic Stress Disorder
- Session II: Safety and Self-Care
- Session III: Trust
- Session IV: Remembering
- Session V: Shame and Self-Blame
- Session VI: The Recovery Process
- Session VII: Anger
- Session VIII: Self Image/Body Image
- Session IX: Relationships
- Session X: Making Meaning of the Past

Sample Worksheet: Safety and Self Care Diary

- I do not take care of myself when..................
- Ways in which I do not take care of myself...........
- I take good care of myself when....................
- Ways in which I take good care of myself............
- Supports in my life....................................
- New ways I can take care of myself..................
- If I imagine feeling safe I would imagine...........

Stage Two: Reconstruction of Trauma

- Survivor is in control
- Goal is integration, not catharsis
- Creation of new meaning
- Uncovering proceeds in small steps
- Careful attention to timing and pacing
- Reconstruction includes all aspects of memory (knowledge, emotion, imagery, sensation)
- Memories evoke grief and mourning

Integration of Traumatic Memory

Normal memory, like all psychological phenomena, is an action; essentially it is the action of telling a story…A situation has not been satisfactorily liquidated…until we have achieved, not merely an outward reaction through our movements, but also an inward reaction, through the words we address to ourselves, through the organization of the recital of the event to others and to ourselves, and through the putting of this recital in its place as one of the chapters in our personal history.

----Pierre Janet, Psychological Healing, 1919
Normal v. Traumatic Memory

- Primarily Verbal and Semantic
- Primarily Visual and Sensorimotor
- Activated by Social Reminders
- Activated by Sensory and Affective Reminders
- Flexible and Context-Dependent
- Not Compressed in Time or Content
- Evolves over Time
- Appears Immutable
- Fits into Evolving Schemas of Self-in-the-World
- Destroys or Contaminates Schemas of Self-in-the-World

Groups In Stage Two

- Therapeutic Task: Integration
- Time Orientation: Past
- Focus: Trauma
- Structure: Goal-Directed
- Membership: Homogeneous
- Boundaries: Closed
- Cohesion: Very High
- Conflict Tolerance: Low
- Time Limit: Fixed Limit

The Trauma Recovery Group (Mendelsohn et. al., 2011)

- Individualized Goals Developed in Group
- Sharing Trauma Narratives as Means to Achieving Goal
- Shared Expectation for Giving and Receiving Empathic Feedback
- Inclusion Criteria: Safety and Self-Care Established in Present; Appropriate Individual Therapy
- Time Limit: 10-30 Weeks

Resolution of Shame and Development of Self-Compassion in Group

“The biggest things for me are the benefits of not keeping a secret, and being able to talk about things that – I thought if I ever talked about them, people would go scurrying from the room like rats. And I found that didn’t happen.

“I know how I would respond if someone told me my story: ‘I would feel really sad for that person, so I hope I can keep that perspective.’” –“Lenore,” 2009.

Stage Three: Reconnection

- Expanded Peer Relationships
- Intimate Relationships
- Family Relationships
- Reintegration at successive stages of life cycle
- Social Action and the Survivor Mission
# Groups In Stage Three

- **Therapeutic Task:** Reconnection
- **Time Orientation:** Present and Future
- **Focus:** Interpersonal
- **Structure:** Created by Group
- **Membership:** Heterogeneous
- **Boundaries:** Slow Turnover
- **Cohesion:** High
- **Conflict Tolerance:** High
- **Time Limit:** Ongoing

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**Take Back the Night:** Survivors Share their Stories in Public