



Peer Counselling Training Manual

Third Edition - Revised 2015 to add pp 60a to 60e

Developed by Survivors of Abuse Recovering (S.O.A.R.) Society

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“Healing is best done in community.” - Howard Fradkin

Talking about what you are feeling and thinking, in a safe environment, to someone you trust and who has agreed to listen, is one of the most powerful things you can do to heal.

This manual was funded by grants from Nova Scotia Department of Health and Wellness
Consumer Led Initiatives 2011-12 and the Nova Scotia Mental Health Foundation.

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Acknowledgements



When S.O.A.R. conducted its first training program in 1993, it was largely based on the trainer's guide for "Someone to Talk To," developed by Faythe Banks. Since then, a great deal of material has been gathered, used and adapted by our trainers to develop a program that meets S.O.A.R.'s unique requirements. We would like to thank the people who organized the first edition of the S.O.A.R. Peer Counselling Training Manual in 1999: M. Lynne Morin, Project Co-ordinator, and Keltie Donnellan, R.N., Consultant for the manual. Deirdre O'Sullivan, Ph.D., of Annapolis Valley Mental Health, and Linda Bayers, M.A., of the Self-Help Connection, served as proofreaders and provided editorial advice.

Thanks to M. Lynne Morin for coordinating a partnership with the Military Family Resource Centre in Trenton, Ontario, in 2003, translating the manual into French and updating some of the content. The second English edition was updated from the 1999 version so as to have uniform content with the French edition.

There have been many developments since 1999 in the understanding of trauma recovery and effective practices for supporting adult survivors of child sexual abuse. This third edition is based on research into these new developments, in consultation with peer counsellors, trainees and trainers, as well the Self-Help Connection. The project included a full 18-week peer counselling training course to try out new material. This course was funded by the Mental Health Foundation of Nova Scotia.

With the completion of this third edition, many thanks go out to Karen Martin and Mary Taylor of S.O.A.R., and to Linda Bayers, Ph.D., of the Self-Help Connection for proofing the manual for content, and to all the participants in the focus groups who gave us valuable feedback.

A very special thank you goes out to all those who are and have been members of S.O.A.R. for their dedication and volunteerism, for their Herculean efforts in public education on these issues and for providing a service beyond value.

We also deeply appreciate the organizations and therapists who have generously given us permission to reprint resources they have developed.

Funding to revise the Peer Counselling Training programme and manual was provided by the Nova Scotia Department of Health and Wellness through their 2011-2012 Consumer Led Initiatives grant programme.

The Third Edition Team, January 2013

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Brogan Anderson, Translator for French Edition (July 2013)

Glossary



CHECK-IN	A brief go-round done at the beginning of a class to hear how the trainees are feeling.
CLASS	One training period designed to be three hours long.
CLIENT	S.O.A.R. opted to use the words “peer client” to identify individuals who enter the peer counselling relationship since they are taking part in a valuable service.
CLOSURE	A quick go-round done at the end of a class to hear how the trainees are feeling and evaluate the session.
COUNSELLOR	For the purpose of this manual, a “counsellor” is referring to a peer counsellor. A peer counsellor is not a professional and does not provide professional counselling under any circumstances.
FLASH BACKS	What happens when we suddenly remember traumatic experiences from our childhood. These flashbacks are intact memories that may involve one or all our senses and at times can feel like we are reliving them.
GO-ROUND	Trainees respond to a particular question. Each person speaks in turn with no interruptions from the rest of the group. Trainees can choose to pass.
POST-TRAUMATIC GROWTH	(PTG) Positive outcomes as a result of trauma. These can be such things as resilience, feeling stronger and more confident for having survived, etc.
POST-TRAUMATIC STRESS DISORDER	(PTSD) A severe anxiety disorder that can develop after exposure to any event that results in psychological trauma.
REFERRAL	The process of seeking information or assistance from professionals. S.O.A.R. also uses this word to describe individuals who are at the core of this process.
RITUAL	A procedure that is repeated under certain circumstances; for example, after every class you go home, change into sweats, sit in your favourite chair and have a cup of tea.
ROLE-PLAYING	Trainees divide into small groups of two or three to practice peer counselling skills. When there are three people, each person takes turns assuming the role of client, counsellor and observer.
SECONDARY PTSD	Experiencing Post Traumatic Stress Disorder symptoms that are brought on by exposure to the stories of trauma spoken of by others.
SESSION	A meeting between a peer counsellor and peer client (generally one hour long).
SUPPORT NETWORK	A system of family, friends, professionals or organizations that is in place to help an individual cope. Support can happen by phone, in person, one on one, or in groups.
TRIGGER	Any situation, sight, sound, smell or experience that evokes an emotional response, especially one that evokes an old memory.

Introduction



About The Peer Counselling Trainees Manual

This manual is designed to be used as an outline for an 18 class training program for individuals who want to become peer counsellors for adult survivors of childhood sexual abuse. The material in this manual may be reproduced only with written permission from S.O.A.R.

This Trainees Manual consists of a table of contents, acknowledgements, a glossary, a list of objectives for each of the 18 classes, class descriptions, references and a resource section.

Getting Started

The classes are designed to be three hours long and run once a week. Sometimes we will do two classes “back to back” on a Saturday once or twice during the course. Co-facilitation is beneficial and it allows for the “Train the Trainer” component of S.O.A.R.’s ever-demanding goal to have several trainers available. In those areas where a speciality topic is being presented (for example, Substance Use and Gambling or Suicide Awareness), the instructors will often bring in a guest speaker with expertise on that particular subject.

The Training

The training is designed to introduce you, the trainee, to a variety of skills, as well as issues, you will encounter as a peer counsellor. The training provides a foundation and will not be able to cover everything about peer counselling in 18 classes. We will use an interactive learning format with group discussion that acknowledges and respects the experiential knowledge of you, the trainee, allowing each person’s knowledge base to increase. It is very important for you to take advantage of the homework exercises as well as take time for self-reflection during and after each class.

Homework is also used to show how the issues we have covered pertain to peer counselling, and it offers an opportunity to review and practice any skills introduced in a particular class. Extra handouts and reading material will encourage continued learning between training classes as well as after the training is completed. Role-playing is introduced early on with “passive listening” and builds from there as you learn more skills and the group becomes more cohesive. The instructors demonstrate role-playing, then encourage the trainees to divide up into twos or threes (a client, a counsellor and an observer). As you learn basic communication and counselling skills, you will be expected to practice them whenever doing a role-play.

During the first class, you will develop a set of guidelines, of which confidentiality will be one. Many of us have found that while doing our training, some of our own unresolved issues come to the surface. This is normal. A peer client has to deal only with the issues they feel ready for and have chosen to work on. However, as a peer counsellor you have to be ready for whatever the peer client needs to work on next. The more we know ourselves, the better we are able to peer counsel, and you may find that taking the course, and taking on peer counselling, will move you to a new level in your own healing journey.

S.O.A.R.'s Approach to Peer Counselling

A peer counsellor is neither a therapist nor a professional. It is not our job to diagnose, to label or to give treatment. A peer counsellor is also not a personal friend or colleague. Our only connection we have is during the peer counselling sessions.

This may seem confusing at first – if we are neither therapists nor friends, then what is our role? The answer is that our role is to create a new type of relationship, and a new type of social space where we meet. In the peer counselling relationship, the peer client may feel safe to share their stories, struggles and hopes with you precisely because you are not a friend or a therapist, but a fellow traveller in the journey. Some people find that talking to a fellow survivor is easier and more meaningful to them than talking with a therapist. And many find that it is easier to talk to a peer counsellor than to a friend, as they do not have to deal with any impact on a friendship they may have. They can come to the session, do their work, and then leave and go back to their daily life.

Our job is to create a supportive, compassionate environment in which the peer client can feel safe enough to confront the memories of the past and face the challenges of the present so they can choose what kind of future they want for themselves. One of your biggest challenges as a peer counsellor could be to let go of assumptions you may have made about the “right” way for a survivor to heal and take charge of their life. Each person must find their own unique solution to the problems they face.

It is not for you to give advice, or to “fix” them. However, you will have valuable experience and useful tools to share with them that can help them along the way. You will learn many such tools in this course. Letting go of the need to rescue or fix and replacing it with a confidence in the wisdom and strength of the peer client to direct their own healing journey is a major focus of this training course. The Healing Paths chart from the Vital Cycles organization on the next page gives a good sense of this positive approach.

The peer client's other relationships with therapists and friends are important aspects of their healing journey. Each can provide a different piece of the puzzle as the peer client assembles their new vision for their future. Often peer clients are getting specific support from friends and specific treatment guidance from professional therapists while they also see you as a peer counsellor. If you discover that you are their only source of support, one of your tasks may be to assist them in building a wider support network.

Welcome to the team of survivors who are creating these pockets of safety so that people can move forward in their lives in ways that are refreshing, hopeful and empowering. This is important, meaningful work and will likely be a growth experience for you too. Taking a leadership role and being ready to assist others regardless of what they need to confront and heal from pushes us to deeper levels in our own healing journey.

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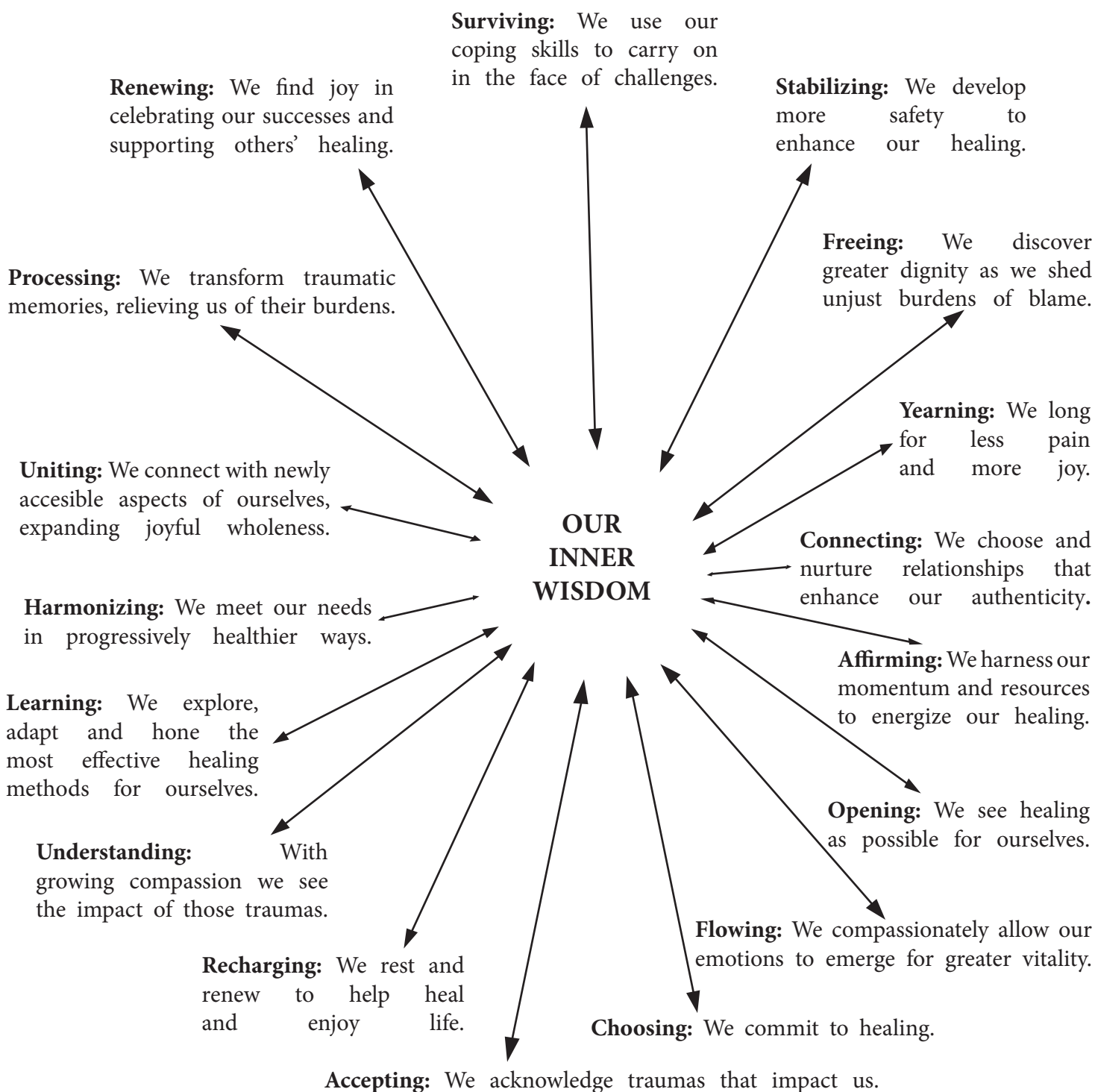
“SOAR's Peer Counselling Training Manual is excellent. It offers a valuable resource for those who wish to provide effective and humane help to people recovering from the effects of sexual victimization. Congratulations and thanks to those who created this important document.”

- Mike Lew, The Next Step Counseling & Training, Brookline, MA.
Author of *Victims No Longer: The Classic Guide for Men Recovering from Sexual Child Abuse* and
Leaping upon the Mountains: Men Declaring Victory over Sexual Child Abuse



Healing Paths

(from the vital Healing Toolkit, www.vitalcycles.org)



Objectives for peer counselling training course classes



Class 1 - Introductions

- Providing a safe environment in which the training will occur
- Beginning to get to know the group
- Determining how much the trainees already know about peer counselling survivors of childhood sexual abuse
- Becoming familiar with the S.O.A.R organization

Class 2 - The Peer Counselling Relationship

- Learning how to create and maintain a safe, accepting, genuine, respectful and empathetic setting
- Coming to an understanding that this is a unique type of social space
- Understanding the roles of the peer counsellor and the peer client
- Practicing (role-playing) a first session with a peer client

Class 3 - Types and Effects of Abuse

- Understanding the various ways people can be abused and how it affects our lives

Class 4 - Communications (Part I: Listening)

- Learning appropriate communication skills for peer counselling
- Learning passive and active listening, and how to interpret non-verbal cues
- Understanding roadblocks to communication

Class 5 - Communications (Part II: Asserting)

- Reviewing and practicing active listening
- Learning how to use “I” Statements
- Understanding what “Assertive Caring” (A.C.) is
- Practicing the A.C. skills so you can apply them in the peer counselling relationship
- Learning how to assist peer clients to use assertive communication in their life

Class 6 - Boundaries

- Understanding what boundaries are
- Beginning to understand your own boundaries
- Exploring how our boundary issues and the peer client’s issues affect the peer counselling relationship
- Learning how to assist the peer client in establishing healthy boundaries

Class 7 - Triggers and Grounding

- Recognizing your own triggers
- Learning skills to help you disarm your triggers
- Learning how to assist peer clients in identifying and disarming their triggers
- Learning and practicing various tools for getting and staying grounded

Class 8 - Stress, Trauma, PTSD and PTG

- Understanding that both the peer counsellor and peer client have undergone a traumatic event
- Understanding how stress and trauma impact our lives
- Learning effective coping mechanisms
- Understanding how listening to others’ stories can be a “secondary trauma”
- Exploring Post Traumatic Growth – discovering the positive possibilities from surviving trauma

Class 9 - Grief, Depression and Hope

- Understanding emotions as information
- Becoming familiar with the stages of grief
- Understanding that the loss of innocence is a trauma that needs to be grieved
- Understanding that there is a difference between being depressed and being clinically depressed
- Seeing that with understanding, knowledge and processing, hope will emerge

Class 10 - Shame and Guilt – Giving and Receiving

- Viewing emotion as a source of information (see handout in Resources section)
- Understanding how psychological abuse is often the root of feelings of shame
- Clarifying the difference between shame and guilt
- Learning to let go of shame and guilt
- Becoming aware of how shame and guilt can block our ability to give and receive

Class 11- Anger and Fear – Forgiveness and Power

- Viewing emotion as a source of information (see handout in Resources section)
- Understanding that anger and fear are useful emotions
- Realizing that anger can be an agent of change
- Learning how to respond in a healthy way to anger in yourself and others
- Exploring what forgiveness means as a survivor and looking at alternatives to forgiveness
- Exploring ways of reclaiming power when you are afraid

Class-12 - Cognitive Distortions (Distorted Ways Of Thinking) and Flashbacks

- Understanding how we often distort the way we think about our experiences
- Understanding how distortions impact us and our clients
- Learning strategies that will enable us to see situations more clearly
- Understanding what flashbacks are
- Learning how to assist peer clients who are experiencing flashbacks, and ways to help them ground themselves

Class 13 - Defenses and Coping

- Understanding how your and your client's past coping skills were what helped us survive as children, but may not be appropriate for us as adults
- Learning healthier coping skills that will assist in your and your client's healing

Class 14 – Substance Use and Gambling

- Becoming familiar with the issues surrounding substance use and gambling
- Clarifying that we do not provide counselling in this area, but that some familiarity with the issues can help us better understand some of our peer clients' struggles
- Understanding how alcohol and other drug dependencies, as well as gambling and other behavioural dependencies, can be rooted in childhood trauma
- Becoming aware of when and how to refer peer clients to professional treatment options

Class 15 - Suicide Awareness

- Becoming comfortable talking about suicide
- Recognizing the warning signs and when to refer

Class 16 - Gender Issues

- Exploring the differences and similarities in male and female responses to childhood sexual abuse
- Looking at how gender and society's gender conditioning impact our healing journey
- Becoming familiar with counselling strategies that may be helpful for male and female peer clients

Class 17 - Sexuality and Intimacy

- Understanding what sexuality is and is not
- Understanding intimacy
- Understanding the impact of childhood sexual abuse on sexuality and intimacy
- Observing a demo, then practicing role-playing, dealing with a peer client around issues of sexuality

Class 18 - Closing

- Reviewing S.O.A.R.'s history and mandate
- Going over the process to become a peer counsellor
- Becoming familiar with peer counselling paperwork
- Evaluating the course and giving feedback to instructors
- Celebrating the transition from Trainee to Peer Counsellor

Class 1 - Introduction & Orientation



Objectives

- Providing a safe environment in which the training will occur
- Beginning to get to know the group
- Determining how much the trainees already know about peer counselling survivors of childhood sexual abuse
- Becoming familiar with the S.O.A.R organization

Challenges

In this first class you may feel uncomfortable speaking about abuse issues with people you do not yet know. You may also have old memories and feelings triggered when abuse issues are discussed. These are both very normal reactions. Dealing with the uncomfortable edges is one of the gifts of this course – providing a safe place for you to not only learn practical peer counselling skills but also to lift you to a new level of healing.

Introductions

Introductions of ourselves:

- Have everyone pair off for five minutes (two-and-a-half minutes each) to get to know each other and then come back to the group to introduce each other
- Generate discussion around expectations for the training
- Discuss what each person hopes to accomplish by taking this course
- What are each person's personal goals (flip chart)

Introduction to S.O.A.R:

- Give a brief history of S.O.A.R (see the History of S.O.A.R. in Resources section)
- Discuss S.O.A.R's work in the community

Housekeeping

- Make a phone and address list to be distributed (with the group's permission)
- Create a snack list for refreshments, with attention to allergies or other dietary needs
- Complete the pre-test (ideally before class starts)

Schedule

- Hand out the course schedule and clarify the time commitment that is involved
- Give a brief overview of the topics to be covered
- Review the structure of the classes and how they will be conducted

Guidelines and Structure

- Discuss the training group guidelines with particular emphasis on confidentiality and respect
- Mention the importance of arriving on time, the length and focus of the go-round, and reading handouts as well as the homework preparation
- Customize the guidelines to this specific group of people

What is a Peer?

Generate group discussion around what a peer is:

- A peer is an equal
- A peer is someone with a shared experience

Some examples of peers:

Classmates	Workers at a job
Mothers	Survivors

In this course, a peer is a person who has survived sexual abuse as a child and, due to their own life experiences, has a basic understanding of the problems and struggles of other survivors. A peer counsellor is someone who has a desire to assist (not rescue) others in their healing process and has acquired skills and information to enable them to counsel at a peer level.

Qualities of an Effective Peer Counsellor

Have the group discuss the qualities they found most helpful in people who helped them work through their issues:

Compassionate	Has good boundaries
Good listener	Patient
Non-judgemental	Confident
Honest	Does not give advice
Caring	Understanding
Trustworthy	Respectful

The Four Essential Themes of Peer Counselling

(see handout in Resource section for details)

Listening Boundaries Grounding Normalizing

Dynamics of Life Experience

What are some messages we might get from childhood life experience as survivors of abuse?

Beliefs	Negative self-talk ("I'm no good")
Thoughts	Lack of trust ("I'll never be close to anyone")
Feelings	Sad/Helpless/Depressed
Choices	A lack of friends
Decisions	Isolate yourself
Behaviour	Alcohol abuse/Self-harm

Examine how life experiences are formed for survivors:

- They receive unhealthy and distorted childhood messages
- They may form irrational and damaging beliefs (see also Cognitive Distortions class)
- These can develop into painful and intolerable feelings
- These perceptions can limit choices
- This can lead to poor/unsafe decisions resulting in unhealthy behaviours
- Also look at the strengths we have gained from our surviving and healing



Peer Counsellor Strategies

- Encourage the peer client to recognize where the painful feelings are coming from
- Look at some messages that may have developed through childhood sexual abuse
- Explore possible distorted beliefs and twisted thoughts that may be there
- Help them notice and focus on their strengths and build on them
- Help the client to work toward a fuller, more satisfying life experience by exploring healthy choices and decisions
- Help the peer client strategize a healthy, exciting future life

Closing

Ask each person to use the scale below to describe their comfort level now compared to how it was at the beginning of the class.

Less comfortable 1 2 3 4 5 6 7 8 9 10 More comfortable

In two or three words compare your comfort level now with how it was at the beginning of the class.

Homework

Consider how abuse has affected your life. What have you lost? What have you gained?

Summary

- **This course creates a safe place to grow and learn, but may be challenging**
- **Respect the guidelines we develop for the course**
- **The course is sponsored by the S.O.A.R. organization, which has been functioning for approximately 20 years**
- **A peer is an equal who has had similar experiences and so can understand the struggles of other survivors**
- **Abuse has many negative impacts, but surviving abuse can result in new strengths and insight (see also the section on Post Traumatic Growth in the Stress, Trauma and PTSD class)**
- **A specific set of skills will be acquired in the course to help you be an effective peer counsellor**



Class 2 - The peer counselling relationship



Objectives

- Learning how to create and maintain a safe, accepting, genuine, respectful and empathetic setting
 - Coming to an understanding that this is a unique type of social space
 - Understanding the roles of the peer counsellor and the peer client
 - Practicing (role-playing) a first session with a peer client
-

Challenges

Peer counselling involves finding a balance between putting your own issues aside so you can pay attention to the peer client, and confronting your own issues outside of those sessions so you can be more grounded and present. It involves helping others by getting out of their way and helping them find their own solutions, while also having a bank of resources and tools that you can offer to them when needed. This can be confusing at first!

Background

One of the reasons it has been so hard for us to heal as survivors of childhood sexual abuse is due to the stigma associated with our experience. This makes it difficult and often unsafe to speak about our issues, to tell our story or even to seek help. What we are doing in the peer counselling relationship is creating a unique social space where this healing is welcomed and encouraged. How do we do that? Mike Lew, author of *Victims No Longer*, says it simply: “Create safety, then get out of the way!” Carl Rogers, in the 1950s and ’60s, pioneered “client-centered therapy” and proposed that the main skills of a counsellor were Empathy, Acceptance, Warmth and Genuineness. The phrase “unconditional positive regard” comes from him. No matter what techniques you learn, there needs to be an atmosphere of compassion for the person you are supporting, or they are less likely to work. In today’s class we will not focus on specific tools or techniques but rather on how to create this supportive counselling relationship, and on understanding your role as a peer counsellor.

Survivor-Specific Skills – Exercise

As we have moved through our healing journey, our life experiences have given us skills and experience that can help us support others who are on a similar path. Some examples of resources that we have learned as survivors may be:

- Being capable of shutting down our emotions – this can help us avoid being triggered by others’ stories
- Having experienced a profound depth and breadth of emotion, so we are more comfortable when others express strong feelings
- Determination. We have kept going despite great adversity
- We are less likely to be judgemental about others’ experiences, having had similar ones ourselves. This also helps us to be empathic with other survivors, and understand what they are saying
- Once we have broken out of the chains of our hurts, we hope to help others do the same

Pair off with another class member and help them make a list of all the skills and attributes that they have to offer as strengths to the peer counselling relationship. These do not have to all be survivor-specific. Include any characteristic that makes an effective helper. When the other person is done, switch and have them help you. Share only what you feel comfortable disclosing. When you return to the group, each describe the other person’s list to the class.

Qualities of the Peer Counsellor

We will go through some basic qualities that help make peer counselling effective, and do demonstrations and mini-sessions along the way to illustrate and practice the concepts.

Empathy

Carl Rogers defined empathy as “the ability to experience another person’s world as if it were one’s own without ever losing that ‘as if’ quality”; that is, to recognize that the person is not the same as you, even though you can identify with their situation. Note that this is very different from sympathy. Sympathy is the acknowledgement that someone is hurting and that you feel sorry for them. It is an inherently disempowering communication, focusing on the pain and suffering. It underlines your separateness from them – they are in pain, and you are not, so you offer condolence. On the other hand, when you are empathic with someone, you have some understanding of their condition, and can relate to it, and you are standing with them as an equal, as an ally.

One practical way to build an empathetic connection is to use reflective listening (sometimes called active listening). To do this, you first have to pay close attention to the person, and really try to grasp what they are saying, feeling, thinking and wanting. Next, you need to come up with a response that briefly reflects what you have understood from this person, to see if you have really heard them. Do not be surprised if the client corrects you! It is impossible to have total insight into another person’s thoughts, but your attempt to connect will likely be seen as a sign of caring and respect by the peer client. And the more you get corrected, the more able you will be to empathize! (See also the Communications classes.)

Respect, Acceptance and Warmth (Unconditional Positive Regard)

Respect for your peers means believing that the person you are helping is capable of setting their own goals and determining their own solutions to the problems they are facing, accepting that their path and their beliefs may be different from yours, and communicating clearly to them that you have confidence in them. If you take the attitude that they cannot succeed without your help, and you spend a lot of time telling them what to do, you will shut down the healing process. You are not there to rescue them, but to be an ally (see also Resisting the Temptation to Rescue in the Resources section). If you show them that you value their thoughts, feelings and beliefs, and you create a warm, safe, caring atmosphere, it gives them space to explore their issues and the feelings that may come up during a session.

Genuineness

Carl Rogers described genuineness as being consistent with your thoughts, words, attitudes and actions. This means both internally (your own self-talk) and within the peer counselling relationship. This means being open and honest. If you feel one thing, but say another, the peer client will pick up on that, and you will likely lower the level of safety in the session. In order to build the skill of being genuine, you will need to look into your own issues and challenges, and see where you might fall into being judgmental, hopeless or overwhelmed. The better we know ourselves and work on our healing, the more genuine we are able to be in the peer counselling relationship, to truly see the power and dignity of the peer client, and to reflect that back to the person.

Self-Disclosure

Because you are peers, it is easy to forget the role you are in as peer counsellor and start taking a turn to share your own story. This is most often inappropriate, and can shut down the peer client. There are some cases where it can be helpful, in small doses. For example, a male peer client discloses that he was abused by a woman, and feels very confused. If that has happened to you too, simply saying, “That happened to me too,” can be very liberating to the peer client by breaking the isolation. This is not a cue for you to take half the session to work on your own issues! But a five second self-disclosure that reminds the peer client that he is with someone who can likely empathize with what he may need to share, and that he will not be judged or dismissed, can be very effective.



Boundaries (Demo)

Time permitting, we will do a demo showing how to maintain appropriate boundaries in the peer counselling relationship. (See the standard S.O.A.R. Peer Counselling Contract in the Resources section to understand the basic boundaries of the relationship.)

Mini-Sessions (five minutes each)

Practice peer counselling using one or more of the qualities outlined above.

Summary

- Your experience as a survivor brings you some gifts of experience and character that can be very helpful in building the peer counselling relationship
- One of the most important aspects of the relationship is the atmosphere you create, incorporating a sense of empathy, warmth, acceptance and genuineness. Use self-disclosure sparingly and only when you see it helping to establish a rapport and build trust
- Your role as a peer counsellor is to:
 - Stay grounded
 - Stay focused on what the peer client is sharing (rather than on what it triggers in you!)
 - Reflect back what you are hearing, at times share resources (books, videos, websites, etc.) and tools (grounding techniques, journaling, relaxation tools, etc.)
 - Maintain the safety of the relationship by
 - Keeping to time
 - Meeting in appropriate places
 - Avoiding any other type of relationship with the peer client

Class 3 - Types and effects of abuse

Objective

- Understanding the various ways people can be abused and how it affects our lives

Challenges

Reflecting on the various ways in which we and others have been abused, and noticing the impact it has had on our lives, can be triggering. If you find yourself being distracted or unable to concentrate, let the instructors know, and they will give the class some grounding exercises to help refocus attention.

Go-round

Keeping to one sentence, share one aspect of how childhood abuse has affected your life.

Types of Abuse

Generate group discussion to identify the different types of abuse and give examples. Have trainees use the whiteboard or flipchart and write their own words.

Examples:

Physical	Cult
Emotional	Femicide
Verbal	Financial
Non-verbal/Non-touching	Elder/Child
Neglect	Spousal
Psychological	Stalking
Ritual (organized)	Sexual

Notice the interrelatedness of the various forms of abuse.

Effects of Abuse

While drawing on the group's own experience, identify and discuss the effects of abuse.

The class may want to do this as a collage exercise, creating an image of their own experiences from magazine cut-outs. If there is time, create a second image depicting your healing journey.

Hyper-vigilance	Secrecy/Silence	Hyper-arousal
Memory problems	Flashbacks/Nightmares	Confusion
Dissociation/Numbing	Perfectionism	Fixation on the trauma
Over-/Underachieving	Learned helplessness	Sense of powerlessness
Minimizing	Unhealthy relationships	Denial
Substance abuse	Anger	Shame/Guilt
Suicidal/High-risk behaviour	Low self-esteem	Self-mutilation
Anxiety	Post Traumatic Stress Disorder	Phobias/Fear
Depression	Medical problems	

Exercise: Passive Listening One-on-one

The greatest skill of a peer counsellor is to listen attentively without having to share their own story. Later we will learn specific skills that are more active, but practicing listening without responding can teach you a lot about yourself as you notice the automatic responses that try to come up! And being listened to without interruption can give you insight into how powerful it is to receive the complete attention of another person. Pair off and take turns listening to each other for a few minutes (the instructor will call time).

This will give you:

- The experience of being listened to non-judgmentally
- The experience of listening attentively without having to “fix,” intervene or say anything

Peer Counsellor Strategies

- Discuss the importance of being aware of how abuse has impacted us differently
- What is your comfort level with discussing sexual abuse?
- How does this awareness broaden your understanding of the impact of sexual abuse?
- How will this help you in peer counselling a client whose experience was different from yours?

Closing

A go-round to touch base with each person. Share (in a few words) how you are now feeling. Share a highlight that you are taking home from today.

Homework

When interacting with people this week, pay attention to the non-verbal cues you give and receive.

Summary

- Abuse can come in many different forms
- Abuse impacts people in many different ways
- Your peer clients may have very different responses to abuse than you did
- Learning to listen without having your own issues triggered is the fundamental peer counselling skill
- The more you practice grounding techniques, the more able you will be to stay present and supportive to another person



Class 4 - Communication skills I - Listening

Objectives

- Learning appropriate communication skills for peer counselling
- Learning passive and active listening, and how to interpret non-verbal cues
- Understanding roadblocks to communication

Challenges

One of the challenges you may face in this class is to become comfortable with passive and active listening. When beginning to use these skills, people often find that they come across as insincere, or that they are parroting their client. A lot of practice is needed before you can use these skills in a comfortable way.

Go-round

What have you learned from exchanging passive listening with another person last class?
What is valuable or positive about passive listening?” “What is missing from the exchange when listening passively?

Defining Communication

Verbal communication is:

- The words we use (give examples)
- Delivery of the words – timing, tone, volume
- Appropriateness of the words
- About 20% of communication

Non-verbal communication is:

- How we use our body language: facial expressions (for example, frowning, smiling), eye movements (for example, winking), posture (for example, slouching), gestures (for example, waving, nodding), positioning (for example, nearness or too much distance), etc.
- Non-verbal sounds: laughter, snorting, etc.
- The messages we send by the way we do not say things. What am I avoiding?
- About 80% of communication

Discuss the effects of the following on communication:

Distance between you and the client
Posture
Eye contact
Facial expressions

Gestures
Touching
Tone of voice
Pitch of voice

Examples of verbal roadblocks (see also the 12 Roadblocks to Effective Communication handout in the Resources section):

Giving advice
Put-downs
Rationalizing
Judging/Blaming

Closed-ended questions
Preaching/Moralizing
Pacifying/Minimizing
Avoiding/Ignoring

Examples of non-verbal roadblocks:

- Letting others know you do not want to hear what they have to say
- No eye contact
- Yawning (when people do not understand this as a release of tension)
- Looking bored

Demonstration: Instructors do a mini-session showing the effects of using roadblocks versus supportive communication.

Listening Skills

Drawing on the group's experience, identify some good listening skills. For example:

Self-disclosure (minimal)	Ability to make you feel comfortable
Quiet non-verbally/Verbally	Letting you finish your sentence
Empathy	Relaxed body posture
Good eye contact	

Active Listening Skills

Active listening involves:

- Being able to hear and understand the ideas and feelings of another person
- Reflecting back in a way that lets the other person know that we understood

There are two parts to the message being received:

- Content – what is being talked about
- Feeling – how the person feels about the topic

There are two levels of feelings:

- Surface feelings – easier to talk about
- Underlying feelings – usually need time to get to

In order for the person to feel fully heard, all these parts and levels need to be reflected back.

Exercise: Pair off, then listen attentively to what the other person is saying. After a minute or so, reflect back to them what you have heard, taking into consideration:

- What they said
- Do not “parrot” back what the person said, but summarize. For instance, someone may give details about challenges they are having in a relationship, and you could reflect back, “It sounds like your relationship with your partner is quite a struggle for you right now”
- What they did not directly say, but implied
- For example, if someone talks about having to work two jobs, and sounds agitated when talking about it, you may respond, “You’re finding juggling two jobs to be quite stressful,” even though they did not exactly say that. You are combining what you heard in words with what you are hearing from the emotional tone. If you are not right, the person will correct you: “No, it’s not that bad really!” If you are right, it gives them an opening to reflect on the situation and talk more about what is bothering them
- The feelings and emotions you sensed
- For example, if someone is gritting their teeth when talking about an abuse incident, you may reflect back, “It sounds like you are really angry about what happened to you, but not feeling safe yet to let that out.” Acknowledging that may give the person the safety to open up more. As always, if you’re off base – they will let you know
- Body language, tone of voice, etc.
- “I see that you are holding your arms in front of you in a protective way. Are you feeling unsafe here?”

- Do not embellish, judge or give advice (remember the Roadblocks exercise!)
- Avoid statements such as, “It seems like you really screwed up that relationship! Here’s a book I read that will tell you how to do it right next time...”

After reflecting, get feedback from them as to how well you have listened. Ask specifically if you missed anything. If there are big differences, ask for more information and reflect back again until they feel heard. It is easier to project your own understanding on someone than to really listen. It is also easier to be triggered by someone’s words or issues and focus on your own thoughts and issues than to listen to someone else!

Once they feel heard, let them continue, and then reflect back the new sharing. One of the key skills in active listening is learning how frequently to give feedback. You do not want to be interrupting the person all the time, but you also do not want to wait so long that you cannot remember the key points that they talked about.

When done, reverse roles, and do the exercise again.

Peer Counsellor Strategies

Effective listening is the main focus for peer counsellors. Effective listening:

- Gives the client permission to express honest thoughts and feelings
- Validates their experience by having someone hear and understand
- Demonstrates acceptance of the person without judgement

Developing a feeling word vocabulary will help you identify and talk about feelings (see the emotion word charts in the Resources section).

Closing

A go-round to check for questions or the need to clarify anything learned or discussed in the class.

Homework:

Practice active listening skills during the week.

Summary

- Listening with your attention totally on the peer client is the primary skill for peer counsellors
- Active listening helps ensure that we actually know what the person is sharing
- Active listening encourages more self-reflection and gives encouragement to share more
- Active listening involves reflecting back words, body language and feelings
- Learn and avoid the twelve Roadblocks to Effective Communication



Class 5 - Communication skills II - Asserting

Objectives

- Reviewing and practicing active listening
- Learning how to use “I” Statements
- Understanding what “Assertive Caring” (A.C.) is
- Practicing the A.C. skills so you can apply them in the peer counselling relationship
- Learning how to assist peer clients to use assertive communication in their life

Challenges

Finding a balance when needing to confront someone on their behaviour can be challenging! We need to learn how to remain caring and respectful towards the person while identifying behaviour that is problematic, setting clear boundaries and resolving conflict. Our previous experiences with conflict may have been distressing, and learning to handle it in this class may trigger old hurts. Practice with all three skills in this class will build your confidence.

Review Active Listening (also called Reflective Listening)

Listen attentively for a minute or two to what someone is saying, then reflect back, taking into consideration:

- What they said
- What they did not directly say, but implied
- The feelings and emotions you sensed
- Body language, tone of voice, etc.
- Do not embellish, judge or give advice (remember the “roadblocks” exercise!)

After reflecting, get feedback from the person as to how well you have heard them.

If there are big differences, reflect back again until they feel heard. It is easier to project your own understanding on them than to really listen. It is also easier to be triggered by their words or issues and focus on your own thoughts and issues than to listen to them!

Once they feel heard, let them continue, and then reflect back the new sharing.

“I” Statements

These statements are designed to help you obtain the support of a person with whom you have a conflict. You are much more likely to have success if you ask someone to help you with a problem than you are if you blame them for your troubles.

When _____ **(identify the situation clearly),**
I feel _____ **(let the person know what emotions this brings up for you),**
because _____ **(explain why this is hard for you, or creates difficulties for you).**
What would work for me is _____ **(suggest what you think is a reasonable solution).**

The challenge here is to own your own issues, and not blame others for your feelings. When identifying another person's behaviour that you find problematic, ask them to work with you to solve the problem you are experiencing, rather than seeing it as their problem. It always seems easier to "fix" someone else who is doing something that bothers you than to look into yourself for what is triggering you, and ask for help to solve your problem. You are much more likely to be able to work things through if you see the other person as an ally to work with, rather than an adversary to battle with!

Often people will first react negatively to receiving an "I" statement, no matter how carefully you own the issue. In this case, use the reflective listening tool to make sure they know their concern is heard, then rephrase the "I" statement to them. In some cases they may need to reflect on the issue for a while before working it through with you at another time.

Try role-playing this in groups of three – the third person plays the role of "coach" and helps make sure that the statements you make to the second person are about "I" and not "them." When the first person is finished practicing, rotate the roles for the next round, etc.

Assertive Caring*

Assertive caring is a technique used to handle or modify a one-on-one or group situation in a positive, honest, direct way by being assertive while showing that you care. It consists of four steps: providing a statement of understanding, setting limits, suggesting an alternative, and checking for agreement.

*Adapted (to focus on peer counselling issues) from the Self Help Connection manual on Leadership at <http://www.selfhelpconnection.ca/publications.htm>

How to use Assertive Caring

Assertive caring can be used to manage potential conflicts in the peer counselling relationship, and can also be used as a tool by peer clients to help them handle real-life situations where their boundaries are being crossed. You may want to role-play situations with the peer client to help them practice assertive behaviour. (Note: Never give advice to them about what to do in a relationship or a workplace, etc. Give them the tools and let them use them as they see fit. The practice role-play is to help them get familiar with the assertive caring process, not to tell them what to do in real life!)

When giving your comments or suggestions to someone, it is important to explain to them how their behaviour affects you (and possibly others in the group). Attempt to settle a dispute or conflict gently and gradually, without being critical or judgmental. Try not to say or do anything that will embarrass someone. For example, in the following paragraph let us look at a situation where a peer client wants to extend the time for a session.

Be alert, be sensitive. When to interrupt or intervene is a judgement call. Ask yourself, "Is this behaviour consistent, or is it only one incidence?" If it is the first time a shy individual has ever shared a sensitive issue, you might decide to give them extra time for this session (just be sure to check in with them first – they may have other meetings that day!). On the other hand, if it is someone who does not have a clear understanding of boundaries, act quickly and be clear. Use "I" statements to give feedback (see handout about these in the Resources section), to capture what has been said, to offer a new point of view, to give encouragement, and to summarize. Below are the four steps to follow when using assertive caring.

1. Providing a statement of understanding lets the individual know you care about what they are saying and that you understand them, but that you need to correct or change the situation (for example, “I understand that you have opened up a lot in the last few sessions and you want as much time as possible at each session to work through what is coming up...”)
2. Setting limits lets the individual know that you need to change the situation and why you need to change the situation (for example, “But I have other commitments today, and we need to finish on time”)
3. Suggesting an alternative allows you to change the situation (for example, “Maybe we could make sure we use the last ten minutes of the session for grounding so you can leave without things hanging in the air for you”)
4. Checking for agreement makes sure that the alternative that you have suggested is agreeable to the individual and/or group (for example, “Is that okay?”, “What do you think?” or “How does that sound?”). If the person does not agree, work with them to find a mutually acceptable solution. (See also the class on Boundaries)

Examples of when to use assertive caring:

- When the peer client does not respect the timeframe of the session, either by arriving late or wanting more time
- When the peer client wants a personal relationship with you
- When the peer client persistently avoids dealing with the issues, preferring “small talk”
- When the peer client appears to need professional help
- What are some more examples you can think of?

Examples of using assertive caring when an individual may need help beyond what you can provide them from your training:

- “I understand that you want to share your struggles with trying to stop using cocaine right now, and I know that is a crucial part of your healing journey” (this provides a statement of understanding),
- “but I do not have any training in helping people deal with chemical dependencies” (this sets limits).
- “Let’s focus more directly on the abuse issues. I can give you information about how to get help from Addiction Services for your cocaine issue” (this suggests an alternative).
- “Is that okay with you?” (this checks for agreement).

Role-play this scenario in groups of three – one person asserts, one person responds, and the third person plays the role of “observer” and gives brief feedback at the end. Rotate roles so that each person has a chance to practice each role.

Summary

- There are many practical skills that can make conflict management work well
- Resolving conflict can be done in a respectful, caring manner
- Focus on the problematic behaviour, not on labelling or putting down the person
- You are more likely to succeed if you have the person be an ally in solving your problem

Class 6 - Boundaries



Objectives

- Understanding what boundaries are
- Beginning to understand your own boundaries
- Exploring how our boundary issues and the peer client's issues affect the peer counselling relationship
- Learning how to assist the peer client in establishing healthy boundaries

Challenges

To be clear that you know, to the best of your ability, your boundaries before you engage in peer counselling. You may find it challenging at first to address situations where others are crossing your boundaries.

Background

What is a Personal Boundary? Personal boundaries “are guidelines, rules or limits that a person creates to identify...what are reasonable, safe and permissible ways for other people to behave around her or him and how she or he will respond when someone steps outside those limits.”* For some of us it is only when someone crosses a boundary of ours that we realize we feel strongly about something and feel the need to express that we are not comfortable with someone's behavior or comments, etc. One way to understand what our own personal boundaries are is by experiential learning. (See “Experiencing and Understanding your Boundaries” exercises in the Resource section.)

* http://en.wikipedia.org/wiki/Personal_boundaries

Developing Boundaries

Develop self-awareness to better understand your own boundaries:

- When facing a situation you have never experienced or are not quite sure of how you should behave, ask yourself what are your limits in a situation (for example, you are going to a dinner party for work and you do not like the smell of liquor, yet you know at least one of the attendees will be drinking, probably too much. Ask yourself, “What do I need to do so that I can interact comfortably?”)
- Try to become more aware of how you react in certain situations (for example, “Why do I feel like running when she or he gets angry?”, “What buttons of mine am I allowing him to push?” or “Why am I giving her the power to control my feelings?”)
- Think, or be aware, of the things that define you and where they might have come from (e.g., “What are my feelings on family, on relationships, on work ethics, etc., and where did I get those feelings or ideas from?”)

Ways to enhance self-awareness:

- Read inspirational books
- Meditate and self-reflect
- Listen to the stories of others
- Make time for yourself
- Focus on your own healing journey
- Share with someone you feel safe with that you are trying to be more self-aware. Ask them if they might share with you some positive qualities they feel you possess
- Take a class or join a group on self-awareness

(See also the exercise “Expanding Self-Awareness” in the Resources section.)

Developing healthy boundaries involves change:

- Change takes effort, so start small and celebrate these successes before tackling larger issues
- You may find there is an initial feeling of fear that you will work through. This is normal, as we are often more comfortable with what we already know about ourselves
- Making a change involves taking a risk

Signs of healthy boundaries:

- Feeling resentment, frustration, anger and other emotions over the abuse
- Not accepting what happened
- Becoming more comfortable with people who have boundaries
- Saying “es” because you want to, not because of a sense of obligation
- Saying “No!” without hesitation
- Wanting clearly defined boundaries
- Developing close and meaningful connections with people who have healthy boundaries

Boundary Issues

Transference/Counter-Transference:

- Transference: As your peer client works through memories and feelings around their abuse, they may relate to you, the peer counsellor, as if you were like someone from their past
- Counter-transference: You need to be careful not to get caught up in this process. There is a danger that you may assume the role projected onto you by the peer client
- If you can stay grounded, this can be positive, as these two processes can give you insight into where the client’s central issues lie, and you can assist them in becoming more aware of them. (See the Triggers and Grounding class)

Excessive distancing:

- Isolating ourselves from friends, family, and social activities
- Distance from others (physical and emotional)
- Excessive distancing can happen with the client or the counsellor

Encroaching (intruding):

- Moving inappropriately into someone’s physical or emotional space
- Can happen with the client or the counsellor

Healthy boundaries:

- Result in equal and respectful relationships
- Lead to a healthy sense of personal power
- Help you avoid taking on others’ issues as if they were your own

Boundary Issues in the Peer Counselling Relationship

- The client is in a position of vulnerability in relation to you, the peer counsellor (because of your training and experience and, because you have been given the role of peer counsellor, you can be seen by the peer client as holding a position of power). This may interfere with their ability to set clear boundaries for themselves
- You as peer counsellor elicit the desire to empower the peer client in their healing journey, but you need to be careful not to impose your values and choices on the peer client. (Do not confuse their issues with your issues!)



Build the client's trust in you:

- By keeping the client safe
- By keeping yourself healthy, present and grounded
- By being vulnerable yet strong

To maintain a healthy peer counselling relationship:

- Value yourself and the client
- Clarify appropriate limits

Peer Counselling Strategies

It requires a conscious effort to create boundaries:

- Talk about what is needed and what is acceptable
- In the first session, go over the contract, procedure and timeline
- Meet only in approved locations to maintain safety

The counsellor is responsible for maintaining their own boundaries:

- Be aware of where you are in your own healing journey
- Being hungry, angry, lonely, tired or stressed compromises your ability to peer counsel
- Have someone to talk to (for example, another peer counsellor; the S.O.A.R. consultant)
- It is an ongoing process to remain ready to peer counsel
- Be aware of the client and how you see the peer counselling relationship:
- The peer counselling relationship consists of two separate individuals
- Guard against seeing the client as being able to fulfil your needs
- It is important to ask the peer client what their needs are, rather than assuming what they are
- If you have a personal or intimate interest in this client, you need to either set these feelings aside or refer the peer client to another peer counsellor

Demo and Role-playing

Instructors will demonstrate the use of boundaries in a peer counselling session. After, divide into small groups and practice using counselling techniques. Return to the group and discuss the role-play.

Summary

- In this class we have explored how our boundaries and our client's affect our relationship
- It is important to work on understanding your boundaries, for yourself and also for how you can assist your client by modeling good boundaries
- The peer counsellor needs to be mindful of the fact that, although in a peer relationship, you have a certain power as "the peer counsellor." This is a sacred trust, and we must always try to protect our clients so they are not in any way "revictimized" by the peer counsellor
- Always communicate as clearly as you can so there are as few misunderstandings as possible. (See the Communication Skills classes)
- "Your yes means nothing unless you have a no." – Paul Linden



Homework

Set up a peer counselling session this week with another trainee. In half hour sessions, each assume the role as peer client and counsellor, making sure to ground between switching roles. The instructors will set up a meeting place for you in a S.O.A.R.–approved, safe space. Just tell them when you want to meet.



Class 7 - Triggers and Grounding



Objectives

- Recognizing your own triggers
- Learning skills to help you disarm your triggers
- Learning how to assist peer clients in identifying and disarming their triggers
- Learning and practicing various tools for getting and staying grounded

Challenges

Working on triggers can be triggering! In some cases we have identified with our triggers – we think they are who we are – and so dismantling them may feel like losing a familiar part of ourselves. Who would we be, and how would we be different, if we were free from old triggers and had more power over our lives and our choices? After looking at how triggers work, it may be difficult to trust our thinking and reactions until we rediscover our true selves underneath the hurt.

Background

As survivors we may sometimes notice ourselves reacting in ways we did not intend, or responding to situations with more emotional intensity that we would think is warranted. Often this is because the situation we find ourselves in has one or more similarities to a traumatic experience in our past, and the new situation “triggers” old feelings as if we were back in the abusive situation. This can happen even if the details of the original memory are suppressed. We then may think that the feelings are coming from the current situation, and so we respond as if that were true. This makes it very difficult to be in that situation. Disarming that trigger will require identifying the original experience and separating it from the present one. This class will examine in detail a model of how triggers are formed, and how they can be dismantled.

One good defense against getting triggered is to practice grounding skills. “Grounding” means being well connected with the present time and place, and not being overwhelmed by emotion. Grounding is the opposite of being triggered. We will practice grounding skills all the way through the course.

The art of peer counselling is finding the balance between grounding and triggers. If our peer client is totally grounded, and not feeling any problematic emotions and not recalling traumatic memories, then there is nothing for her or him to work on! If they are totally triggered, there is no space left to think and it is not possible to work on issues. One of your key jobs is to assist the peer client to balance their attention between old hurts and “here and now” so that ongoing healing can take place. One of the ways we make it safe to go deep into old hurts is knowing that we can ground back into the present at any time, and put things on the shelf for the next session.

Presentation

The instructors will present a model of how memory works (see Identifying and Disarming Triggers in the Resources section for description), how it gets distorted during traumatic events, the impact of distorted memory on our behaviour (triggers), and how we repair the damage over time. This is not intended to be an exact model of the workings of the human brain, but just a rough model to help understand the trigger process.

- What happens to our thinking and memory during times of intense distress?
- Triggering old hurts – what happens when we remember?
- Recognizing the difference between re-traumatizing and healing
- What happens to our thinking and memory during times of emotional release?
- The healing cycle – re-evaluating and understanding our experience
- Balancing our peer client's attention between old hurts and “here and now”

Exercise

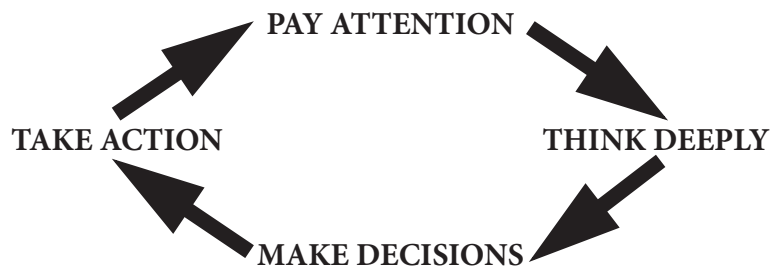
After a brief introduction to, and demo of, the Identity Check and Situation Check (see descriptions in the Resources section), pair off and support one another (take turns!) in sorting out one of your triggers.

Exercise

After a brief introduction and demo, pair off and practice grounding techniques with each other.

The Healing Cycle

One helpful model is of the Experiential Learning Cycle, which shows how we learn, heal and grow. There are four steps: Paying Attention, Thinking, Making Decisions and Taking Action. For example, if we are peer counselling, we first need to pay good attention to the peer client to see what their needs are (not project our own needs onto them!). Then we need to think deeply about how to be supportive, remembering what we have learned about peer counselling and about this particular person. From those thoughts we need to decide how to respond, what to say, what resources might be useful, etc. Finally, we need to do the things we decided. Once we take action, we need to pay attention to how it worked out, and the cycle starts again...



How is this relevant to triggers and grounding? All four of these steps are needed to be an effective peer counsellor, and we can be triggered by any of them. For example, as you pay attention to the peer client, is there a feature of them or their story that triggers you? When you try to think about what to do, are there old hurts that tell you that you cannot think clearly, so why try? When deciding what to do, do old fears keep you from taking risks? When it is time to do something – to make a suggestion to the peer client perhaps – do triggers keep you from being confident to act? If any one of these triggers breaks the cycle, we become less effective as a supportive figure. Knowing where in the cycle we are triggered can help us understand what we need to work on in ourselves, instead of just wondering why things are not working well.

Homework

During the week, notice when you are triggered. Fill out the Trigger Inventory (in the Resources section) as you find new ones.



Summary

- A trigger is something in your environment that brings up an old memory of being mistreated
- These can take up part of our attention so we cannot think as clearly as we might like
- Because these memories are disorganized, we often confuse them with being part of the present, and we react to the present based on feelings from the past
- A “flashback” is a trigger that takes up almost all of our free attention, so we are “living in the past” for a while. (See the class on Stress and PTSD)
- To get control when being triggered, we need to put more of our attention in the present time and space, so we use grounding techniques
- We can sometimes trace the root of a trigger and “disarm” it by doing “identity checks” and/or “situation checks”
- Triggers can be great clues to what we (or our peer client) need to work on to heal

Class 8 - Stress, Trauma, PTSD & PTG



Objectives

- Understanding that both the peer counsellor and peer client have undergone a traumatic event
- Understanding how stress and trauma impact our lives
- Learning effective coping mechanisms
- Understanding how listening to others' stories can be a "secondary trauma"
- Exploring Post Traumatic Growth – discovering the positive possibilities from surviving trauma

Challenges

It is not possible in one class to fully explore the topics presented here. Our goal is to introduce you to them, show you how to recognize them, and give you some tools to assist the peer client. If you feel your peer client is suffering from severe stress issues, a referral can be made to Mental Health Services. Talking about stress and trauma can be triggering, so we will be focusing also on grounding exercises.

Background

The understanding of stress and trauma is constantly growing, and new research is always being done on how they affect us. Unfortunately, we have overused these terms in society. We often hear, "Oh, I am too stressed out to do anything!" In fact, we all need some stress to keep us alert and focused. (It is not good to be totally relaxed when driving, or when a report is due tomorrow!) The key is to manage our stress levels so that they are appropriate to our needs at the time.

There is much talk about **Post Traumatic Stress Disorder** (PTSD) recently, and we may think we can self-diagnose or diagnose others with PTSD. Peer counsellors do not diagnose or label people. The information in this class is to help understand and demystify our responses to trauma. There is a movement afoot to have PTSD renamed as **Post Traumatic Stress Injury** (PTSI) to indicate that it is not a "disorder" but simply how humans naturally respond to an extreme stress injury. Recovering from an injury feels very different than a "disorder."

Post Traumatic Growth (PTG) is another area that is being developed. PTG looks at how surviving trauma can have positive effects on an individual. The skills and strengths we develop can be used throughout our life.

If your peer client appears overwhelmed by any of the above subjects, encourage your peer client to refer themselves to Mental Health Services for counselling in their specific area of need. You may continue to be their peer counsellor if that is appropriate, but dealing with people who are in severe stress or experiencing PTSD from their trauma usually benefit from professional help.

Stress

Definition of Stress: Stress "is a feeling of strain and pressure, feeling of anxiety and being overwhelmed, overall irritability, feeling of insecure, nervousness, social withdrawal, loss of appetite, depression, panic attacks, exhaustion, high or low blood pressure, skin problems, insomnia, lack of sexual desire (sexual dysfunction), migraine, gastrointestinal problems (constipation or diarrhea), and for women, menstrual problems. It may cause more serious conditions like heart problems. Small amounts of stress may be desired, beneficial, and even healthy. Positive stress helps improve athletic performance. It also plays factor in motivation, adaptation, and reaction to the environment."*

* http://en.wikipedia.org/wiki/Stress_%28psychological%29

Physiological Symptoms of Stress Response

Nervous and chemical (“fight or flight”) responses to stress:

- Automatic physical responses to a threat or perceived threat
- Chemicals (for example, adrenaline) are released in our brain. This causes automatic responses in our body, such as cardiovascular changes, respiratory changes, and other physical responses

Cardiovascular changes:

- Increased heart rate
- Raised blood pressure
- Our skin gets cold and we turn pale
- We might experience numbness and/or tingling in extremities. This is because the blood moves to our large muscles so that we are “ready to go.” We also may experience dizziness, blurred vision and confusion because of the blood rushing to these muscles

Respiratory changes:

- We may begin to breathe deeply
- The combination of deep breathing and a high pulse can cause us to become breathless
- A high pulse and shortness of breath often leads to pain or tightness in our chest

Other physical responses:

- Pupils dilate to see better
- We can become sensitive to light. We may even see spots
- Our sweat glands work harder, making us sweat. This keeps the body from overheating
- Our mouth gets dry, as saliva production decreases
- Our digestion system can cause nausea and/or we may become constipated
- We may feel aches and pains in our muscles and bones
- Our hands and/or whole body may shake

Behavioural (action) responses:

- Foot tapping
- Fidgeting
- Irritability
- Escaping and/or avoiding a stressful situation

Cognitive (thinking) responses:

- Trouble focusing on a task
- Hyper-vigilance (checking and “looking over your shoulder” a lot)
- Being irritated
- Distorted thinking (see Cognitive Distortions class)

Managing Stress

Stress management techniques for emergencies, or immediate situations (for example, a peer client finds him- or herself in a very stressful situation. They arrive home and their partner and child are in a verbal fight that is escalating):

- Remind your peer clients to practise grounding techniques (see the Triggers and Grounding class)
- Deep-breathe – take three or four slow, deep breaths
- Call a friend. If you or others are in danger, call 9-1-1
- Practise positive self-talk
- Withdraw from the stressful situation temporarily



Short-term stress management techniques (for example, you have a job interview tomorrow):

- Journal (this helps us put our thoughts into words)
- Self-care (for example, have a relaxing bath or shower, eat healthily, exercise, talk to a trusted friend and/or call a help line)
- Play (for example, finger paint, play games with a child, sing, skip, throw a ball against the wall outside)

Long-term stress management:

- Maintain a healthy lifestyle
- Develop a support network
- Develop assertiveness skills (for example, take a class in assertiveness training).
- Deal with your issues (for example, try to understand any troubling thoughts or behaviours)
- Focus on your own needs and values
- Practice empowering, open-body postures. Research by Amy Cuddy has shown that holding a self-protective disempowering posture for even a few minutes significantly increases levels of the stress hormone, cortisol, in your blood stream.

See http://www.ted.com/talks/amy_cuddy_your_body_language_shapes_who_you_are.html

Trauma

Psychological trauma: Psychological trauma “is a type of damage to the psyche that occurs as a result of a sudden, quick, traumatic event. When that trauma leads to Post Traumatic Stress Disorder, damage may involve physical changes inside the brain and to brain chemistry, which changes the person’s response to future stress.

“A traumatic event involves a single experience, or an enduring or repeating event or events, that completely overwhelm the individual’s ability to cope or integrate the ideas and emotions involved with that experience. The sense of being overwhelmed can be delayed by weeks, years or even decades, as the person struggles to cope with the immediate circumstances...

“Trauma can be caused by a wide variety of events, but there are a few common aspects. There is frequently a violation of the person’s familiar ideas about the world and of their human rights, putting the person in a state of extreme confusion and insecurity. This is also seen when people or institutions, depended on for survival, violate or betray or disillusion the person in some unforeseen way.”*

* <http://en.wikipedia.org/wiki/trauma>

Childhood trauma is considered to have occurred when something has caused the child to no longer feel safe, secure and protected.

Some causes of trauma:

- Physical abuse
- Sexual abuse
- Psychological abuse
- Violence in the home
- Bullying

Emotional signs of trauma:

- Not allowing yourself to feel (known as “numbing out”)
- Feeling anxious or fearful
- Denial that anything has happened
- Mood swings



Physical and Psychological signs of trauma:

- Nightmares
- Insomnia
- Aches and pains
- Flashbacks (see class on Cognitive Distortions and Flashbacks)

Some people, depending on their personality and/or the type of trauma and/or the support they receive after the event or events, can recover very quickly, while others can spend many years coming to terms with what happened.

Peer Counselling Strategies:

- It is important not to re-traumatize the peer client, so travel at their speed. Let them tell you about their trauma when they are ready
- Listening (see Communication classes) is one of the most important things you can give them
- Hear their story of trauma in a respectful, non-judgemental way. For some peer clients it may be the first time they have shared their story. It takes practice to achieve a balance in your response to their story. Recoiling in horror will only shut them down. On the other hand, if you have do not respond at all, they will most likely feel unheard
- Watch to see if the telling of their story is shutting them down, making them unable to communicate and feel at ease. Help them balance their attention between focusing on the memory and being grounded in the present
- It is important for you not to identify too much with the trauma, as you can experience “secondary trauma” from hearing distressing accounts of abuse. (You can debrief later with another peer counsellor, or with S.O.A.R.’s resource therapist if you feel the need)

Debriefing formula for the retelling of the story:

- Get the facts
- Encourage the client to verbalize what happened
- Listen as they tell their story, but do not get caught up in the details

Discuss the client’s thoughts:

- Find out what the thoughts were at the time of the trauma or abuse, as this is when the root of distorted thinking may become apparent
- Ask questions (for example, “What were your first thoughts?” or “How did the retelling of your story make you feel?”)
- Brainstorm positive ways to deal with difficult thoughts and feelings

Post Traumatic Stress Disorder (PTSD) “is a severe anxiety disorder that can develop after exposure to any event that results in psychological trauma. This event may involve the threat of death to oneself or to someone else, or to one’s own or someone else’s physical, sexual, or psychological integrity, overwhelming the individual’s ability to cope. As an effect of psychological trauma, PTSD is less frequent and more enduring than the more commonly seen post-traumatic stress (also known as acute stress response)”*

* <http://en.wikipedia.org/wiki/PTSD>

Recognizing Post Traumatic Stress Disorder (see also the Triggers and Grounding class)

The client was exposed to a traumatic event in which both of the following were present:

- The peer client experienced or witnessed a severe (actual or perceived) trauma
- The peer client responded to the event with horror



The following are symptoms that may be present in a person dealing with PTSD:

Intrusion:

- A persistently recurrent or distressing re-experiencing of the trauma
- Body memories and/or flashbacks (for example, you may actually feel as if you are being hit or beaten. Phrases and pieces of conversation continually play in your mind)
- Feelings of anger
- Compulsive and repetitious behaviour

Constriction:

- Inability to act or experience emotions (for example, you become physically frozen and/or numb to your feelings in certain situations)
- Dissociation
- Experiencing a loss of time and/or changes in perception

Hyperarousal (fight-or-flight-or-freeze response):

- Persistent hyperarousal, which may alternate with symptoms of constriction
- Exaggerated startle response and/or hypervigilance
- Problems concentrating

Other criteria that need to be present to be considered as suffering from PTSD:

- Symptoms significantly affect social and/or occupational functioning
- Symptoms appear three to six months after the trauma occurred (with delayed PTSD symptoms appear years later)
- Symptoms last more than one month

Peer Counselling Strategies

Ways to avoid developing secondary PTSD:

- Develop a routine that helps you ground yourself and relax after sessions
- Debrief as soon as possible after difficult sessions
- Maintain a social life
- Recognize that you are more than a peer counsellor – your value does not come from your role as peer counsellor
- Employ emergency (immediate situation) stress management techniques
- Deep-breathe – take three or four slow, deep breaths
- Call a friend
- Initiate positive self-talk
- Withdraw from stress and the situation temporarily
- Pay attention to the person (notice their reactions, how they are feeling and where they get stuck) and not just to the details of the story they are telling you. This helps to maintain the focus on the future and on healing, instead of getting lost in the past. It also helps prevent you from developing secondary trauma from the retelling, as your attention is on the healing and not the hurt. (See stress management techniques in the section above on stress.)

Post Traumatic Growth (PTG) is, according to the Post Traumatic Growth Research Group at UNC Charlotte, “positive change experienced as a result of the struggle with a major life crisis or a traumatic event.... [T]he idea that human beings can be changed by their encounters with life challenges, sometimes in radically positive ways, is not new. The theme is present in ancient spiritual and religious traditions, literature, and philosophy...”

Not everyone will experience PTG. For those who do, five possible areas of growth exist:

- A sense that new opportunities have emerged from the struggle, opening up possibilities that were not present before
- A change in relationships with others. Some people experience closer relationships with some specific people, and they can also experience an increased sense of connection to others who suffer
- An increased sense of one’s own strength (“if I lived through that, I can face anything”)
- A greater appreciation for life in general
- Some individuals experience a deepening of their spiritual lives

We most definitely are not implying that traumatic events are good – they are not. Post Traumatic Growth is not universal. Just because individuals experience growth does not mean that they will not suffer. Distress is typical when we face traumatic events. However, PTG is not uncommon, but neither does everybody who faces a traumatic event experience growth.

(This section on PTG is a condensed version of the original text. See <http://ptgi.uncc.edu/whatisptg.htm> for the full text. Used by permission.)

Demo and Role-playing

After a demonstration of counselling techniques, divide into groups of three and practice counselling a peer client who is dealing with stress or traumatic memories. The third person acts as observer. This can provide a more grounded space and gives opportunity for feedback at the end of each session. Rotate roles so everyone gets a turn.

Summary

- In this class we discussed aspects of stress and trauma that may be experienced when you are working with your clients and they are telling their stories and explaining the effects abuse has had on them
- We looked at one way to process a person’s retelling of their story
- We looked at some of the signs, symptoms and how to cope with and overcome the effects of stress, trauma and PTSD
- We watched a demo which showed how a client might act when feeling stressed, talking about their trauma and having a flashback during the retelling of their story
- We practiced, in groups, how to peer counsel our peer clients when they are sharing their story, making sure not to get caught up in that story
- We identified the importance of self-care for the peer counsellor to ensure that our volunteering as a counsellor does not become overwhelming, that we maintain balance
- Post Traumatic Growth is a possible but not universal development after trauma

(See A Mindful Approach to Managing Anxiety, as well as Understanding Trauma, in the Resources section.)

Class 9 - Grief and Depression, Loss and Hope

Objectives

- Understanding emotions as information
- Becoming familiar with the stages of grief
- Understanding that the loss of innocence is a trauma that needs to be grieved
- Understanding that there is a difference between being depressed and being clinically depressed
- Seeing that with understanding, knowledge and processing, hope will emerge

(Note: Before reading the following, please see Emotion as Information in the Resources section.)

Challenges

Peer Counsellors will ideally have begun their own grieving process in order to be fully present for peer clients dealing with their grief, or this may be very triggering for the peer counsellor.

Grieving Abuse

We are not grief counsellors, nor are we therapists who can diagnose or treat depression, so how do we approach these issues as peer counsellors? Grief is recognition of a deep loss. In addition to the more obvious issues of the death of a loved one, the failure of a relationship, the loss of a job, etc., what losses might be grieved that are directly due to our abuse?

Discuss losses that survivors may grieve. Some examples are:

- Innocence/Childhood
- Fantasy life
- Virginity
- Sense or idea of the self that was
- Sense or idea of the self that might have been
- Loss of connection with family, church, sports, etc. (the connection may depend on the perpetrator of the abuse)

Giving the peer client the space to notice what they have lost as a result of the abuse, and providing a safe atmosphere in which they may grieve that loss, can be enormously helpful in the healing process. Normalizing the common responses to loss can help them feel comfortable talking about their reactions, and move them forward on their healing journey.

The length of time and intensity of the grieving process depends on a variety of factors:

- Past experience in dealing with loss
- How much the loss impacts daily functioning
- Personality
- Support system

The peer client's approach to working through the grieving process can change over time:

- Shutting down (for example, the client might have developed a resistance to grieving and may need a break)
- Opening up (for example, the client may experience a catharsis, or emotional release)

Stages of Grief

Elizabeth Kübler Ross' well-known five-stage model of grieving (denial, bargaining, anger, depression, acceptance) was based on her experience of working with people who were dying, and observing the stages they went through as they dealt with this reality. Since then, her insights have been applied to grieving in general, and have been seen to be useful in understanding how we react to many kinds of loss, not just loss of life. There have been other models that may be more appropriate for grief that is not in response to impending death, including the seven-stage model (from <http://www.recover-from-grief.com/7-stages-of-grief.html>) that follows in an abridged version.

The Seven Stages of Grief: Through the Process and Back to Life

It is important to interpret the stages loosely, and expect much individual variation. There is no neat progression from one stage to the next. In reality, there is much looping back, or stages can hit at the same time, or occur out of order. So why bother with stage models at all? Because they are a good general guide of what to expect [when beginning the grieving process].

1. Shock and denial

You will probably react to learning of the loss with numbed disbelief. You may deny the reality of the loss at some level to avoid pain. Shock provides emotional protection from being overwhelmed.

2. Pain and guilt

As the shock wears off, it is replaced with the suffering of unbelievable pain. Although excruciating and almost unbearable, it is important that you experience the pain fully, and not hide it, avoid it or escape from it with alcohol or drugs.

3. Anger and bargaining

Frustration gives way to anger, and you may lash out and lay unwarranted blame for the [issue] on someone else. Please try to control this, as permanent damage to your relationships may result. This is a time for the release of bottled up emotion.

You may also try to bargain in vain with the powers that be for a way out of your despair ("I will never drink again if _____" (fill in the blank!). (See the Anger and Fear class)

4. "Depression," reflection and loneliness (note: this depression is not clinical depression)

Just when your friends may think you should be getting on with your life, a long period of sad reflection will likely overtake you. This is a normal stage of grief, so do not be "talked out of it" by well-meaning outsiders. Encouragement from others is not helpful to you during this stage of grieving. During this time, you finally realize the true magnitude of your loss, and it depresses you. You may isolate yourself on purpose [...] and focus on memories of the past. You may sense feelings of emptiness or despair.

5. The upward turn

As you start to adjust to life [...] your life becomes a little calmer and more organized. Your physical symptoms lessen, and your depression begins to lift slightly.

6. Reconstruction and working through

As you become more functional, your mind starts working again, and you will find yourself seeking realistic solutions to problems posed by life... You will start to work on practical [...] problems and reconstructing yourself and your life.

7. Acceptance and hope

During this, the last of the seven stages in this grief model, you learn to accept and deal with the reality of your situation. Acceptance does not necessarily mean instant happiness. Given the pain and turmoil you have experienced, you may never return to the carefree, untroubled YOU that existed before this tragedy. But you will find a way forward... You will once again anticipate some good times to come, and yes, even find joy again in the experience of living.

The following is a reminder that there is no set way of experiencing grief:

- There is no specific order in which the stages of healing to occur
- The peer client may move back and forth between stages
- Each stage may be dealt with differently

Depression

Feeling sad or depressed is a normal reaction to a stressful life situation like a difficult break-up, a death of a friend, a job loss, etc. Often a sense of helplessness, disorientation or despair will last several days, but by talking with friends and releasing the emotion, the person will return to normal functioning, though they may still be sad. In contrast, major depression has an ongoing impact on life, interfering with the ability to work, sleep, eat or enjoy once-pleasurable activities. The depression may not be related to a specific event. It may start suddenly, or slowly build in intensity over time. Sadness and grief provide us with good feedback about a loss we are experiencing. Depression, on the other hand, gives us distorted signals about our world. It is a clinical condition that usually needs professional treatment.

Defining Clinical Depression (“Major Depression” or “Dysthymia”):

- Feeling in a constant state of lowness for more than two weeks
- More than feeling “down”
- Does not need to be related to something specific

Symptoms of depression:

- | | |
|--|-----------------------------|
| • Changes in appetite (increase or decrease) | • Change in appearance |
| • Changes in sleep (more or less sleep than usual) | • Lack of hygiene |
| • Lack of interest | • Decreased motivation |
| • Decreased energy/Listlessness | • Withdrawal/Isolation |
| • Disconnected from emotions | • Lack of emotion/Numbing |
| • Deep sadness | • Feeling hopeless |
| • Decreased self-esteem | • Poor concentration |
| • Memory problems | • Increased anxiety |
| • Hypersensitive | • Ruminating |
| • Dwelling on the past | • Feeling overwhelmed |
| • Crying frequently | • Sense of doom |
| • Catastrophizing | • Wanting be somewhere else |
| • Wanting to die | • Suicidal thoughts |

Peer Counsellor Strategies

With serious depression, suicidal thoughts or feelings:

- Refer the client to a professional (see also the Suicide Awareness class)

With persistent, low intensity depression:

- Be a support for the client. Listen and attempt to normalize their experience. Provide grounding tools.
- Focus on the practical (for example, hygiene, nutrition and exercise). These can make a huge difference.

Focus on identifying concrete things to aim for:

- Work on instilling hope. Hope is the opposite of depression. What are some small attainable goals they can work towards and succeed at?
- Encourage the peer client to thinking about “when” it gets better rather than “if” (for example, “When you are feeling better, what will life be like?”, “When you are feeling better, what will you be doing?” or “What works for you to help you feel better?”)

Activity: Role-playing

Divide into small groups and practice peer counselling someone experiencing one of the stages of grief. Come back to the main group and discuss what was and what was not helpful in the role-play. Use the scale (1–10) to check the comfort level of the group during the role-play.

Summary

- We need to distinguish between the deep sadness that grief can bring and the debilitating effects of clinical depression
- Survivors may need to grieve what they have lost from having been abused
- There are many stages to the grieving process. Different people may move through the stages in a different order or speed
- Focusing on hope and on visioning a positive future can be a good counterbalance to grief and depression
- Clinical depression can distort a person's view of themselves and the world around them, and interfere with sleep, appetite, work and play. Professional intervention is recommended



Class 10 - Shame & Guilt - Giving & Receiving

Objectives

- Viewing emotion as a source of information (see handout in Resources section)
- Understanding how psychological abuse is often the root of feelings of shame
- Clarifying the difference between shame and guilt
- Learning to let go of shame and guilt
- Becoming aware of how shame and guilt can block our ability to give and receive

(Note: Before reading the following, please see Emotion as Information in the Resources section.)

Challenges

As with all the classes on emotions, it can be challenging to stay grounded and present. This may be particularly true for the Shame and Guilt class, as we do not often get opportunities to examine these feelings in a safe environment.

Background

Shame and guilt, like all emotions, give us simple feedback about our relationship with the society around us. When seen in this way, guilt can be a motivator, making us aware of mistakes we make in our relationships with people. When aware of guilt, we can move from feeling bad about having crossed a certain line, to making plans about what actions are needed to fix the situation.

The message of shame is less constructive: it is telling us that we – or someone else – think we are no good. Guilt is about what we do; shame is about who we are. Our society often feels shame about sexuality and about powerlessness. So for those of us who are survivors of childhood sexual abuse, we often feel that we have been shamed by the assault, that it has made us unworthy. In addition to the sexual and physical abuse, there is often an extra layer of psychological abuse that intensifies the sense of shame, and has many other negative effects. Understanding how psychological abuse has impacted us is the first step to confronting our sense of shame. Once we begin to understand that these feelings are not actually true about who we inherently are, but are put upon us by the abusive actions of others, we can begin to reclaim our self-respect and power.

Shame Versus Guilt

Guilt tells you that you have done something wrong – that you have hurt someone or crossed their boundaries. Shame tells you that you are something wrong – that because you have violated a deep cultural norm, or are so different from your peers, you must be bad or worthless.

SHAME	GUILT
Feeling there is something wrong with you (“I am.../am not...”)	Feeling that you have done something wrong (“I should have.../shouldn’t have...”)
Feeling bad or evil; wanting to hide	Taking blame and responsibility for your own actions
Fearing being abandoned	Fearing being punished
Decrease in self-worth; feeling helpless	Reinforcing shame
Shame says, “You have nothing worthy to give.”	Guilt says, “You do not deserve to receive anything good.”

What is Psychological Abuse?

Psychological abuse is:

- Something that causes a negative effect on how you see yourself
- Decreases your image of self and/or self-worth
- Leaves you feeling devalued/blocks your potential

“There is no simple definition of psychological abuse. Generally [it is seen as] the systemic destruction of a person’s self-esteem and/or sense of safety, often occurring in relationships where there are differences in power and control... It includes:

- Threats of harm (to yourself or those you care about, pets, etc.)
- Threats of abandonment
- Humiliation, being put-down, belittled
- Deprivation of contact, isolation, being ignored
- Manipulation (“You wouldn’t want me to do this to your sister instead, would you...?”)
- Many other [possibilities may exist]

A variety of terms are used interchangeably with psychological abuse, including emotional abuse, verbal abuse, mental cruelty, intimate terrorism and psychological aggression.”*

* Adapted from http://publications.gc.ca/collections/collection_2009/aspc-phac/HP20-12-2008E.pdf. Public Health Agency of Canada (2008): Psychological Abuse – A Discussion Paper

Examples of effects of psychological abuse:

Low self-esteem	Shame
Perfectionism	Anxiety
Self-harming behaviours	Anxiety and fear
Confusion	Insecurity/Survival instinct
Lack of identity/Sense of self	Chronic stress
Phobias	Insomnia and nightmares
Post-traumatic stress	Depression and suicidal thoughts

Psychological abuse devalues us, makes us feel unworthy, shamed.

Types of Shame

There are many types of shame. We think of shame as resulting from being disgraced or condemned, but there are other kinds of shame:

False shame, also known as “victim blaming,” is based on the “Just World Hypothesis” that thinks that people always get what they justly deserve. The poor are blamed for their condition; women are blamed for being raped, etc.

Secret shame occurs when someone feels ashamed about being ashamed, so they do not seek help.

Toxic shame is what most survivors feel. John Bradshaw, who has published books on inner-child work (see below) states that all survivors of child abuse will have some level of toxic shame, with sexual abuse producing the most intense form. Because of this intensity, the child cannot cope with it and often dissociates from the feelings stemming from the abuse. These can then emerge when we are adults and start working on our recovery, and can shut us down if we are not prepared to deal with the feelings.

Vicarious shame refers to a situation where a person feels shame for what someone else has done. If we have been primed to experience our own shame, it can be triggered by seeing others who feel shamed.



Activity: Generate group discussion about where shame comes from:

- Messages we get from society, and from others
- Distorted sense of who you are
- Being devalued
- A false sense of control (“If I wasn’t such a bad person, he or she wouldn’t have done it”)
- As a result of natural responses (“I must be a bad person because I took pleasure in some of what happened”)

Feelings that arise from shame:

Worthlessness
Sensations of feeling hollowed-out
Having no identity
Feeling we have to wear a mask

Some defence responses to shame:

Paralysis
Faltering energy
Escapism
Withdrawal
Perfectionism
Blaming others
Arrogance

Discuss some of the ways guilt contributes to shame:

- Misinterpreting our natural physical responses (“My body responded to his touch, so I must have wanted it” or “I felt some pleasure so I must be bad”)
- Getting a false sense of control (“If I dressed in baggy clothes, he or she wouldn’t have found me attractive, so it must be my fault”)

What Helps**Some suggestions that help put the responsibility where it belongs:**

- Break the silence – tell what happened to a counsellor, a friend, the police
- “Write an angry letter to your abuser. Share your rage and don’t hold anything back. Let it all out, no matter how long the letter gets. Then go outside and use a barbecue grill or hibachi to burn that letter, letting go of your anger and fear” *
* From <http://www.wikihow.com/Overcome-Shame-if-You%27re-a-Child-Abuse-Survivor>
(see <http://www.letterstomyabusers.com/guide.html> for more ideas)
- Draw, use other creative arts, use symbolism
- Confront the person (in role-play). We strongly recommend that you get professional advice (from a therapist, the police, etc.) before considering direct confrontation with the abuser, as in some situations this may be re-traumatizing or dangerous
- Processing memories can help put things in perspective

Nurturing self-esteem/self-worth:

- You do not need to feel good about yourself to nurture self-esteem. Doing it will help develop self-worth
- Inner child work – talk with the “little you” inside (a classic book on this is *Homecoming: Reclaiming and Championing Your Inner Child*, by John Bradshaw)
- Focus on self-care
- Become more self-aware (see Self-Awareness Exercise in the Resources section)
- Have a good support system. Spend time with people who respect and like you!

When considering confronting a perpetrator:

- Be sure it is safe to do so
- If peer counselling, make sure the peer client really feels it is necessary to confront the abuser
- Remember that confrontation is not for everyone
- Has the peer client considered all the consequences?
- What does the client expect to gain from this – is it realistic?
- Role-play first (many times!)

* Important note: If your peer client is planning on confronting their abuser or pressing charges, refer them to appropriate professional advice: a therapist, legal counsel, etc. Assisting them with taking direct action is beyond our training, but we can help a peer client by role-playing possible situations in a session to help them gain clarity as to what to do, and/or using sessions to deal with the feelings and challenges that come up during any ongoing legal process, etc. Never attempt to give legal advice!

Points to keep in mind:

- Self-disclosure on the part of the peer counsellor can risk leading to over-identification with the peer client, making it difficult to see their needs and solutions as different from your own
- Watch for dissociation in the client and in yourself
- Avoid pity. Pity increases the peer client's feelings of powerlessness
- Set realistic goals
- Always listen intently!

Healthy Guilt Versus Guilt Trips

Healthy guilt lets us know when we have crossed someone else's boundary, broken a promise, or let someone down. We can then work to make amends. We can focus on developing a solution for the future rather than dwelling on what happened.

On the other hand, when someone else tries to make us feel guilty (perhaps out of anger or because they want to manipulate us or justify their own inappropriate behaviour), we can end up indulging in unhealthy self-condemnation. For example, someone who is abusing their partner might say, "I work hard earning all the money, so you should be grateful about having a roof over your head and not complain about me!" They are hoping to instill a feeling of guilt in their partner so the partner will not confront that person on their abusive behaviour. There is no focus on the future or on solutions. Breaking dysfunctional (unreasonable) rules can also lead to guilt. This is an example of how emotions are only rough guides to what is going on, and we also need to think clearly about the situation to sort out how to respond.

Activity: Giving and Receiving Exercise

Pair off and do the following three exercises:

Self-affirmation exercise: Sit up tall, speak in a confident voice and, without hesitation or minimizing yourself, for two minutes tell the other person all the things that you like and respect about yourself. If you stop, your partner will ask you what else you like about yourself. When finished, switch so that your partner may take a turn as the speaker.

Giving-affirmations to others exercise: Take a minute to tell your partner things you like and respect about them. When finished, switch so that your partner may take a turn as the speaker.

Receiving affirmations from others exercise: For one minute, your partner will tell you things they like and respect about you. When done, switch so that you may take a turn affirming your partner.

Come back to the large group and discuss how this felt, which activity you had the easiest time with and why, and which activity you had the hardest time with and why. What has this exercise taught you about how you wear guilt and shame?

Activity: Role-playing

Divide into small groups and practice peer counselling a client who wants to talk about guilty feelings associated with the abuse they suffered.

Homework

Examine how you define who you are.

Summary

- Guilt tells that you have done something wrong
- Because of guilt, you may feel you are not worthy of receiving support from others. This needs to be challenged and transcended
- Shame tells you that you believe you are something wrong, that you have nothing worthy to give. This needs to be challenged and transcended
- Psychological abuse often leads to a deep sense of shame
- There are different types of shame, including false shame, secret shame, toxic shame and vicarious shame
- It is helpful to break the silence, use creative outlets to get in touch with your true self, and use the power of your anger to achieve a clearer understanding of your situation
- Directly confronting an abuser can be re-traumatizing or dangerous. Anyone planning to do this is strongly advised to seek professional advice (therapy, legal counsel, etc.)
- Take good care of yourself, affirm yourself, reach out to friends
- While guilty feelings can be useful guides to appropriate behavior and motivate us to repair relationships and move forward, they can also be expressed in a manipulative way. We need to be clear about why we feel what we are feeling

See also chapter three (pp. 31–49), *Excessive Shame: The Shame-Based Person from Letting Go of Shame: Understanding How Shame Affects your Life* by Potter-Effron, R., and Potter-Effron, P., Hazelden (1989). This chapter can be viewed online at <http://books.google.ca/books?id=MCmwYYfEen0C&pg=PA31>



Class 11 - Anger & Fear - Forgiveness & Power



Objectives

- Viewing emotion as a source of information (see handout in Resources section)
- Understanding that anger and fear are useful emotions
- Realizing that anger can be an agent of change
- Learning how to respond in a healthy way to anger in yourself and others
- Exploring what forgiveness means as a survivor and looking at alternatives to forgiveness
- Exploring ways of reclaiming power when you are afraid

(Note: Before reading the following, please see Emotion as Information in the Resources section.)

Challenges

Anger and fear are natural reactions to being abused, and so working on these may trigger old memories of feelings. Practice staying grounded while dealing with these, especially when role-playing the counsellor role.

Recognizing Anger

Some benefits of recognizing anger:

- It can help you acknowledge the feeling
- It lets you know that one of your boundaries has been crossed
- Recognition is the first step to changing an unwanted behaviour
- Awareness can provide energy and focus when in a situation you need to deal with

Some examples of physical reactions to anger:

Gritting teeth	Headaches
Stomach ache	Sweaty palms
Dizziness	Red face
Seeing red	Tunnel vision

Some examples of emotional reactions to anger:

Feeling like running away	Getting depressed
Feeling guilty	Feeling resentment
Becoming anxious	Feeling like lashing out

Some examples of behavioural reactions to anger:

Crying/Yelling/Screaming	Using substances
Becoming sarcastic	Losing sense of humour
Becoming abusive	Withdrawing

Styles of Coping with Anger

The following are some of the different ways anger can be repressed, escalated, and managed:

Stuffing down anger:

- Packing away/pushing down anger
- Anger can come out in unexpected ways
- Anger can cause health problems/affect relationships
- It takes a lot of energy to keep anger stuffed.

Escalating anger:

- Anger can build into rage if not managed in a healthy way
- Rage can make you lose control
- Rage can cause relationship problems and/or damage to property
- Rage can result in legal problems

Managing anger:

- Work with anger in positive ways; direct the energy creatively
- Challenge or manage negative thoughts and/or internal triggers; create a plan to cope with anger in **distressing, triggering situations**
- Gaining confidence in managing anger can boost self-esteem
- Managing anger improves communication and/or strengthens relationships
- Managing anger lowers stress/improves health/increases energy

Ways Anger is Expressed

The following are ways anger may be expressed:

Aggressive anger:

- Expressing anger physically, emotionally and/or psychologically
- Expressing anger this way may result in hurting someone or something

Passive-aggressive anger:

- Repressed anger may manifest in manipulative or unkind speech and/or actions (for example, saying something underhanded to someone who just achieved something positive in their life; showing up late for a date)
- Words and actions do not say the same thing

Assertive anger:

- Anger expressed in a direct, non-threatening way
- Use “I” statements to clearly state what you are angry about

Steps to Dealing with Anger

Build awareness:

- Acknowledge the feelings of anger

Learn to identify the thoughts or situations that are triggers (see the Triggers and Grounding class:)

- External trigger (something that happens to you)
- Internal trigger (the messages you give yourself)

Generate group discussion on ways to cope with triggering thoughts or situations:

- | | |
|-------------------------|-----------------------|
| Take a time out | Do something physical |
| Count to ten (or more!) | Read/Write |
| Meditate | Draw/Paint |
| Soak in a bubble bath | Talk to a friend |
| Listen to music | Avoid the triggers |

Decide if you need to take action:

- Reflect on what happened
- Do something if you need to
- Let it pass if you do not feel you need to act

The Issue of Forgiveness

One approach to letting go of anger is to look at forgiveness. There are many definitions of forgiveness, and many notions as to how forgiving someone may be useful or harmful in the healing journey. Some peer clients' religious communities may not understand the complexities of healing from abuse, and may pressure the survivor to forgive those who have done harm to them. People will move towards forgiveness if and when it makes sense to them and is useful for them. For some it means letting go of thinking about the abuse – forgiving means no longer giving any room in your mind to the abuser. For others, forgiving can feel disempowering. In any case, forgiving NEVER means justifying the abuse. It does not mean that what happened is okay, or that there needs to be reconciliation with an abuser.

One way of looking at stages of forgiveness is:

- Indictment: Clearly identifying how you have been wronged, and by whom
- To feel all the emotions associated with the harm
- To look at the costs and benefits of holding on to the anger and resentment. For example, a benefit may be that it motivates you to keep going or to help prevent others from being hurt. A cost could be that too much of your time and energy is being taken up, keeping you from doing what you want to do with your life
- To look at the costs and benefits of forgiving (letting go). For example, a benefit may be finally evicting the perpetrator from your thoughts. A cost might be having to redefine your life priorities as you move on
- Based on all the previous steps, decide whether forgiveness (letting go) makes sense to you. If it does, make up your own way of doing this that works for you

For alternatives to forgiveness, see the handout in the Resources section from the book *The Forgiveness Myth*, including "Some Of The Healthy Alternatives To Forgiving". For thoughts from a Christian perspective, see <http://www.compassionatecupministries.ca/?p=218>

If you as peer counsellor have strong feelings or values concerning forgiveness, you may need to practice setting those aside so that you can support the peer client in their own choices.

Peer Counselling Strategies Concerning Anger

Remember that it is the behaviour (for example, what has been said and/or the physical release of anger) that may or may not be appropriate, not the emotion itself:

- Anger is only an emotion. Anger itself is not violence
- Anger can be a very powerful motivator. We can use its energy to make changes in our life

Sometimes the peer client may be unable to recognize anger:

- Survivors may be very triggered by anger if they were abused by an angry person. This may lead them to dissociate from their own anger, or to re-label it
- Ask the client to pay attention to the physical symptoms of anger
- Remember that symptoms of anger are different for everyone

Sometimes the peer client might want to express their anger:

- Recognize the difference between releasing angry feelings versus escalating them
- “Acting out” often re-traumatizes us, and can hurt the ones around us who we may need to be part of our healing community. Compare the examples below:
 - Acting out anger: Someone who is very angry, and is breaking dishes or furniture, or hurting other people, is not healing themselves, but rather is causing themselves and others more pain
 - Healing anger: Someone who is very angry, and is indignantly and loudly explaining why with a loud voice and bold gestures in a safe environment, is likely releasing a lot of their anger and may soon be able to think clearly about what to do to rectify the situation
- If the peer client needs to “act out” anger in order to get in touch with the emotion or to begin to recover their power and voice, make sure that they do so in a way that does not hurt themselves – or you! (for example, the peer client might pound a pillow while raging about what they are angry about, or draw a picture of their abuser and then tear it to shreds). Ask them what insights come up after these actions. Make sure you leave enough time for grounding after a session that includes some acting out.

Role-playing

Divide into twos or threes and practice peer counselling a client who is having trouble coping with anger. Come back to the group and discuss the role-play.

Fear

What is fear?

- Fear is the feeling you have when you see an immediate need to protect yourself from threats. This is contrasted with anxiety, which is imagining that a dangerous situation might happen.
- It is normal to feel fear in a dangerous situation. It is an automatic response that is crucial to our survival
- Sometimes a bad experience or a traumatic experience from the past causes us to feel afraid when there is no immediate danger (see also the classes Triggers and Grounding, and Stress, Trauma, PTSD and PTG). This can make us behave inappropriately
- Experiencing fear is the opposite of feeling safe. It can make us feel powerless or helpless
- A phobia is a persistent irrational fear of something where there is no real danger, and that interferes with your quality of life (so being afraid of spiders is a phobia only if it prevents you from doing what you need to do. For example, you have a job as a home inspector for a real estate company, but you refuse to go into any basement, where spiders may lurk, so you lose that job)

What can we learn about/from fear?

- Letting ourselves feel fear and explore the fear to the extent we feel comfortable can be very freeing and empowering
- It is also empowering when we gain control of our fear and not let a situation control us. If the fear is based on past hurt and not on the present situation, we are getting inaccurate information about the fear, and we need to learn how to put it aside. The more we can understand where the fears originated, the less power they will have over our choices
- The further along we travel on our healing path, the more fears we will be able to overcome

Fear can include:

- Wide eyes
- Raised eyebrows
- Sweaty palms
- Screaming and yelling (or even feeling a need to scream and yell but are unable to)
- Feeling apprehensive, hyper-vigilant and/or a sense of dread or doom
- Freezing (emotionally and/or physically) when you experience fear
- Shaking or tapping legs
- Flared nostrils
- Racing thoughts



Activity

Make a list of your top five fears and how they make you feel. Then write what your life would be like without those fears. Finally, list at least three ways you can start to eliminate one of those fears. Find a partner and share what you are comfortable sharing from your list.

Peer Counselling Strategies

When peer counselling, remember that feeling safe and empowered are the opposite of feeling fear. You can help your peer client to feel safe by:

- Checking to see if they are comfortable with the seating arrangement
- Asking whether they prefer the door open or shut
- Being concerned about their personal space. Do they need distance or closeness to feel safe?
- Asking, if they are from a different culture, whether there are any traditions that are different from your experiences that need to be taken into account
- Keeping yourself grounded. Does someone else's fear trigger you? If you are scared by their expressions of fear, they may not feel comfortable expressing it
- Reminding them they are now an adult in a safe place with a strong ally by their side

You can help your peer client feel empowered by:

- Asking them to remember times they have handled scary situations well
- Role-playing strong, assertive ways of confronting a person or situation
- Affirming and validating their strengths and resources. Having them do the same

Homework

While peer counselling this week explore the following: How do you manage and express your anger? How do you manage and express fear? What are your triggers?

Summary

- Anger tells us that one of our boundaries has been crossed, and we need to respond creatively. Fear tells us that there is an immediate danger
- We cannot rely solely on the information emotions give us – we need to analyze the situation carefully. Sometimes we are responding based on triggers of past events
- The signs and symptoms of anger are physical, emotional and behavioral
- Styles of coping with anger include stuffing, escalating and managing
- We can express anger aggressively, passive-aggressively or assertively
- We have the power of how, when, whom and whatever we choose to forgive.
- Peer counselling strategies for anger include clarifying that anger can be a useful emotion, and distinguishing between acting out anger versus healing the hurt
- Recognizing physical and emotional signs of fear is a crucial step in managing anger
- Understanding the difference between real present threats versus fear coming from old hurts can be a powerful step on the healing journey
- Peer counselling strategies for fear focus on safety and empowerment



Class 12 - Cognitive Distortions and Flashbacks



Objectives

- Understanding how we often distort the way we think about our experiences
 - Understanding how distortions impact us and our clients
 - Learning strategies that will enable us to see situations more clearly
 - Understanding what flashbacks are
 - Learning how to assist peer clients who are experiencing flashbacks, and ways to help them ground themselves
-

Challenges

As many of our behaviors and reactions appear to be automatic when we respond to certain situations, it does not even occur to us that we might have some distorted views of life and our role in it. If we have not learned to recognize these distortions in ourselves, if indeed we have some, then it will be very difficult to help our peer clients recognize them. Ensuring that your peer client understands what a flashback is, what to do when your peer client is having one, or feels one “coming on,” is not an easy task. Be aware of many different ways of grounding as some peer clients will have tried some and they did not work for them. (Refer to the grounding tools in the Resource section.)

Background

Cognitive distortions are mistakes in the thinking process that affect perceptions, self-evaluations and assumptions about other people, the environment and the future. Their intensity, and which cognitive distortions a child may fixate on, may also be impacted by how the abuse is perceived by the significant people in their lives.

Defining cognitive distortions

- Cognitive distortions occur when a person (for example, an abused child) tries to make sense of distressing experiences. Since they cannot accept the reality they are presented with, they invent other (distorted) interpretations.
- As a child starts distorting their reality in order to make sense of it, they may develop a large vocabulary of “negative self-talk.” If no one intervenes to help them see that these ideas about themselves are not true, they may carry them into adulthood. This negative self-talk has a powerful influence on how they see their world and their role in it.

Examples of distorted thinking (see 15 Common Cognitive Distortions in the Resource section):

- | | |
|-----------------------------|-----------------------------|
| • All or nothing thinking | • Overgeneralization |
| • Mental filtering | • Discounting the positives |
| • Personalization and blame | • Jumping to conclusions |
| • Magnification | • Emotional reasoning |
| • ‘Should’ statements | • Labelling |

Changing Cognitive Distortions

Examine how cognitive distortions affect us:

- There is a process that occurs between a situation and the resultant behaviour
- Situation →→→ thoughts →→→ feelings →→→ behaviour
- When thoughts about a situation are distorted, the resulting feelings and behaviour can be detrimental. For example, when driving to work and getting caught behind a slow moving vehicle (the situation), you think, “Again! Why me! Nothing ever goes right, I’m such a loser!” (the thoughts). This in turn leads to anxiety, frustration and hopelessness (the feelings). The person may then decide to not bother applying for a long-awaited job that becomes available that day (the behaviour) (See Fixing Cognitive Distortions in the resource section)

Working towards healthier feelings and behaviours:

- Accept that we cannot control all situations – we can only manage our thoughts (using self-talk exercises)
- We can change thoughts by challenging them
- Monitoring our self-talk (the voice of our thoughts) is the first step towards change
- Use positive self-talk to change thoughts
- Realistic positive self-talk can free our peer clients to develop to their full potential
- Negative self-talk has the opposite effect on someone that positive talk has

Peer Counselling Strategies

Use self-talk to:

- Model what it sounds like, both when it is used in a negative way and a positive way. Help the client learn to recognize cognitive distortions
- Challenge cognitive distortions (See Fixing Cognitive Distortions in the resource section)

Encourage peer clients to monitor their self- talk when:

- When what is happening is not what they expect. For example, they think they have done something really nice for someone, but that person’s reaction is not what they hoped for
- When they sense in themselves a pattern of negative behaviour with others (for example, they often do not attend work parties because they think everyone talks about them at the water cooler at work. They might think, “Why go out in the evening just so these people can have more to talk about?”)
- In stressful life events and/or when they know an upsetting event is going to arise (for example, they are going through a separation and they know everybody thinks it is their fault so they decide to never go out again)
- If they find that they seem to be preoccupied with negative or positive self-talk throughout the day (for example, if they have to get home on the bus but one of the buses was rear-ended today, they might think, “I know I bring bad luck to everything I touch. Now none of the buses I take will be safe. What will I do?” Another example: If a person has a beautiful garden and is inviting people over, they might think, “When the people get to my house tonight and see my gardens, they’ll praise me up and down. I know no one will have ever seen a personal garden as beautiful as mine.”)
- When they have uncomfortable moods. If they find they are always in a defensive mood, they might want to consider why they are not often happy (for example, they might ask themselves, “What is it that makes me think I have to be ready to defend myself at all times?”)

Flashbacks (see also the Triggers and Grounding class)

Have you ever heard a song or smelled a smell and suddenly you were reliving a previous pleasant experience, and it felt as though you were still right there – as if time had not moved on? Flashbacks are the dark side of this capability of the brain: relived horrific memories of things that were done to childhood abuse survivors. In extreme cases, old memories can be so strong that there is little room for the present to enter consciousness, and it is as if we are living in the past. In milder cases, they can appear as body memories (for example, feeling like someone is hitting you, even though you know they are not), or vivid, distracting, intrusive memories.

Understanding flashbacks:

- Flashbacks might start as little snippets of memory that initially seem unconnected
- You may even doubt that flashbacks are real at first. Trust yourself
- Flashbacks are memories of past traumas. It may feel like you are right back there – that you are re-experiencing the trauma
- For many of us, flashbacks come as night terrors, and we may find it difficult to sleep
- Flashbacks can occur with any of our senses, or all of them at the same time, depending on the trauma, whether it has to do with vision, feeling or touch, hearing, smell and/or taste.
- Flashbacks can feel like being right there in the first-person
- Flashbacks can cause you to regress to (behave as) the age you were the time of the trauma
- Flashbacks can cause you to “lose time” (for example, it was one o’clock and you were going out to get something for dinner, and the next thing you know the kids are home from school and you have no idea what happened during the last two hours)

Peer Counselling Strategies

The following are ways to deal with flashbacks (these tools can be helpful with any trauma):

Grounding techniques:

The following techniques may be used by you with your peer client if necessary, or you may pass these techniques along to your peer client. If you have ones that really work for you, share them with your client, as they may have tried these techniques before but passed them over. Since you really feel they work, the peer client may persist with one, or all, of them.

- Role-play with them to help them get used to trying some of the techniques. Practice helps the techniques become more automatic and gives the peer client a chance to regain control of their situation
- Encourage the peer client to make a conscious effort to register their surroundings (for example, curtains, wallpaper, the location, the time of day, what day it is, where you are sitting, where the peer client is sitting). If they have a flashback during a session, you can repeat their name to them, remind them where they are, tell them the time, etc.).
- Breathe...breathe...breathe... Practise deep breathing with your peer client. Have them take slow, deep breaths through their nose, fill their lungs with air, hold this for two seconds, and exhale it all through their mouth. Repeat as needed
- 5...4...3...2...1...(Dolan, 1991). This is one of the most frequently suggested grounding technique when someone is having an intense flashback and they need to “come back to the here and now, now!” To begin, tell your peer client to take a couple of deep breaths, in through their nose, out through their mouth. Ask them to try to relax and get comfortable as best as they can and to listen to your voice. Tell them you want them to say five things that they see (for example, “I see a plant,” “I see a chair,” “I see a lamp,” etc.).
- Then five things they hear (“I hear the clock ticking,” “I hear water dripping,” etc.)
- Then five things they feel (“I feel the floor under my feet,” etc.)
- Then five things they can smell (“I smell the flowers in the vase,” etc.)
- Then five things they can taste (“I can taste the saliva in my mouth,” etc.)
- After they have listed five of each of the senses, have them say five of each and so on down to one of each.
- The peer client can repeat things. If you get lost just pick a place to continue from.
- Relax – this is not a test (the point is not to create stress for the peer client, it is to help them get grounded!)
- Identify with the adult self:
- Have the peer client carry objects that signify their life as an adult (for example, their wedding ring and/or car keys)



- Have the peer client carry with them a recent picture of themselves
- If they are married and have children, have them carry photos of these people as well (and if not married, then photos of significant people in their present life)
- If they are at home and wake up in the dark in a night terror, suggest they turn on the light, get up and look at their face in a mirror.
- Normalize what is happening. Reassure them they are okay (for example, you might say something like, “You are not going crazy. This is a normal thing to experience for someone who has been through what you have been through. You are having a flashback. It will pass. It might seem scary, but you are safe here.”)
- Create a safe place:
 - Remind the client that the actual event took place in the past
 - Use visualization/affirmations
 - Reorient to, and/or identify with, the present (for example, ask the peer client, “Where are you?” or “What is the date today?”)
- Respect the need for boundaries:
 - Be aware of touch
 - Create an imaginary physical boundary, as some people feel safe when you suggest that they, for example, are wrapped safely in a blanket and no one can touch them
- Encourage the client to:
 - Speak to/comfort their “inner child” (a good non-technical explanation of this concept can be found at <http://www.livestrong.com/article/14692-inner-child/>)
 - Nurture his- or herself (this can be done even if he or she does not like themselves)
 - Take time to recover/Be patient
 - Honour the experience, embrace it, give it its proper place within them
 - Find support

Homework

Pay attention to your self-talk and be aware of any cognitive distortions. Practice your peer counselling with someone using some of the tools we learned this class.

Summary

- Cognitive distortions are automatic (and usually inaccurate) shortcuts that replace thinking clearly about ourselves and the world around us
- Cognitive distortions can really play havoc on our lives
- We need to bring cognitive distortions to a conscious level so we can examine them
- We should examine our own distortions and work on dispelling them so we can be role models for our peer clients
- Once we understand how the process of this distortion works, we can start to change the distortions into healthier ways of coping, and assist our peer clients to do the same
- Flashbacks are re-experienced traumatic memories from our childhood and can involve all our senses
- The greater the list and the more familiar you are with grounding techniques, the better you can assist your peer client to manage their flashbacks
- It is important to let the peer client know they are not crazy, that these are normal things that happen to us when we have been placed in abnormal situations

Resources

See the exercise on Automatic Thinking at http://cmhc.utexas.edu/stressrecess/Level_One/cd.html



C

lass 13 – Common Defences and Coping Strategies



Objectives

- Understanding how your and your client's past coping skills were what helped us survive as children, but may not be appropriate for us as adults
 - Learning healthier coping skills that will assist in your and your client's healing
-

Challenges

Have you ever heard the old expression, “If it isn’t broken, don’t fix it”? This is one of the most common reactions to change. The challenge is that it is not always clear what is broken and what needs fixing! You may find yourself in this class rethinking some of your own strategies and wrestling with questions such as, “Is this a healthy or unhealthy way for me to respond?” This struggle is what your peer client will be going through as well. The more you have looked at, reevaluated and then changed or kept some of your old defences and coping strategies (or even added new ones), the more insight you will have to help your peer client.

Background

We use defences and coping mechanisms to shield ourselves from painful feelings and memories, or from thoughts that we may see as dangerous or scary. Our reaction to previous life events will influence how we continue to cope with similar events. For example, if you were often beaten when you laughed, your coping mechanism might be to keep quiet. However, if when you expressed laughter you were hugged and told what a funny, beautiful person you are, your mechanism may be that when things seem uncertain or you want affection, you get people laughing. These can be healthy coping mechanisms, but if “keeping quiet” translates to being unable to make friends, your coping mechanisms are not serving you well. As young children who were being abused, we had very little experience or power to cope, so we grasped at what we could. Often we would dissociate, as this was the only way to “get away.” As we get older and memories try to emerge, we may suppress these memories with drugs or alcohol (see the Substance Use and Gambling class), we may reverse our feelings and feel love for our abusers, we may overachieve to try to get approval, etc.

Defences and coping strategies are tools we use to deal with life events

The following are definitions of defences and coping strategies:

- Using defences and coping strategies is the way our mind copes with trauma or with monumental events (for example, sexual abuse, witnessing a shooting, wedding, birth of a child) or feelings (happy, sad, excited, angry, etc.)
- These tools help us deal with our present situations and with past memories
- The tools are internal walls that attempt to protect us
- The tools develop unconsciously, but need to be changed consciously
- The defences we develop as children when we are abused are often quite primitive, and will not serve us well as adults. We need to develop more creative and effective ways of coping. Often we have not done this, as it means facing the memories and feelings they were designed to avoid!

The following are examples of common defences and coping strategies (tools):

- Minimizing (for example, telling yourself, “It wasn’t really that bad...”)
- Denial (“I don’t think it really happened. So I don’t have to deal with it”)
- Avoidance (“I’m too busy to think about that. I have work to do!”)
- Distortion (exaggerating the positive or negative qualities of self or others)
- Feeling the need to be in control because you know what is best
- Withdrawal/Isolation (being alone to avoid anything triggering)
- Perpetual crisis (keeps you distracted from having to think about or deal with abuse issues)
- Anger (puts the attention outwards so as not to have to look inside)

The following are examples of problematic personal coping strategies:

- Eating disorders
- Substance use
- Perfectionism
- Overachieving
- Underachieving
- Suicidal/High-risk behaviour

Developing Healthier Coping Strategies

Examine how the peer counsellor can be a valuable resource as clients develop healthier coping strategies:

- Make a list of different tools/skills you have used over the years. How well have they worked for you? Which ones do you need to change?
- Acknowledge and validate the need for and usefulness of existing strategies at the time you developed them. It was these tools that kept you alive and allowed you to be here today – so congratulate yourself!
- Identify how some of the strategies may not be healthy for you today
- Explore what has been healthy and useful in the past

Now look for even better ways to survive and thrive! Introduce stress management, relaxation techniques, self-care and other healthy strategies. (See also the Stress, Trauma, PTSD and PTG class)

Counselling Strategies

Here are some experiences that may arise when clients are working on their issues and some of the strategies peer counsellors can use to help:

CLIENT’S EXPERIENCE	STRATEGY
Hypervigilance Startle response Irritability Sleep disorders Noise sensitivity Hyper-alertness Chronic anxiety	Normalize (let them know this is a common response) Knowledge is power Use relaxation techniques Use environmental tools Remain calm Speak softly Let the client choose where to sit
Intrusion Nightmares Flashbacks Night terrors	Normalize (let them know this is a common response) Use grounding techniques, Use attentive listening What the peer client is not saying Verbal and nonverbal Ask, “What is interfering in your life the most?”



CLIENT'S EXPERIENCE	STRATEGY
Hypervigilance Constriction Numbing Dissociation Amnesia De-realization Depersonalization Avoidance	Normalize (let them know this is a common response) Empathize (let them know you can understand their reality) Validate (celebrate what they have done so far to survive) Empower (help them practice opening up and/or confronting) Use grounding techniques Broaden the peer client's scope of thinking ("What are three other ways you could deal with this?") Orient the peer client to present ("That was then, this is now") Identify what "safety" means for the peer client
Fixation on the trauma	Let the peer clients talk themselves out ("What's the thing that is most troubling for you now?") Validate and acknowledge the peer client Move the client into the present space and time Get the client thinking about the week ahead
Anger	Stress management techniques (see the Stress, Trauma, PTSD and PTG class) Model constructive ways of expressing anger, then have them role-play them
Learned helplessness	Ask the client to list their strengths and achievements If they draw a blank, cue them with positive things you have noticed about them, then ask them to continue

Homework

Consider the defences and coping strategies you have used in the past and what you are using now. As you are practising your peer counselling skills this week, consider the defences and coping strategies you have used in the past and what you are using now.

Summary

- The tools we use to defend ourselves against the world are learned behaviors from our past experiences
- It is often hard to see that some of the tools are no longer healthy for us as we begin to reevaluate them and try some new strategies. Always honor that we did what we did so we could survive
- There are many ways we show both our outside defences to the world and our personal defences to ourselves
- It is important to recognize that there are lots of resources out there for us to access to take care of ourselves in healthy ways
- The more insight we have on why we use certain tools will assist us in being positive role models for our peer clients



Class 14 – Substance Use and Gambling



Objectives

- Becoming familiar with the issues surrounding substance use and gambling
 - Clarifying that we do not provide counselling in this area, but that some familiarity with the issues can help us better understand some of our peer clients' struggles
 - Understanding how alcohol and other drug dependencies, as well as gambling and other behavioural dependencies, can be rooted in childhood trauma
 - Becoming aware of when and how to refer peer clients to professional treatment options
-

Challenges

Many people have very fixed ideas about issues of dependency, addiction and treatment. These words can be used differently and mean different things to different people. There are differing approaches to addictions treatment, and regardless of your own views, it is important not to give medical or treatment advice to peer clients. That is not within our range of competence.

Background

About 8% of the general population is dealing with problems caused by alcohol or other drugs. About 5% are dealing with problems caused by gambling. For those also dealing with health and mental health issues, this can rise to 20–50%, depending on the particular issue and what supports they may have (see Miller, Forcehimes & Zweben, 2011, for details). What this means for us as peer counsellors is that it is very likely that some of our peer clients will be coping with these issues, and we need to become comfortable talking about them, and to know our limits in the type of support we can give.

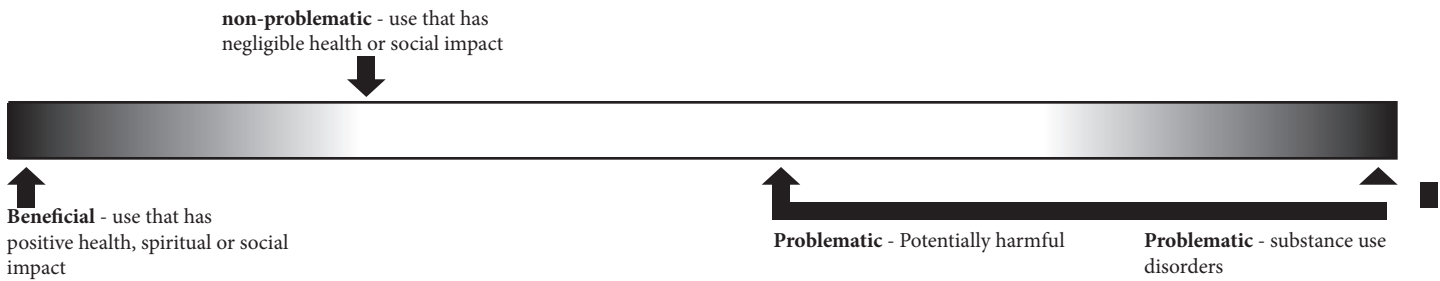
The various theories and approaches to supporting people with dependencies can seem contradictory. Let peer clients know about the options available for them to consider. People's needs are different, and what might work for one may not with another. The two main approaches you will hear about are “harm reduction” and “abstinence.” The first approach looks at a spectrum of use and harm, with the goal to help people lessen harmful behaviour or not to use at all. The second advocates no use as the only realistic goal, and sees recovery as a life-long effort.

There is a lot of media reporting on the use of illegal substances, and this is an important area to address. However, by far the greatest amount of harm is done by alcohol and tobacco products. An extreme danger with all psychoactive substances is “mixing.” Mixing alcohol with energy drinks, for example, can be harmful and even fatal. Mixing alcohol with opiates is even more dangerous.

Behavioural dependencies are things that we do so much or so repetitively that it alters our brain functioning and takes over our life, just as substance dependency does. One obvious form of behavioral dependency is gambling, particularly rapid-repeat gambling like VLTs (see “10 Electronic Gambling Myths” in the Resource section). Other dependencies include Internet addiction, sex addiction, overeating, etc. If a peer client's behaviours are causing them harm, advise them to seek professional help.

Harm Reduction Approach: Spectrum of Psychoactive Substance Use

(The content of this section is borrowed from, Following the Evidence: Preventing Harms from Substance Use in BC., prepared by the Centre for Addictions Research of BC for the BC Ministry of Health, pp. 10.)



“Substance use may begin at one point on the above spectrum and remain stable, or move gradually or rapidly to another point. For some people, their use of one substance may be beneficial or non-problematic, while their use of other substances may be problematic. Furthermore, the same pattern of substance use may have benefits in one area of a person’s life and potential risks in another. In moderation, many psychoactive substances can be consumed and enjoyed without harm, and some provide important benefits (Health Officers Council of British Columbia, 2005; Shewan & Delgarno, 2005). Humans have used a variety of substances for millennia as sacraments, to stimulate thought, enhance awareness or creativity, for social purposes, and for simple pleasure. Some people choose to abstain from using any psychoactive substances while most people choose to use some and abstain from others. It is important to emphasize that abstinence is a healthy lifestyle choice.”

Here’s another look at the continuum of use and abuse that includes an abstinence component:

0	1	2	3	4
Abstinence Irregular use	Regular use/ social use	Harmful use/ abuse	Dependency	Addiction

White indicates the amount of time and attention for day-to-day life. The shaded area is the time and attention focused on the substance or behaviour. As you move to the right of the continuum, the harm increases and more of your time and attention is focused on where you will get your next drink or fix. As you move to the left, it decreases, and you can become more functional in relationships, at work or at school. Some people believe that once you have crossed into the “Addiction” stage, there is no going back to safe use – only abstinence will work. This is informally called crossing the “Pickle Line” (you can make a cucumber into a pickle, but you cannot turn it back). The scientific evidence to support this claim is still ongoing. However, the idea behind Methadone Maintenance, for example, is that opiate use has altered the brain to such an extent that it is unlikely that the person can cope without an opiate for the very long time it would take to adjust back to normal brain functioning. Clinicians also report that it is very difficult for anyone who has had a debilitating, long-term relationship with a substance or problematic behaviour to return to what might arguably be considered “safe” use.

Abstinence Model: The Twelve Steps

Originally designed to help people free themselves from alcohol addiction, the Twelve Steps movement has expanded to deal with many forms of issues, including narcotics, gambling, hoarding, sex and mental health. There are also groups such as Al-Anon and Nar-Anon that assist the friends and family of those who are struggling with dependencies.

Briefly, the process is the following (this list is from http://en.wikipedia.org/wiki/Twelve-Step_Program):

- Admitting that one cannot control one's addiction or compulsion
- Recognizing a higher power that can give strength
- Examining past errors with the help of a sponsor (an experienced member)
- Making amends for these errors
- Learning to live a new life with a new code of behavior
- Helping others who suffer from the same addictions or compulsions

Twelve Step groups meet with one another anonymously, using only first names. There is an expectation of confidentiality, but this cannot be guaranteed. This is a peer support group, with no professionals involved. Group members tell their stories and support one another in their ongoing recovery.

Types of Addiction

The following is not intended to be a complete list, but to give a sense of the range of issues.

Substance use:

- Alcohol
- Nicotine
- Caffeine
- Marijuana (THC)
- Cocaine / Crack
- Amphetamines
- Opiates
- Hallucinogens (LSD, Ecstasy)
- Sedatives ("Downers," etc.)

Behavioural dependence:

- Gambling
- Internet (Chat, Facebook, etc.)
- MMORPGs: Massively Multiplayer Online Role-Playing Games (for example, World of Warcraft, etc.)
- Sex
- Overeating
- Shopping
- Exercising
- Work

From the list of substances and behaviours above, you can see that many of these are "normal" behaviours experienced in everyday life. To see how their use can become problematic, see the "Seven Dimensions" below.

Seven Dimensions of Addiction

Miller, Forcehimes and Zweben, in their 2011 book, *Treating Addiction: A Guide for Professionals*, outline seven dimensions to addiction, which are described below. This shows that it can be difficult to assess the degree of harm that is occurring, as a person could be doing very well on one dimension, but struggling in another.

1. Use: How much, how often, and what pattern of use?
2. Problems: Is the use causing problems in a person's life? Work? Family and relationships? Finances? Legal issues?
3. Physical Adaptation: The body has an amazing capacity to adapt to whatever situation it finds itself in. With repeated use, the body will adapt itself to the pattern of use. Has the person developed a tolerance for the substance or behaviour, and so is needing to increase the "dose"? Is there a physiological dependence such that there are withdrawal symptoms when use stops?
4. Behavioural Dependence: To what degree is the substance or behaviour taking up more and more of the person's time, resources and attention, displacing other important aspects of their life? The Continuum of Use and Abuse graph above illustrates this issue.
5. Medical Harm: Is the use or behaviour causing damage to the person's health?
6. Cognitive Impairment: Are there temporary or long-term impacts on memory, attention, ability to learn, intelligence? Has the use been prolonged enough and severe enough that these impacts are not reversible?
7. Motivation for Change: How ready is the person to begin working to change their dependency on the substance or behaviour?

The Link to Childhood Trauma

The use of substances such as alcohol and other drugs, or behaviours such as problematic gambling, are often attempts to "self-medicate" – to block out the painful memories and emotions that can haunt us as survivors. As people work to free themselves of these dependencies, these memories may be able to emerge again, and these people will need help sorting through them. We welcome any survivor who is ready to heal, but we do require that they come sober to all peer counselling sessions. If they cannot do this, you will need to refer them to professional help, and end the peer counselling relationship. Offer to support them in this process; for example, give them the referral numbers and perhaps sit with them while they call to book an appointment.

When working with peer clients who have recently recalled long-suppressed abuse memories, caution them against using dangerous coping mechanisms and encourage them to use healthier ones that can move them towards healing. (See the Common Defences and Coping Mechanisms class.)

Grounding

This class can be very triggering. Most of us will have been touched by these issues, either personally or through the experiences of friends or family members. Make sure you are well grounded before leaving the room.

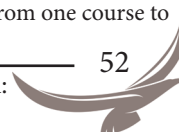
Homework

Reflect on how your life has been impacted in the past, or is impacted now, by dependence on substances or specific behaviours. Where do you see yourself on each of the seven dimensions?

Summary

- Substance use and gambling can present challenging problems for survivors. While these issues are present in the general public, they are far more prevalent among survivors of trauma
- Understanding how dependency issues are interwoven with abuse issues can help us support peer clients more effectively in their healing journey
- There are different, sometimes contradictory, approaches to treatment, including harm reduction and abstinence
- Alcohol and tobacco cause the most harm
- Behavioural dependencies such as problematic gambling have similar effects as substance dependencies on the brain and on people's lives
- There are many dimensions to dependency and addiction, and someone could be doing well in one area while having severe problems in another
- The more dependent we are on a substance or behaviour, the less time and energy we have for family, work, health or the enjoyment of life
- S.O.A.R. does not provide addictions counselling, nor does it have a policy as to which form of treatment is best. S.O.A.R. peer counsellors do not give advice on treatment options

(Note: We ask a professional from our local community to lead this class, so the format and content may change significantly from one course to the next. The information in this section is given to familiarize you with the issues, and is not intended to be a class outline.)



Class 15 - Suicide Awareness



Objectives

- Becoming comfortable talking about suicide
 - Recognizing the warning signs and when to refer
-

Challenges

How comfortable you are asking, “Are you thinking of committing suicide?” or “Are you thinking of harming yourself?” If you can become comfortable asking these questions, then your client will confide in you. Most people who are contemplating suicide will answer honestly. They are often relieved someone has finally asked the question.

Background

A serious issue when dealing with suicide is the societal perception of suicide. In many cultures, for many centuries, suicide has been considered a sin. Many religious and nonreligious people still feel that it is immoral, so it deters people from seeking help lest they be labelled and further isolated.

Some of you may know people who have committed suicide. Some of you may never have dealt with it. Many survivors have had and will continue to have suicidal thoughts that we have no plan or desire to follow through on. Sometimes the idea that there is an escape if things get too bad gives us the space to move forward with healing. However, never suggest this as a technique!

If a peer client is thinking about or planning to commit suicide, they have not yet made the final decision or they would not be talking with you presently. However, suicide talk, or threats of suicide, can never be taken lightly. They must be explored to determine if the peer client is serious and, if so, to get them to the appropriate, trained person for help. In the Peer Counselling Contract that you and your peer client sign during the first session, you made it clear that if the person states that they intend to harm themselves or others, this is cause to break confidentiality.

In this class we are focusing on suicide awareness only, not formal assessment or intervention, although we will briefly go over warning signs. Do not think that taking one class, and looking briefly at risk assessment, makes you an expert! Our goal is to enable you to be more relaxed with this issue and more prepared to respond appropriately. The key point is that it is always okay to talk about suicide. Talking about it openly reduces a person’s isolation and the risk of them committing suicide. From time to time, S.O.A.R. offers peer counsellors more comprehensive training in suicide awareness or suicide assessment and prevention.

Warning Signs

Suicidal threats:

- Writing about suicide. Perhaps they have brought their journal in to show you their writing about their feelings
- Saying things like, “I wish I were dead” or “I’m going to kill myself, there’s nothing left to live for”

A preoccupation with death:

- Giving their things away
- Making a will
- Talking, writing, reading and/or drawing about death

Changes in behaviour:

- Crying or experiencing a renewed sense of calmness
- Being late
- Taking serious risks
- Withdrawing from people or responsibilities
- Major lifestyle changes (such as quitting a job, spending lots of money, etc.)

Changes in physical condition:

- Changes in appearance
- Fluctuations in appetite
- Fluctuating sleep patterns

Changes in thought process:

- Inability to concentrate
- The loss of self-esteem
- A decrease in rational thinking

Changes in feelings:

- Hopelessness
- Helplessness
- Moodiness
- Anxiety/Irritability/Stress
- The experience of an intolerable loss

Indications of Risk**When the client experiences intolerable stress:**

- It may feel like it is more than they can deal with, that it is the straw that broke the camel's back
- You might ask questions such as, "How are you feeling about the things that have happened to you?" and get them to elaborate.

Symptoms indicating hopelessness and helplessness:

- It may feel like there is no light at the end of the tunnel
- You might ask questions such as, "It sounds like you might be feeling hopeless and helpless right now. Is that correct?" and get them to elaborate.

If you believe the client is having thoughts of suicide:

- Ask them, "Are you thinking about suicide or about killing yourself? Do you need to talk to someone about it?"

Assessing the Degree of Risk**A current suicide plan is the greatest indication of risk:**

- Is there a method and a means?
- Ask if they have a plan. "How and when would you do it?"
- How prepared are they?
- Ask, "What have you done about carrying it out?" "Do you have a gun?" "Do you have access to prescription or illegal drugs?" Be very specific in asking your questions; if you are not, people will not usually volunteer the answers. "Do you have a date and time?"

Experience with prior suicidal behaviour demonstrates that suicide may be an option for them:

- The suicide attempt can be their own or someone they know
- Suicide can be a learned behaviour.
- Past experience increases risk by 40%.
- You might ask, "Have you attempted suicide before? Do you know anyone who has attempted or completed suicide before?"

Poor resources increase the risk:

- Ask whether they have an adequate support system available (for example, “Do you have a support system?” or “Is there someone you can turn to for support and help?”)

Dealing with Suicide**Get the client to talk:**

- Let them know it is okay to talk about suicide
- Encourage them to talk about how they feel
- Ask such questions as, “How are you feeling about the things that have happened to you?”
- Always listen intently!

Find out what they are thinking:

- Ask the question, “Are you thinking about suicide?” or “Are you thinking about killing yourself?”

Make sure to get THEIR reasons for and against suicide:

- Encourage them to talk out loud about all the reasons they are considering suicide. This creates a sense of safety, that they are able to share what they need. After they have given reasons to commit suicide, ask them to list the reasons for staying alive.
- Be non-judgemental
- Be as tactful as possible (for example, a person who believes they are a bad parent may be discouraged instead of encouraged by the words, “Think about your kids”)

Refer back to your risk assessment:

- Talk to them about what you feel is happening
- Discuss what needs to happen next
- Ask, “I feel that the risk of you hurting yourself is high/medium/low. Does that fit with how you are feeling?”

Peer Counselling Strategies**Your ability to assess the risk of suicide will be influenced by:**

- How you feel about the subject
- Your and your client’s willingness to talk about suicide
- The client’s willingness to talk about thoughts and feelings
- Your willingness to ask specific and direct questions (for example, “Is there an anniversary date of someone you loved who died coming up?” or “You said you cannot get any financial help from your family. Have you tried the emergency fund at Social Services or the women’s shelter?”)

Listen and offer support:

- Talking about suicide does not increase or decrease the risk
- Suicidal thoughts and feeling suicidal can be a coping mechanism
- Recommend a referral to a professional if the client wants to work on this issue
- Always take suicidal threats seriously
- If a client becomes suicidal during a session, the situation is beyond the mandate of a peer counsellor and needs to be directed to a professional

Important note: In the first peer counselling session with a client, you will inform the client that becoming suicidal during a session, giving details about a suicide plan, or appearing to be at high risk of committing suicide are some of the reasons that you will need to break confidentiality.



Summary

- In this session we have discussed why suicide is often seen as a taboo subject
- In order to help a client talk about suicide, you have to become comfortable with the topic. Talking openly about suicide is very helpful
- Asking direct questions in a calm, non-judgemental tone is very effective
- It is common for survivors to think about suicide, and not necessarily dangerous
- By understanding risk indicators, you can get a sense of whether the person is at low, medium or high risk of suicide. Your job if a person is at high risk is to assist them to immediately get the professional help they need
- Planning suicide, preparing for suicide, and having a means and time set to do it are the highest risk indicators
- Ask your course instructors for the local crisis support contact numbers



Class 16 – Gender Issues



Objectives

- Exploring the differences and similarities in male and female responses to childhood sexual abuse
 - Looking at how gender and society's gender conditioning impact our healing journey
 - Becoming familiar with counselling strategies that may be helpful for male and female peer clients
-

Challenges

There are many stereotypes around gender that we may need to examine in order to get a clearer picture of how this influences our perceptions of ourselves and others.

Background

Recent research indicates that the prevalence of sexual abuse in North America prior to age 18 is about one in four (some studies say one in three) for females and one in six for males. While abusers of either girls or boys can be men or women, the majority of abusers are men.

Childhood sexual abuse, like sexual assault of adults, is essentially an act of violence and is based mostly on having power over another human more than it is based on sexual urges. It was not long ago in our country that our laws made women and children the property of men. We are still dealing with the echoes of the attitudes that made such laws, and this privileging of men and disempowerment of women colours the experience of sexual abuse for all. It is only recently that the sexual abuse of boys has been recognized as a significant problem. Previously this abuse was rarely reported and, when noted, was not felt to be seriously harmful. It is now clear that the sexual abuse of boys is common, is underreported, and has different consequences than those experienced by girls. Satisfactory recovery treatment for men who have experienced abuse is often not available. Because the consequences of abuse are different for men, mental health professionals, many of whom are used to treating women, often do not realize the connection between symptoms and earlier childhood sexual experiences in male clients.

Discussing the ways that issues can be the same for male and females:

- Abuse is abuse. The humiliation, confusion and terror is experienced by all
- Males and females may have more in common with each other than they do with those of their own gender. Although we can notice general differences, we need to be careful to avoid stereotyping
- The effects impact us all at the time of abuse, later as adults, and then when dealing with the abuse
- Both males and females, if abused by someone of the gender they are not naturally attracted to, may question their sexual orientation, particularly if they felt some physical pleasure response during the abusive incidents

Examining some of the differences in the ways males and females may deal with the effects:

- The way the genders react to abuse. Women tend to internalize the abuse, which often leads to depression and self-harm. Men tend to externalize it, which is often expressed through “acting out” and anger
- The willingness for each gender to discuss the abuse. The reporting of sexual abuse of boys has been inhibited by the fact that men are not socialized to see themselves as victims and are expected to deal with traumatic events by themselves. The reporting of sexual abuse of girls has been inhibited by the disempowerment of women, and implied or overt threats of violence

Society's Gender Conditioning and Situational Differences

Power struggles or imbalances between the sexes in society and in life in general:

- There is a “males versus females” attitude in our culture (“The battle of the sexes”)
- Physical strength is associated with power
- Society expects males to have more power, and gives them more power
- Expectation encourages males to take power
- Males may feel stigmatized when they cannot use their power to take control

Survival and problem-solving strategies:

- Males often depend on physical strength, and their thoughts focus on survival
- Women generally depend on social support and share their stories, feelings and struggles with others, usually other women
- For males, the focus is more likely to be about power and control, which encourages more anger expression, and on fixing and changing things, which often leads men to think they have to heal by themselves
- Females tend to focus on understanding and sharing and tend to look for help and support
- Males are becoming more willing to reach out, as society becomes more accepting of the fact that they were abused
- Females are more likely to want to recall the past events, tell their stories and work through the feelings. They may not have specific goals for healing until these goals emerge after processing the past and the feelings around it (for example, they may conclude, “Now that I see how the abuse affected my ability to trust, I want to push through that and have a deeper relationship with my partner”)
- Males are more likely to be future-oriented and sort out how to get to a specific goal (for example, they might think, “How do I get rid of night terrors so I can get enough sleep?” or “I always feel so inadequate at work. What do I need to do to build confidence and move ahead with my career?”) Men may stumble upon old memories of abuse and old feelings once they take on a challenge but find the effects of abuse block their way. However, these memories and feelings may be seen as annoyances along the way rather than the core of what will lead them toward healing. They will likely view their healing in terms of concrete results from meeting specific personal goals
- Response will be different depending on the circumstances of the abuse and the abuser (for example, age, whether gifts were given, etc.)
- Males are more likely to be abused before age six
- Younger males are more likely to be abused by females; older males are more likely to be abused by males
- It is less likely that gifts are given to males than to females. This does not mean that males are never given gifts; it is that some may be gifts of time (for example, playing sports or hanging out with the person). With older boys, drinking and sex movies may be introduced by the abuser

How Gender Differences and Conditioning Impact Behaviour

Shame:

- The more gifts are received in exchange for sex acts (whether gifts are bought or are gifts of time, or transactions made), the greater the guilt for males
- For males, the longer the abuse continues, the more there is an increased sense of having “willingly” taking part in it
- Increased shame for males may come from the belief that because males should exercise power, that abuse should not have been allowed to happen

Intimacy:

- Different problem-solving strategies are needed depending on the sex of the peer client
- Males tend to seek satisfaction with orgasms
- With women, intimacy is more connected to self-worth and connectedness



Anger:

- Outlets are more available to, and acceptable for, males
- Males tend to want more control over their anger because they “have more power” and “can do more damage.” They are afraid that if they let their anger out, someone will get hurt
- Men need to feel safe (or contained) to allow anger out. They may need help to understand that anger is not violence (see the Fear and Anger class for a description of the difference between releasing anger and “acting out” the old hurts in destructive ways)
- Females tend to repress anger, as it is generally not socially acceptable for women. Repression can lead to depression
- For males and females, the increased need to maintain control can lead to an increased loss of control

Trust (distrust of others and of self):

- Issues dealing with trust are often different for males and females. Generally, for females the issue is in letting anyone get close to them, and for males it is usually related to exercising power
- Fear of being homosexual is often a major issue for heterosexual males, which causes severe self-doubt

Boundaries

- Males who focus on control issues may experience more inconsistencies in relationships
- Men may be boisterous and extroverted to cover up the effects of abuse
- Females may be inclined to block out anyone who tries to get close to them
- Males may be more apt to force change on their environment, whereas females may search for escape

Emotional IQ

- If the client has done very little work to heal, you may find they act a lot younger emotionally than what their actual age would require. It has been hard for them to develop mature, healthy coping skills when they may be reacting to life the same way they did as a child

Peer Counselling Strategies**The gender of the counsellor, client and perpetrator:**

- May impact whether the client shows up at all. They may be scared to be alone with a person of the same gender as the abuser
- Cannot be used to predetermine a client’s comfort level. Everyone’s experience is unique
- A peer counsellor’s understanding and skill will have a greater impact on the peer client than the counsellor’s gender in terms of the success of the peer counselling relationship

Keep in Mind:

- Males often want skills right away to help them move on (men are generally future-oriented)
- Females tend to want to talk about the abuse as a way of alleviating distress (women generally focus more on the past and present)

Demo and Role-playing

Two instructors will present a demo and the group will then split up and do one-on-one mini-sessions. Following this, everyone will regroup and debrief.

Homework

Set up peer counselling with another trainee during the week. If possible, counsel with someone of a different gender.

Summary

- Childhood sexual abuse is mostly about power, not sexual desire
- Childhood sexual abuse is being reported more often today, both for males and females
- There are similarities and differences as to how males and females respond to childhood sexual abuse
- How society has conditioned us to respond to males and females plays a large part in how we respond to abuse
- Depending on gender, a person will likely be affected differently and respond differently at each of these stages: at the time of the abuse, as adults and as we start and continue our healing journey
- Due to gender differences and societal conditioning, we may develop feelings of shame, have trouble being intimate with others, experience problems expressing our anger, have trust issues, and struggle with appropriate personal boundaries. We also may be emotionally immature
- A peer counsellor's understanding and skill, rather than their gender, will have the greatest impact on a peer client's healing and the success of the peer counselling relationship

Resources

See the following two films from Big Voice Pictures (the films can be ordered from <http://www.bigvoicepictures.com>): The Healing Years (about female survivors' experience of abuse and recovery), and Boys and Men Healing (about male survivors' experience of abuse and recovery).



Addendum to Class 16 - Gender Awareness

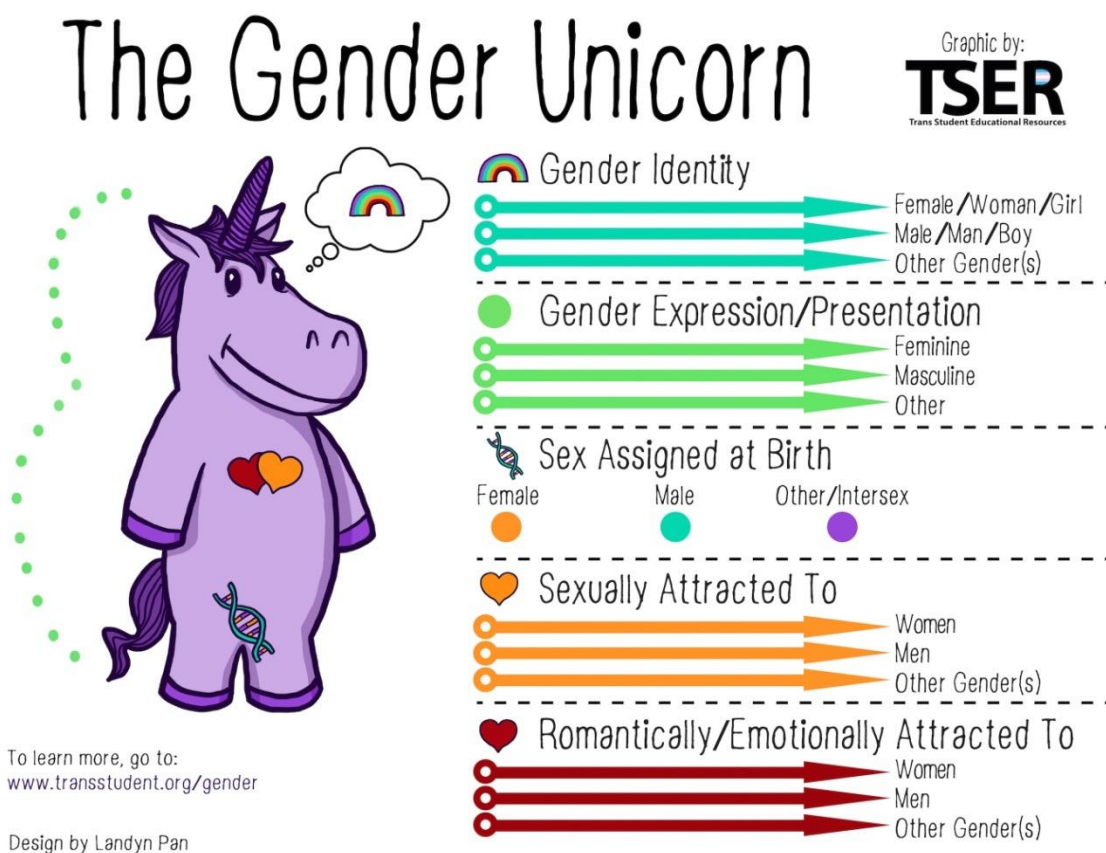
Objectives

- Recognize opportunities for learning about gender
- Understand that gender has many distinct dimensions
- Recognize the importance of the social context of gender
- Recognize that people who do not conform to traditional gender identities and roles are at increased risk of abuse and other harms
- Practice compassionate listening and inquiry

Challenges

Some of these ideas may be very new to you. Some may even be disturbing. You may find yourself asking questions about your own dimensions of gender identity. You may feel unprepared to be sufficiently supportive of people whose lives and challenges you are unfamiliar with. All these things are normal reactions to encountering new ideas. This class is a place to support you in examining these feelings and thoughts, and to assist you in being able to peer counsel people who may at first seem very different from you, but who also have the shared experience with you of healing from childhood abuse.

Understanding



The Gender Unicorn illustrates that gender identity, gender expression, sex, sexual orientation and romantic/emotional attraction are distinct yet connected elements that are part of our experience as a person. For example, a person might be sexually attracted to men, but emotionally attracted to women. Or one might be considered male at birth, identify as female, but express oneself as masculine. Or one might be attracted to both men and women, but to a different degree.

*Fluidity: Our experience of our gender may change over time depending upon many things. Some people identify as gender-fluid individuals because they have different gender identities at different times.

Definitions

Definitions are helpful to a point; however most important is the person's own description of their gender experience, whether or not they claim a label for themselves. (You can look up other gender definitions. See the Resource section below.)

Sexual orientation: Sexual orientation denotes who we are emotionally or physically attracted to. Everyone has a sexual orientation. Someone's sexual behaviour does not necessarily tell us about that person's sexual orientation, or vice versa.

Gender identity: A person's internal sense of being male, female, both, or neither. Gender identity refers to a person's internal experience that cannot be determined by others. A person's gender identity is different from their sexual orientation.

Queer: Originally a pejorative term for gay people, the LGBTQ community have transformed the meaning of this word to reflect something powerful about the value of difference. Queer is the word adopted by many community members to name their experience of having a sexual orientation or gender identity that defies social expectation. Some people still are uncomfortable using the word "queer," but many LGBT people use "queer" as both a political statement and a reflection of their approach to sexuality and gender.

Cisgender: Cisgender refers to a person whose sense of personal identity corresponds with the gender assigned to them at birth.

Two –spirited: Various First Nations languages have words to describe people who embody both a male and female spirit. Two spirit or two-spirited is a culturally distinct term that is used by many indigenous people in relation to their sexual orientation or gender identity. While the term itself is quite new, it started being used in the 1990's in acknowledgement of the many complex multi-gender traditions present in numerous First Nations communities across North American through history.

Awareness of the social context of gender

Gender binary is the classification of sex and gender into two distinct, opposite and disconnected forms of masculine and feminine. There are many characteristics and expectations associated with these classifications of female and male. One analogy is the idea of a life path that is laid out for us as soon as we are identified at birth as being either female or male. In families and societies, the path may assume certain relationship expectations such as heterosexual marriage, certain career expectations and even expectations about leisure activities (hockey versus dance or ringette). Sometimes we are not aware that our choices in life have been affected by these 'taken for granted' notions of how our life should be. Other times we are only too aware of being directed on a path that does not fit for us, and angst or conflict can arise.



Think for a moment about living your life each day with the experience that **who you are** does not match the expectations and perceptions from those in your family and community of **who you should be**. You might be a young person whose father often tells homophobic jokes so you cannot tell your parents that you are gay. You might be someone who cannot chat freely about your weekend at work because people do not know you have a same sex partner and you suspect this will not be accepted in your workplace. You might have had a loved one who was murdered simply for being transgender. Imagine fearing for your safety every day simply because you want to be true to yourself.

People of all ages experience discrimination based on sexual orientation and gender expression. This discrimination takes many forms from social exclusion (e.g. a parent saying their adult child is not welcome at home anymore) to job loss to violence and murder. Discrimination on the basis of sexual orientation in employment, housing, and public and private accommodations is illegal in Canada.

We know that discrimination and oppression can lead to despair, anger and hopelessness, so it is not surprising that people who experience discrimination have a higher incidence of mental health & addiction problems and suicide. Transgender people attempt suicide at a rate 25 times higher than the general population[†]. Organizations dedicated to ‘compassionate communities’ and ‘suicide-safer communities’ highlight the priority for all people to feel welcome and accepted.

Stereotypes and Myths

Unfortunately, there are many myths and stereotypes about LGBTQ people that relate to sexual violence. It is important to realize that these myths are incorrect, but it is also important to realize that they may have had an impact on the person seeking support.

One dominant myth is that gay men are more likely to be sexual predators. It is important to realize that being a pedophile and being gay are in no way related. Being gay is a healthy and normal sexuality that is in no way related to sexual attraction to children. Pedophiles abuse young people of all genders.

It used to be common to think that a gay person was gay because he was abused as a child or that a lesbian was attracted to women because of an abusive experience with a man.

It is also common for people to think that transgender people transition because they are uncomfortable with their sex assigned at birth because of abuse. This is also untrue.

None of these myths are in any way true. However, it is important to be aware that someone seeking support may have been told these lies throughout their life and as a result of that might struggle with shame or fear that this is true.

For an LGBTQ community member who was abused as a child, these myths can be very harmful to their sense of self and can create increased vulnerability, making it difficult for them to seek help from someone if they suspect that they will be judged for their sexual orientation or gender identity.

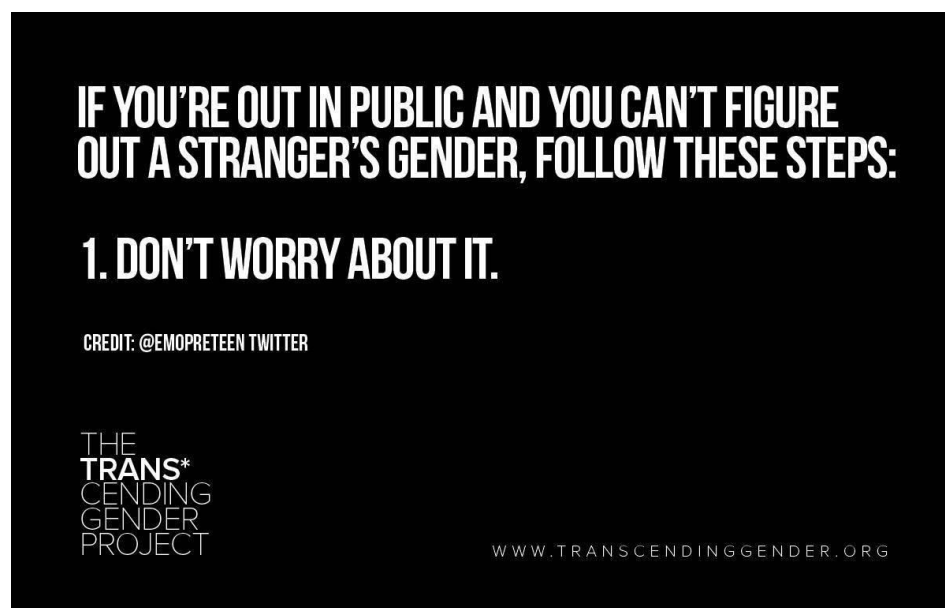
Intersectionality

Intersectionality is a concept to describe the ways in which different forms of discrimination (racism, sexism, homophobia, transphobia, ableism, xenophobia, classism, etc.) are interconnected and cannot be examined separately from one another. This idea can at first seem overwhelming, but remember that the best way to understand someone’s experience is simply to listen carefully and compassionately to their whole story, and piece together how these various forms of discrimination have coloured their experience of abuse and healing.

Peer Counsellor Approach

- Focus on listening to understand (Class 4)
- Be aware of your own feelings and reaction to unfamiliar ideas or learning (Class 6)
- Examine and be aware of assumptions that you might make based on gender and try to avoid these assumptions clouding your impression of individuals and their experiences.
- If conversation about gender arises, ask questions to further understand and support your client; for example: “Is it important for us to discuss...?” “Have gender-related experiences affected your well-being?” Let the peer client decide if this is relevant to spend time on.
- As much as possible use neutral language as your default. For example, if someone says that they went on a first date last night. You might ask, “How did it go?” or “What was your date like?” rather than “What was he like?”. Neutral language, like “partner”, leaves room for everyone’s experience to fit into the dialogue.
- Peer support and acceptance “are strong predictors of resilience for transgender people.”[†]

A humourous, yet poignant bit of advice from THE TRANS*CENDING GENDER PROJECT suggests that clients will tell us if their gender is important to discuss in the context of their recovery from abuse...



Activities

1. If you notice a reaction you are having to something you see or hear: pause, breathe and notice more. This will encourage understanding and learning.
2. Look at photographs of yourself at different ages; consider what social/cultural messages have affected your gender experiences and your path in life.
3. Read about the lives of people whose gender, racial, cultural, physical & mental health experiences etc. are different from yours.



Resources

Web Resources

Glossaries of Gender Terms

https://lgbt.wisc.edu/documents/Trans_and_queer_glossary.pdf

http://geneq.berkeley.edu/lgbt_resources_definiton_of_terms

The Gender Unicorn

<http://www.transstudent.org/gender>

The Gender Spectrum: Understanding Gender

<https://www.genderspectrum.org/quick-links/understanding-gender/>

Science in transition: Understanding the biology behind gender identity

<http://www.theglobeandmail.com/life/science-in-transition-understanding-the-biology-behind-gender-identity/article25553156/>

†Transgender today

<http://www.apa.org/monitor/2013/04/transgender.aspx>

Supportive Local Organizations

These can be good resources to refer peer clients to if they are not already aware of them.

The Valley Youth Project (25 yrs and under) <https://valleyyouthproject.wordpress.com/>

The purpose of the VYP is to provide a safe and supportive space for LGBTQ+ youth and their allies to meet, share, and foster a community valleyyouthproject@gmail.com

The Red Door – Youth Health and Support Centre (13 to 30 yrs old)

<http://thereddoor.ca> 902-679-1411

Provincial and National Organizations

Nova Scotia Rainbow Action Project (NSRAP) seeks equality for people of all sexual orientations and gender identities. <http://nsrap.ca/> 902-444-3206

PFLAG Canada is Canada's only national organization that helps all Canadians with issues of sexual orientation, gender identity and gender expression. PFLAG Canada supports, educates and provides resources to all individuals with questions or concerns, 24 hours a day, 7 days a week. <http://www.pflagcanada.ca/> 888-530-6777

Egale Human Rights Trust. Canada's only national charity promoting lesbian, gay, bisexual, and trans (LGBT) human rights through research, education and community engagement.

<http://egale.ca/> 888-204-7777

Class 17 – Sexuality and Intimacy



Objectives

- Understanding what sexuality is and is not
 - Understanding intimacy
 - Understanding the impact of childhood sexual abuse on sexuality and intimacy
 - Observing a demo, then practicing role-playing, dealing with a peer client around issues of sexuality
-

Challenges

As mentioned in the Peer Counselling Relationship class, we can be triggered by our clients if we are not grounded and have not dealt with our own issues. The topic of sexuality can be particularly triggering, as we often have not sorted out our own sexuality and the issues that arise from it. Are you ready to support a peer client with a different sexual orientation than yours?

Background

Everyone is a sexual being. It is a part of who we are. Sexuality is one kind of intimacy. There are many ways to be close with other people. These include shared experience, talking openly and deeply, hugs, mutual support, working together, etc. For us as sexual abuse survivors, sexuality can be very confusing, as it can be mixed up with powerlessness, pain, isolation, fear and anger. Reclaiming healthy sexuality can be a powerful part of our healing. However, each person has their own path. Some may choose not to be sexually active. This does not mean that they cannot be aware of and enjoy their own sexuality. Sexuality is the awareness of ourselves as sexual beings. It is not the same as sex, intercourse, baby-making, etc.

Sexuality and Intimacy

Describing intimacy:

- Intimacy is allowing someone to know you
- Intimacy is a deeply personal relationship

Generate group discussion on what healthy sexuality is:

- It is part of developing an intimate relationship
- Sexuality is behaviours, thoughts, sensations and emotions of our sexual energy
- It is comprised of the male and female aspects of the self
- It is how you see yourself as a sexual being
- Sexuality is intricately linked to our sense of self-worth
- It is connecting our head with our gut through our heart
- Sexuality is finding pleasure in simply being alive
- It is bridging physical pleasure with spiritual awareness
- Sexuality is opening ourselves up to sensations of the body
- Sexuality is sharing and enjoying our sexual selves with partners we love and feel safe with
- It is loving ourselves and others

Examples of what sexuality is not about:

- Sexuality is not about pleasing others while your wants are ignored
- It is not owning or controlling others
- It is not marriage, intercourse and/or having babies
- It is not a competition or a beauty contest
- Sexuality is not giving others' pleasure to feel loved by them
- It is not trading our bodies for security or comfort

Examples of healthy sexual attitudes:

- Sex is only part of our sexuality
- Our sexual energy is always with us
- Sexuality is an integral part of everyone's personality
- We have a right to our own beliefs and convictions about sexuality
- Toxic guilt and shame are not part of healthy sexuality
- Sexual fantasies, feelings and thoughts are natural
- Every person is the sole owner of his or her body
- Being connected to your body and/or inner self helps define intimate boundaries

Some people may have grown up in an environment that did not accept masturbation (self-pleasuring) and may need to work through feelings of shame about wanting to experience pleasure. However, this can be a safe way to explore sexual feelings, free of the complications of negotiating with a partner, free of worries about pregnancy or sexually transmitted infections (STIs) and free of performance anxiety.

The Impact of Sexual Abuse on Sexuality

Consider the following factors that affect the development of sexuality:

- How things that impact us affect how we see ourselves
- Societal beliefs and their impact on us
- Our personality in terms of how we react to situations is in relation to our trauma
- How our past experiences affect our present reactions

Intimacy that is tied up with being sexualized impacts sexuality:

- It can cause us to feel close only through sex
- Sexual abuse will often cause us to feel that a close relationship must involve sex

Childhood sexual abuse traumatizes our sexuality and negatively impacts our growth:

- A child's sexuality is developed inappropriately and becomes distorted
- Abuse can impact our development and the relationship we have with ourselves and others

Discuss how sexual compulsivity develops:

- Our sexual identity gets stuck on something that has happened (for example, abuse)
- Our sexual energy gets stuck
- We desperately try to relive (or re-enact) the abusive experience
- Our sexuality increasingly becomes central to life (in terms of what we wear, how we talk, what we do, etc.)
- As we become increasingly sexual, it may become a compulsive behaviour



The following are examples of the long-term effects sexual abuse may have on our sexuality:

- Eating disorders
- Abusive relationships
- Flashbacks
- Difficulty with intimacy
- Increased struggle with sexual identity
- Preoccupation with body image
- Belief that touch is unsafe
- Substance abuse
- Low self-esteem
- Compulsive sex / Repulsed by sex
- The need to be in control of intimate relationships
- Homophobia when perpetrator is of the same sex
- Expression of anger through sexual behaviour
- Anxiety with child-rearing

Peer Counselling Strategies

Keep in mind the following:

- If you get more intimacy from the peer counselling relationship than you do from your partner and/or family, you need to examine your boundaries
- Your own capacity for healthy relationships
- You have to deny your own sexual desires to be able to maintain healthy boundaries with your peer client

Be prepared:

- To have a basic knowledge of healthy sexuality
- To know/be aware of your own attitudes, beliefs and comfort levels surrounding sexuality

To help a client cope with sexuality issues:

- Listen to and validate the client's feelings and concerns
- Ask them what a healthy sexual relationship might look like. Do they know anyone who they feel is in a healthy sexual relationship?
- Encourage the client to seek professional help if their sexuality is a recurring theme in your sessions
- Direct the client (if necessary) to the appropriate resources for substance abuse, eating disorders and/or abusive relationships


Role-playing

Divide into small groups and practice discussing and dealing with some of the above issues.

Summary

- Intimacy is closeness between two or more people. It does not have to include touch
- Sexuality is an integral part of who you are, but not all of who you are!
- Sometimes our abuse experience leads us to believe that we define our sexuality by selling or providing sexual intercourse to provide security or comfort to others
- When you have been sexually abused as a child it affects how you react to things in your present life
- Seeing ourselves as sexual beings only is revealed in what we wear, how we talk and our perception of self
- Some of the consequences of prolonged abuse include eating disorders, all or no sex, anxiety in child-rearing, etc.
- It is important to understand and notice your own sexual feelings and issues
- Read about and develop an understanding of healthy attitudes towards sexuality and how they can be applied to your life
- If things seem to be beyond your ability to help, do not be afraid to refer your client to someone who has expertise on sexuality issues. Assure them this is not because you do not want to counsel them (others they have turned to for help may have rejected them) but that you can continue to meet with them to work on other issues, if appropriate, while they seek help from a therapist

Class 18 - Closing



Objectives

- Reviewing S.O.A.R.'s history and mandate
 - Going over the process to become a peer counsellor
 - Becoming familiar with peer counselling paperwork
 - Evaluating the course and giving feedback to instructors
 - Celebrating the transition from Trainee to Peer Counsellor
-

Challenges

We have developed into a community as we did the training. We have connected with the members of our course. After 18 weeks we will no longer see each other every week, and this may seem like there will be a void in our life. We can now integrate into the S.O.A.R. organization and meet more of the peer counsellors.

Opening Circle

Each person, including instructors, shares what they have learned from their practice counselling sessions. Ask them what they would do differently to make their sessions even better. Give each person a minute and a half to speak.

Presentation

Briefly remind the trainees about S.O.A.R. Ask for questions and clarifications. Talk about what S.O.A.R. is and what it offers. (Refer to the Introduction and Orientation class.)

Becoming a member of S.O.A.R. includes:

- Filling out your membership form
- Paying your annual fees
- Having a Criminal Records Check and Vulnerable Persons Check done by the RCMP or your local police detachment
- Tonight concludes the training component of the course, but you will not become peer counsellors until the above conditions have been met
- If for some reason you are not quite ready to peer counsel, there are many other ways you can be a pivotal part of S.O.A.R. as you continue to build confidence in your counselling skills

Peer Counselling Record Sheets

Pass out the contract, tally sheet and the questionnaire you pass out to your clients when you are closing your contracted series of sessions.

- Go over each sheet and make sure you understand it. Please ask questions – if you are not sure of something, there most likely will be at least one other person who feels the same
- Stress the importance of returning the questionnaires

Demo

Do a demo with a trainee on a closing session when the client is ready to move on.

Feedback

You will receive a post test (just like the one you filled out on the first night) and an evaluation form to fill out on the instructors.

Minis

Have the group break up into twos and role-play feelings about entering a new phase as peer counsellors and/or S.O.A.R. members. Tell them the date of the first peer counsellor support meeting. Also let them know who will be contacting them about mentors.

Certificates

Each trainee will receive their certificate and positive feedback from an instructor.

Closing Circle

Have each trainee and instructor share the biggest “Aha! moment” they are taking away from the course that will help them be a better peer counsellor.

!!!!Party!!!!


Summary

- In this class we have reviewed details of the S.O.A.R. organization
- We have gone over the process of becoming a peer counsellor
- You have reviewed the paperwork that is involved at the beginning and the end of a series of sessions
- We explored what the ending of our course means to you

We, the instructors, want to wish you well on your journey and know that we will be walking alongside you as you work with the S.O.A.R. organization.



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Peer Counselling Training Manual Third Edition RESOURCES

Developed by Survivors of Abuse Recovering (S.O.A.R.) Society

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January, 2013

“Healing is best done in community.” - Howard Fradkin

Talking about what you are feeling and thinking, in a safe environment, to someone you trust and who has agreed to listen, is one of the most powerful things you can do to heal.

This manual was funded by grants from Nova Scotia Department of Health and Wellness
Consumer Led Initiatives 2011-12 and the Nova Scotia Mental Health Foundation.

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Survivors of Abuse Recovering (S.O.A.R.) Society



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S.O.A.R. is a registered, non-profit, charitable society in the Province of Nova Scotia whose mandate is to provide peer counselling and support services to adults (both female and male) impacted by childhood sexual abuse and to provide public education about the effects of childhood sexual abuse. The activities of the society are carried out in Nova Scotia.

A BRIEF BACKGROUND

Established in 1993, S.O.A.R. is entering its twentieth (20th) year of providing peer counselling and support services to adult survivors of childhood sexual abuse. Two mental health professionals, Deirdre O'Sullivan and Rita van Vulpen, from their experience of having counselled survivors of childhood sexual abuse for many years, developed a vision of a volunteer service where survivors who had reached a place in their personal healing and had the desire to counsel would, after receiving the appropriate training, provide a supportive, active listening ear to other survivors in their communities. The validity of their belief that support and counselling provided by peers would produce positive results, be cost-effective and reduce the load on an overburdened mental health system and staff has been proven year in and year out since its inception.

Through the determined efforts of these two women, the first peer counselling training was held and a small group of female survivors, with the support of Deirdre and Rita and AVDHA Mental Health Services, undertook the task of developing a volunteer peer counselling organization and equipping themselves with the additional skills necessary to serve their community. At the same time as this project was beginning, the Kings County Women's Project was conducting a needs assessment study, which identified several specific needs of survivors, each of which could be addressed through a peer counselling service that would:

- a) complement the existing services for adult survivors of childhood sexual abuse,
- b) provide an opportunity to do recovery work with other survivors,
- c) provide information regarding available resources, and
- d) provide public education and awareness to the general population.

Though the findings of the 92/93 Women's Project applied specifically to Kings, Annapolis and Hants Counties, S.O.A.R. determined that similar needs exist across the province. This finding led S.O.A.R. to expand its mandate in 2002 to include all of Nova Scotia. Those first members chose the name S.O.A.R. (an acronym of the official name of the society, "Survivors of Abuse Recovering") and the symbol of an eagle to represent their fledgling organization. They enshrined in the organization's

services to include both males and females, and therefore, cross-gender peer counselling was a necessary skill that needed to be added to the peer counselling training. The original vision for S.O.A.R. included three components: (1) to provide one-on-one peer support and counselling, (2) to train co-facilitators to co-facilitate therapy groups led by professionals from AVDHA Mental Health Services, and (3) to develop a “train the trainer” program. After this first group of peer counsellors had gained some experience and confidence, a few individuals were chosen to receive additional training in Group Facilitation. This was followed by a four-stage practicum training program with Mental Health Services. Once fully trained, these individuals became a unique and invaluable part of the overall group experience of survivors in the mental health groups, and allowed Mental Health Services to deliver their group services more cost-effectively.

More importantly, because they themselves were survivors, S.O.A.R.’s co-facilitators were able to provide the group participants with valuable insights into survivor issues and act as role models, and, most importantly, deliver hope for a better future.

In the years following the organization’s inception, the demand for peer counselling services grew and, unfortunately, the services offered survivors through AVDHA Mental Health continued to shrink. Faced with increasing demand for our services and requests from our peer clients for group work, the decision was made to conduct a therapy/support group. The group was designed to marry the training and experience of peer co-facilitation with the expertise and knowledge of a professional therapist to deliver a blend of support and therapy.

Survivors would be encouraged to work at their own pace, while at the same time move toward a place of greater health and wholeness. Participants would be given the opportunity to expand their personal support system by providing support to each other in their healing process. Equally important, participants would be provided with professional and peer guidance, knowledge and support to assist them to journey deeper and farther than they could safely go in a support-group setting. In 2003, funding for this group was received from Eastern Kings Memorial Health Fund. The group was a huge success, and the feedback from its participants encouraged S.O.A.R. to continue offering group services. As an additional bonus, the group provided the training ground for two co-facilitators to complete the practicum portion of their Co-Facilitation training. It was very much needed, as two of our most experienced co-facilitators had moved to western Canada.

In 2006, funding for a second therapy/support group was obtained from the Annapolis Community Health Board, the Western Kings Community Health Board and the Central Kings Community Health Board through the Wellness Initiative Fund. The final evaluations from this group were as positive as evaluations had been from the initial group, with many participants expressly stating that they had made much progress, but that they felt more work remained to be done and that they hoped S.O.A.R. would provide them with that opportunity. The co-facilitators of the group also recommended that this group be provided with the opportunity to continue the work they had begun.

In 2007, S.O.A.R. initiated its own facilitation training course to provide leaders for support groups. In 2010, funding from all five Valley Community Health Boards was obtained to facilitate support groups in Annapolis and Kings Counties. S.O.A.R. facilitators conducted each support group with the intention of having the group transition to a community support group at the end of ten weeks. This is now happening in Kings County, and the group has been open to new participants. We are working on a process for groups to become independent yet remain affiliated with S.O.A.R. so that S.O.A.R. can continue to act as a resource for them.



In addition to the above-mentioned programs, services and trainings, S.O.A.R. also conducts the following: an inhouse “train the trainer” program (to ensure the availability of trainers, to maintain the integrity of S.O.A.R. training and to reduce the cost associated with training), continuing education sessions for S.O.A.R. members, and public workshops for survivors and the community. As well, from time to time, speakers and/or educational sessions are provided to other organizations interested in learning more about childhood sexual abuse and assault issues. In 2011, S.O.A.R received funding for a full update to the peer counselling training program and manual. In 2012, funding was obtained to train more peer counsellors and to train more group facilitators.

S.O.A.R. has received two Meaningful Involvement Consumers Awards (MICA) from the Nova Scotia Department of Health and Wellness, one in 2010 for the organization itself, and one in 2012 for our past chair Karen Martin, who has volunteered with S.O.A.R. in many capacities for all 20 years of its existence. S.O.A.R.’s history and organization was presented at a talk at the Canadian Mental Health Nurses’ Conference in Toronto in 2011 as an example of an innovative model of care.

While peer counselling is restricted to survivors who have successfully completed the peer counselling training, S.O.A.R. membership is open to all individuals who have an interest in survivor issues and want to make a real difference in their community. And apart from two brief periods in 1996/97, and in 2004 when funding was made available for a part-time coordinator, the volunteer members of S.O.A.R. have provided 100% of the administrative, organizational and promotional work involved in carrying out the above-mentioned programs and services.

Nova Scotia Society No: 2483696 Registered Charity Status: BN 876605726 RR0001



Four Essential Themes of Peer Counselling



Listening

- Listening is always your number one skill and gift – many survivors have never been listened to
- Listen to the peer client rather than tell your own story
- Listen for the strong, loving, brilliant, creative person beneath the pain
- Do not be afraid of periods of silence
- “Listen” to body language, tone of voice and other non-verbal clues
- Listen to what is not being said
- Reflect back what you are hearing so the peer client knows they are being heard. Be open to being corrected about your interpretation of what they said

Boundaries

- Respect the peer client’s boundaries about what they are willing to work on
- Respect your own boundaries regarding session times, how and when you want to be contacted and what you are able to hear
- Respect the boundaries of the session in terms of time and focus
- Assist the peer client in developing appropriate boundaries in their life situations
- Help the peer client understand what boundaries are and how they work
- Adhere to the peer counselling relationship contract

Grounding

- Come to the session grounded and prepared. Keep grounded during the session
- Share grounding techniques with the peer client and let them practice them during the sessions. This may help them outside the sessions, as many survivors have trouble sleeping, concentrating, etc., in daily life
- End the session with a grounding exercise; for example, “Here and Now,” positive thoughts, etc.
- Notice when the peer client appears to become ungrounded. Assist them in finding the trigger and strategizing how to deal with it when it comes up in daily life

Normalizing

- Let the peer client know that their experiences are shared by others. If you share your own experience to make this point, keep it brief and do not get sidetracked by your own issues
- Help the peer client understand that their behaviours and actions in response to abuse are normal human responses that many others also have experienced – and then assist them in strategizing new coping skills that are more effective

Resisting the Temptation to Rescue

Self Help Connection, Dartmouth, NS

<http://selfhelpconnection.ca>

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Rescuing: taking ownership of another's problems, thereby taking away their power to find out what they need to do for themselves.

INTRODUCTION

By rescuing someone you could actually be keeping them from growing. It's better to offer them tools and let the person use them. Then they have to do the work.

Resisting the temptation to rescue addresses that seemingly irresistible desire within some individuals to take on someone else's problem in order to find a solution and make everything right again. We may choose to rescue to avoid the pain we feel over another's situation, or in an attempt to spare them the pain. Unfortunately, this process can leave the rescuer drained and prevent a valuable learning experience for the rescuee. It does not empower the person in distress since they do not learn how to deal with the problem they are experiencing. You cannot fix someone else — healing comes from the inside out.

Being supportive involves an offering of your strength and experience to someone who is dealing with a difficult situation. You make the tools available to the person, show them how to use the ones they don't know how to work, and encourage them when they are discouraged. Your very presence and willingness to be there can express your support with more strength than any action.

It is important to be clear on the difference between rescuing and supporting in order to maintain a healthy environment within self-help groups. When rescuing is occurring in a group, it can interfere with the healing process of both persons involved. The rescuer can make a career of avoiding their own issues by becoming involved in someone else's. A supportive group empowers members when it encourages healthy boundaries, develops guidelines to deal with crisis situations, and brings together valuable experiential knowledge. On the other hand, a healthy, supportive environment can inspire growth. There is enormous value in being present to witness what another person is experiencing.

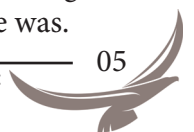
The intent of this chapter is to identify what rescuing behaviour looks like, to examine the motives that foster rescuing behaviour, and to look at how such behaviour might be resisted.

WHY DO WE RESCUE?

Why do people choose to rescue even though it may interfere with healing?

The following story tells how two people grew up to take on the role of rescuer/rescuee. In it we see the need that is met with each role.

This is the story of two little girls, Debbie and Susan. Susan was a helpful child who got much pleasure from helping others. She would clean the house, take care of mom when she was sick, and keep her little brother out of trouble. Susan liked the attention she got when she did things for others. Dad smiled at her and mom would tell her grandmother what a good girl she was.



Debbie lived down the road from Susan. When Debbie was very young she broke her leg and her parents took time from their busy lives to take care of her. She noticed that when she got sick, hurt or into trouble, mom and dad would pay attention to her in a way they never did at other times. Debbie felt important and loved when her parents took time to take care of her.

You see, there really isn't much difference between Susan and Debbie. Their actions are based on a similar need that they learned in different ways. Susan had grown up to be a rescuer. She feels important and worthwhile as she solves problems for other people. Debbie gives her problem to other people and gains a sense of value when people take the time for her, to solve her problem. Neither way is better or worse than the other. They are like the opposite sides of the same coin.

Some of the reasons people rescue:

- To help someone get to where I am
- To make them feel better
- To comfort someone
- To lessen our pain
- To lessen their pain
- To give us something to do
- To shift focus outside ourselves and away from our pain
- To feel comfortable and safe in the caretaker role
- To avoid conflict, which is uncomfortable
- To have a feeling of control
- To have a sense of responsibility
- To identify and relate with the person
- To avoid seeing someone hurting
- To feel good and powerful by fixing the other's problem
- To deal with guilt: "It's because of me they are hurting." "Have I done something to cause your pain?"
- To be liked
- To make someone happy
- Because I can't say NO!

CHARACTERISTICS OF A RESCUER

A rescuer can be:

- | | |
|--|------------------|
| • sympathetic | • nurturing |
| • a fixer | • power tripping |
| • someone with mothering instincts | • a controller |
| • lacking boundaries | • empathetic |
| • comfortable with their expected role | • responsible |
| • someone with leadership qualities | • judgemental |
| • someone with low self-esteem | • caring |
| • uncomfortable with crisis | • needy |
| • a person pleaser | • an avoider |
| • an advisor | |

CHARACTERISTICS OF A RESCUEE

A rescuee can be:

- needy
- in perpetual crisis
- comfortable in their role
- uncomfortable with crisis
- helpless
- lacking coping skills
- resisting change
- not taking responsibility for self
- desperate
- manipulative
- lonely
- sad
- avoiding pain
- a controller
- fearful
- passive

HOW DOES IT STOP OUR GROWTH TO BE A RESCUER?

- It's draining and exhausting work.
- It triggers angry feelings and blocks resolution.
- It can be very stressful.
- It shifts the concentration from me to you.
- It stops change since you are not working on your own issues.

HOW DOES IT STOP OUR GROWTH TO BE A RESCUEE?

- It destroys self-confidence.
- It leads to a feeling of powerlessness.
- It stops you from being responsible for yourself.
- It blocks learning.

THE DIFFERENCE BETWEEN RESCUING AND SUPPORTIVE BEHAVIOUR

While the role of rescuer is perceived as being more positive than that of the rescuee, most survivors think that neither is a particularly healthy role. To begin the work of moving to a more healthy role of development, survivors may want to look at the difference between rescuing behaviour and supportive behaviour.

Rescuing behaviour is characterized by:

- Power tripping
- Doing for the other person
- Statements that say "you should"
- An unequal relationship
- Band-aid treatment
- Walking *for* someone
- Controlling
- Telling someone what to do
- Making decisions for others
- Bailing him or her out
- Give all from yourself

Supportive behaviour is characterized by:

- Encouragement
- Empowerment
- Listening reflectively
- A feeling of equality
- Giving tools to the other person
- Giving suggestions
- Letting the person make their own decisions
- Walking *with* someone



DEVELOPING A STRATEGY TO STOP RESCUING

Part of developing a strategy is to be able to recognize when rescuing behaviour might be appropriate. Under certain circumstances, rescuing is necessary. Survivors characterize these circumstances as times when:

- Someone is shut down and unable to make decisions for themselves.
- Life threatening situations arise, such as a suicide attempt.
- If children are involved.

These are crisis situations and as such are time-limited. In these circumstances, rescuing is limited to a short period of time until safety is established. When it has been established that a person is not in a crisis situation, then it is appropriate to put your own strategy into action, designed to help you in supporting, rather than rescuing behaviour. Here are some tips to stop rescuing behaviour:

- Be clear about boundaries.
- Learn about yourself.
 - What is my need in this situation?
 - Whose need is being filled?
- Stop/Step back/Take a look.
 - Ask yourself, "Am I rescuing?"
 - Don't rush into anything
- Assess the situation by asking:
 - How long has this been going on?
 - What are the options?
 - Does the person want my help?
 - Ask, "What do you need?"
 - Ask, "How can I be of help/support to you"?
 - What are my motives for what I am doing?
 - Is what I am doing costing me too much?
 - Is what I am doing hurting the other person?
- Be clear about who is responsible to solve/deal with the problem.
- Offer support.
- Listen before speaking.
- Offer tools for coping with the situation.
- Take care of your own needs.
- Revisit the group guidelines.

EXERCISES FOR RESISTING THE TEMPTATION TO RESCUE

1. Have a group discussion on this topic. Questions to stimulate discussion:

- What does rescuing mean to you?
- Where did we learn this behaviour?
- Is rescuing helpful?
- What does rescuing do for me, for the group?

2. Create a body sculpture that shows the relationship of the rescuer to the rescuee.

Each person draw a picture of this relationship. Using the Talking Circle, share what it was like for you to be the rescuer, to be the rescuee.



3. Role Play. Divide into pairs, one person to be rescuer, the other the rescuee. Choose a problem that one of you is experiencing, or make up a problem. Role play rescuing behaviour... five minutes.

Reverse roles...five minutes.

Break for five minutes and share what it was like for you to be rescuer, rescuee. Using the same problem, role play supportive behaviour...five minutes each. Coming back into the large group, share what you learned from this exercise. Make a list of what was helpful to each you in this exercise.

SUGGESTED READINGS

The following books contain some information on rescuing as well as information on other topics/issues that may be of interest.

Blume. E.S. (1990). *Secret survivors: Uncovering incest and its aftereffects in women*. New York: Ballantine Books.

Farmer, S. (1990). *Adult children of abusive parents: A healing program for those who have been physically, sexually, or emotionally abused*. New York: Ballantine Books.

Goldhor Lerner, H. (1985). *The dance of anger: A women's guide to changing the patterns of intimate relationships*. New York: Harper and Row, Publishers.

Goldhor Lerner, H. (1985). *The dance of intimacy*. New York: Harper and Row, Publishers.

Jeffers, S. (1987). *Feel the fear and do it anyway: Dynamic techniques for turning fear, indecision, and anger into power, action and love*. New York: Fawcett Columbine.

Peck, M.S. (1987). *The road less travelled: A new psychology of love, traditional values and spiritual growth*. Toronto, ON: Simon and Schuster.

Whitfield, C.L. (1993). *Boundaries and relationships: Knowing, protecting, and enjoying the self*. Deerfield Beach, Florida: Health Communications, Inc.

Whitfield, C.L. (1989). *Healing the child within: Discovery and recovery for adult children of dysfunctional families*. Deerfield Beach, Florida: Health Communications, Inc.

WEB RESOURCE

Spring, Rob. (2012). The risk of rescuing: Pitfalls and promises in supporting dissociative survivors. <http://www.pods-online.org.uk/riskofrescuing.pdf>

Thanks to Brenda MacDonald and M. Lynne Morin for their assistance in writing this chapter.

**S.O.A.R. (SURVIVORS OF ABUSE RECOVERING)
PEER COUNSELLING CONTRACT**

We, _____ (the peer counsellor) and _____
(the peer client) agree to meet for one hour per _____ for six sessions for the
purpose of peer counselling in the area of childhood sexual abuse.

We agree to adhere to the following conditions:

1. To maintain the confidentiality of everything discussed in the sessions, including all personal identifying information about each other at all times, except if the peer counsellor has sufficient grounds to believe that the peer client is either a danger to himself or herself or to another person, or in the case where child abuse may be occurring.
2. To meet at _____, which is a S.O.A.R.-approved peer counselling meeting location.
3. To keep discussions in the sessions to the topic of childhood sexual abuse and current issues arising from such abuse.
4. To not engage in a personal relationship of any kind during this period and for a period of at least one year after the last peer counselling session..
5. To use only first names.
6. To meet only at the specified safe locations approved by S.O.A.R.
7. To respect each other's boundaries as requested.
8. To evaluate the sessions after the six-session period.
9. To contact the Peer Counselor via the S.O.A.R. voicemail number (902-679-7337) or the S.O.A.R. email (info@survivorsofabuserecovering.ca) unless otherwise agreed.

Peer Counsellor's Signature

Date

Peer Client's Signature

Date

Note: For Peer Counsellor/Client signatures, first names are all that are required, or the client can choose to use their client number.



Peer Counselling Session Framework



- Meet in a safe space (S.O.A.R.-approved). Be on time.
- Check in:
 - o “What’s on top?” Is there anything pressing occupying the client’s mind (for example, having been cut off in traffic, stress at work, etc.) that may get in the way of focusing on their goals for this session? Take a minute to clear this up (but keep this brief).
 - o Goals for today. Clarify what the client wants to get out of this session (do not assume you know what those are). If they have no specific goal, you can ask what is going well and/or what has been hard since you last met.
- The main body of the counselling session (be creative!):
 - o Base your process on the following four principles:
 - Listening well – active/reflective listening
 - A balance of digging into the issues and grounding if they get stuck
 - Normalization of their life experiences. Things that may seem strange to them are likely just a normal human response to trauma
 - Clear and appropriate boundaries for the session and for their life
 - o Strength-based counselling – respect
 - The peer client is always doing the best she or he can. Offer help, resources and insight, but do not try to “fix” or “rescue” them
 - o Listen to their story, but do not get lost in it. Focus on helping the person heal.
- Keep to time:
 - o Several minutes before the session ends, draw to a close and check in to see if their goal was met.
- Suggest tools to help get them through the week.
- Help ground and transition them to re-enter the outside world.
- Confirm the time and place of the next session.

Self-evaluation:

- What did I do well as a counsellor in this session?
- After what I have learned today, what might I do differently in the future to make the session even better?
- Every few sessions ask the peer client to evaluate how things are going.

Note: This is not a “carved in stone” set of directions, but a set of reminders on some important aspects of the peer counselling process. Feel free to be creative, develop your own style, and respond to the individual needs of the peer client.

**S.O.A.R. (SURVIVORS OF ABUSE RECOVERING)
PEER CLIENT QUESTIONNAIRE**

The peer counsellors wish to receive some feedback from their clients about the services we offer. Please take a few minutes to fill out this form. If there is any part you are not comfortable responding to, simply omit it. You do not need to put your name on the form.

Thank you.

YEAR OF BIRTH: _____ GENDER: _____ COUNTY: _____

1. How did you first become aware of S.O.A.R.?

☐ Doctor ☐ MH Clinic ☐ Nurse ☐ Therapist
☐ Survivor ☐ Family ☐ Minister ☐ S.O.A.R. Website
☐ Newspaper (Which one?: _____) ☐ T.V. ☐ Facebook
☐ Poster (Where?: _____) ☐ Brochure (Where?: _____)
☐ Friend
☐ Other (Please specify: _____)

2. Were you referred to S.O.A.R by one of the above sources?

☐ Yes ☐ No

If yes, please indicate which one: _____

3. Was the location convenient for you?

no 1 2 3 4 5 6 7 8 9 10 yes

4. Did you feel comfortable with your peer counsellor?

no 1 2 3 4 5 6 7 8 9 10 yes

5. Did peer counselling meet your needs?

none 1 2 3 4 5 6 7 8 9 10 most

6. How would you rate the service you received?

poor 1 2 3 4 5 6 7 8 9 10 excellent



7. Are you able to deal more effectively with your life?

no 1 2 3 4 5 6 7 8 9 10 yes

8. Would you seek this service again?

Yes No

9. Would you recommend this service to someone with the same needs?

Yes No

10. Any additional comments and/or suggestions about our services?



12 Road Blocks to Successful Communication



Ridiculing, Name Calling, Shaming

Such messages can have a devastating effect on the helpee's self-image. They may lead to similar responses back. Messages like this will not encourage the helpee to look at what they are doing realistically. Instead, they will zero in on the unfairness of the message to excuse themselves.

Criticizing, Judging, Blaming, Disagreeing

This kind of message makes the helpee feel bad, incompetent, inadequate, inferior and/ or stupid. They may respond defensively – after all, no one likes to be wrong! Evaluation such as this cuts off communication – “I won't tell you if you're going to judge me!”

Warning, Threatening, Admonishing

These kind of responses bring in the threat of power. They produce resentment, anger, resistance and rebellion. They invite the helpee to do exactly what they are being warned not to do.

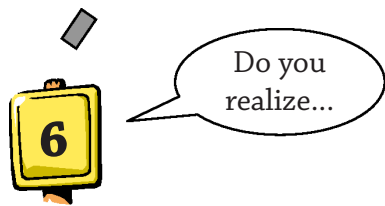
Preaching, Moralizing, Obliging

Again, some vague external authority is brought into the picture. This may make the helpee feel guilty or inadequate. The helpee may really dig in their heels, preferring to resist you than solve their problem! A hidden communication in this sort of response is “You're not smart enough to know what to do yourself”. The helpee may respond to preaching, moralizing and obliging by saying “Who says?” or “Why should I?”

Directing, Ordering, Commanding

In addition to provoking active resistance and rebellion, these responses may frighten the helpee. They may also produce resentment – no one likes to be ordered around. Either the helpee will hang up or change the subject. From the helpee's perspective it feels as if their own needs are being ignored.





Lecturing, Arguing, Instructing

Responses like this imply that you think you are superior to the helpee. They will bring forth defensiveness and counter-arguments and they may cause the helpee to defend their position more strongly.

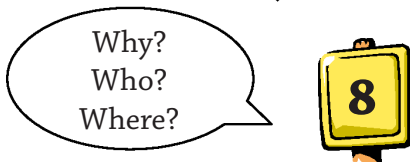


What's wrong with you is...

Diagnosing, Analyzing, Interpreting

To tell someone what their 'real' feelings or motives are is threatening if you're right, leaving the helpee feeling exposed and naked, and unfair if you're wrong, resulting in resistance and anger from the helpee.

Again, this kind of response implies you think you are superior. Playing 'psychoanalyst' or 'dime store psychologizing' is not helpful.



Interrogating, Questioning, Probing

If you ask closed questions such as who, where, what, the helpee will perceive you as being 'nosey'. The helpee will feel 'on the witness stand' and will need to defend themselves.



It would be best for you if you...

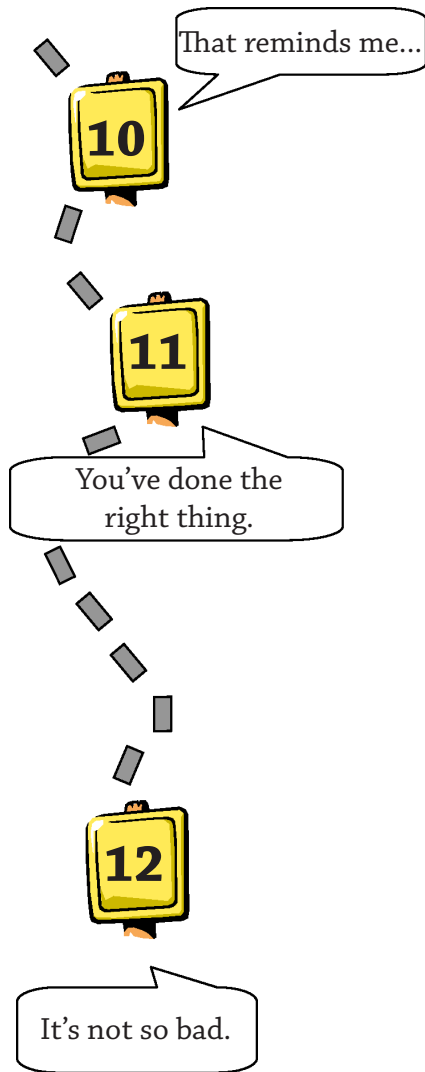
Advising, Giving Solutions or Suggestions

The idea that somebody out there has the perfect solution to our problems is a very appealing one. Unfortunately, life doesn't work that way. Because words are limitations of thoughts, and often poor ones at that, and because one can never know another person's full experience, even the best intentioned advice is off base.

It is also true that often people simply do not want advice. They may need to express feelings or think through a problem out loud.

When you give advice to someone, you are implying again that you think you are superior to the person on the receiving end. Advice doesn't allow for creative thinking on the part of the helpee.

Suppose the helpee took your good advice and it didn't work. Then the helpee could blame you for their troubles!



Distracting, Humouring, Diverting, Withdrawing

This kind of response communicates that you are not interested in the helpee and do not respect their feelings. It is experienced as rejection.

Remember – problems put off are seldom problems solved.

Praising, Approving, Agreeing, Evaluating Positively

While these responses certainly are appropriate at times in our lives, they are not useful in a helping relationship. They may not have the desired effect. They come across as insincere flattery and are embarrassing to the helpee.

They again imply that the helper thinks they are superior – in the position of the evaluator. There is the implication that the evaluator may evaluate other aspects of the helpee as bad, or that the lack of a positive evaluation may imply a negative one.

Reassuring, Consoling, Sympathizing, Supporting

While these responses are usually very well intentioned, the helpee will probably feel that you just don't understand. There is a hidden message here which is that you are not comfortable with the helpee's negative feelings. And, if things do not, in fact, work out, the helpee will feel you had misled them.

The helpee may respond "It's easy for you to say, but you don't understand how bad I feel" or "You're just saying that to make me feel better". And the helpee would be right!

Contact: Wilmington, D E – based upon Thomas Gordon's concept of "Twelve Roadblocks to Effective Communication" as presented in his book Parent Effectiveness Training, New York, 1970.

Beware of the "Thirteenth Roadblock": Telling others that they are using roadblocks!



List of Feeling Words/Emotion Words



Pleasant Feelings

OPEN

understanding
confident
reliable
easy
amazed
free
sympathetic
interested
satisfied
receptive
accepting
kind

HAPPY

great
gay
joyous
lucky
fortunate
delighted
overjoyed
gleeful
thankful
important
festive
ecstatic
satisfied
glad
cheerful
sunny
merry
elated
jubilant

ALIVE

playful
courageous
energetic
liberated
optimistic
provocative
impulsive
free
frisky
animated
spirited
thrilled
wonderful

GOOD

calm
peaceful
at ease
comfortable
pleased
encouraged
clever
surprised
content
quiet
certain
relaxed
serene
free and easy
bright
blessed
reassured

Pleasant Feelings (continued)

LOVE

loving
considerate
affectionate
sensitive
tender
devoted
attracted
passionate
admiration
warm
touched
sympathy
close
loved
comforted
drawn toward

INTERESTED

concerned
affected
fascinated
intrigued
absorbed
inquisitive
nosy
snoopy
engrossed
curious

POSITIVE

eager
keen
earnest
intent
anxious
inspired
determined
excited
enthusiastic
bold
brave
daring
challenged
optimistic
re-enforced
confident
hopeful

STRONG

impulsive
free
sure
certain
rebellious
unique
dynamic
tenacious
hardy
secure



Difficult/Unpleasant Feelings

ANGRY

irritated
enraged
hostile
insulting
sore
annoyed
upset
hateful
unpleasant
offensive
bitter
aggressive
resentful
inflamed
provoked
incensed
infuriated
cross
worked up
boiling
fuming
indignant

DEPRESSED

lousy
disappointed
discouraged
ashamed
powerless
diminished
guilty
dissatisfied
miserable
detestable
repugnant
despicable
disgusting
abominable
terrible
in despair
sulky
bad
a sense of loss

CONFUSED

upset
doubtful
uncertain
indecisive
perplexed
embarrassed
hesitant
shy
stupefied
disillusioned
unbelieving
skeptical
distrustful
misgiving
lost
unsure
uneasy
pessimistic
tense

HELPLESS

incapable
alone
paralyzed
fatigued
useless
inferior
vulnerable
empty
forced
hesitant
despair
frustrated
distressed
woeful
pathetic
tragic
in a stew
dominated



Difficult/Unpleasant Feelings (continued)

INDIFFERENT

insensitive
dull
nonchalant
neutral
reserved
weary
bored
preoccupied
cold
disinterested
lifeless

AFRAID

fearful
terrified
suspicious
anxious
alarmed
panic
nervous
scared
worried
frightened
timid
shaky
restless
doubtful
threatened
cowardly
quaking
menaced
wary

HURT

crushed
tormented
deprived
pained
tortured
dejected
rejected
injured
offended
afflicted
aching
victimized
heartbroken
agonized
appalled
humiliated
wronged
alienated

SAD

tearful
sorrowful
pained
grief
anguish
desolate
desperate
pessimistic
unhappy
lonely
grieved
mournful
dismayed

From <http://www.psychpage.com/learning/library/assess/feelings.html>

By Richard Niolon PhD

Used by permission.



Experiencing & Understanding Your Boundaries



(The class will not have time to focus on all of these, so the instructors or the class will pick the ones they want to try.)

Activity One: Where is my boundary?

In this activity, you will walk towards someone until they tell you to stop, or until you reach your own personal boundary. Then reverse roles.

- Pick a partner you do not know (if possible)
- Each person from the pair goes to opposite ends of the room
- Decide which group will walk first
- When the instructor says, “Go!”, start walking
- The person being walked towards will say “Stop!” when they do not want their partner to come any closer. The person walking can stop sooner if they are not comfortable going further
- Repeat the activity but switch roles
- Discuss the activity together as a group
- If you have time, repeat the activity with the person you are walking towards, but have their back to you

Discuss together as a group. What have you learned about your boundaries? What have you learned about the variety of different boundaries in the group?

Activity Two: Becoming aware of your boundaries when interacting with others

The Six Directions Reaching exercise is a way of practicing the intention of expansiveness. Take about half a minute for each of the steps below:

(Thanks to Paul Linden, <http://being-in-movement.com>)

- Stand quietly, with a centered posture, breathing calmly, and feeling your body smiling.
- Sense in your body that you are reaching, with your feet and legs, deep into the ground.
- Reach, with your shoulders and head up into the sky.
- Reach, with one side of your body, out to the horizon, and then with the other side.
- Do the same reaching toward the horizon with the front of your body and then with the rear.
- Last, reach out in all six directions simultaneously.
- Now walk around the room with the other trainees. What happens as you approach another person? What happens if they enter the space you see as yours, or you enter theirs?
- When the allotted time is up, spend a few minutes discussing the activity



Activity Three: Defining boundaries

One of you will read the following definition of a boundary and generate a discussion about boundaries, both personal and societal, for about ten minutes: “Personal boundaries are guidelines, rules or limits that a person creates to identify...what are reasonable, safe and permissible ways for other people to behave around her or him and how she or he will respond when someone steps outside those limits.”*

* from http://en.wikipedia.org/wiki/Personal_boundaries

Activity Four: Boundary issues

- Brainstorm what you think are some issues that may come up around boundaries. Have someone record these on flipchart paper
- Circle in one color those issues that apply to the peer counselling relationship
- The instructor will describe transference and counter-transference (see content in Boundaries class). Discuss how these might impact your peer counselling sessions
- Circle words on the flipchart in another color – this colour will describe healthy boundaries. Discuss healthy boundaries as a group

Activity Five: How can you assist the peer client to build clear and healthy boundaries?

- Break into groups of three or four and generate a list of clear boundaries
- List how you could help a peer client who is struggling with boundaries come to understand their issues and make healthy decisions about their lives without telling them what to do or being judgmental
- Come back to the main group, report what you brainstormed and discuss these points



Breaking the Cycle of Self-Defeating Behaviours

by: Ken Singer, LCSW



Reproduced with permission from Male Survivor: National Organization Against Male Sexual Victimization (<http://www.malesurvivor.org>)

Survivors of sexual abuse (and others who have had an abusive childhood or grew up in dysfunctional families) often find themselves in repetitive situations where they engage in self damaging or defeating behaviors. Sometimes this involves addictive behaviors, or patterns of unproductive behaviors or activities which are harmful to themselves or others.

Usually the behaviors or situations they find themselves in seem to come out of nowhere or they “just happen.” Over time, these patterns have a cyclical quality to them. Without taking a “blaming the victim” stance, it is suggested here that a person can become empowered to prevent these situations if he recognizes them as they develop.

For example, say a person tends to binge on food as a means of coping with stress or other negative feeling states. As long as he is unaware of the emotional “triggers” that lead to the over-eating behavior, he may feel defeated in his efforts to watch his consumption. If he is able to recognize that certain feelings, such as lonely, bored, unappreciated, for example, trigger his over-eating, he can anticipate the unwanted activity. With that knowledge, he can take measures to reduce or eliminate the behavior.

Everyone experiences negative feelings from time to time. These feelings may be accompanied by negative thoughts which may or may not be true, but feel true at the time. Say a friend promised he would call at a certain time but failed to do so. It might lead to feelings of hurt, abandonment, betrayal or insecurity. These feelings could be accompanied by thoughts such as, “I can’t depend on people,” “Maybe there’s something wrong with me,” or “He’s not my friend after all.” While the thoughts and feelings seem to make sense at the time, in looking at them later when in a better frame of mind, the person may understand that he was over-reacting or being too self-critical.

Negative thoughts and feelings which lead to behaviors that are not in a person’s best interest can be termed “compensatory behaviors.” These behaviors compensate or replace the unwanted feelings or thoughts. Compensatory behaviors may be directed towards others or property. This is termed “acting out.” The familiar experience of taking out a bad day on people by verbally or physically abusing them or destroying property, is one way people “act out” their negative emotions. If you act out on someone else, you may temporarily feel more powerful or discharge some frustration, but usually you regret it afterwards.

The trigger feelings or thoughts might be turned against yourself - “acting in.” This can include mentally beating up on yourself, physically hurting yourself by punching a wall, cutting, or other self-injurious behaviours. It can also involve self-defeating behaviors such as “forgetting” to pay a bill on time and getting charged a late fee or interest. (Many survivors report procrastination as a frequent problem that leads to personal and financial setbacks.)

Another way that people compensate for unwanted feelings and thoughts is to “numb out”. This is a way to block feelings or forget about problems through the use of drugs, alcohol, excessive tv watching or playing video games, over-eating or other activity that is used to numb. Compulsive sexual activities can also be a



way to numb feelings and thoughts. There is a fourth choice a person can make when experiencing trigger thoughts or feelings. It is called “intervention” and it empowers rather than disempowers as acting out, acting in or numbing out usually do.

Think about a recent negative behavior of yours. Did it lead to regrets or guilty feelings afterwards? Was it a behavior that you told yourself in the past you were not going to do anymore? Did it temporarily make you feel better, but you later paid a price for doing it? If you look back to the minutes, hours or even days prior, can you now see where you “should have known” it was coming?

The Cycle

The idea here is that there is a cycle that many people go through which can be predictable, if you know what to look for. If you are aware of your trigger feelings, recognize that the accompanying thoughts are not necessarily accurate or valid, and that the behaviors you chose to do again and again are not empowering or productive, you can choose to intervene at any stage and get out of the cycle.

This concept is based on work with substance abuse, anger management, domestic violence and sexual offending. This is not to say that being a survivor of sexual abuse puts you in the same category as substance abusers, batterers or sexual offenders. What it means is that when “shit happens” or you experience unpleasant/unwanted feelings, you have choices on how to deal with them. You can take it out on others, yourself, numb out or use interventions which empower rather than disempower you.

In general, the cycle concept notes four phases. They are termed “build up,” “withdrawal,” “pre-(behavior)” and “post-(behavior).”

Let’s say that you are working on a project that you have put in considerable efforts. You get an unenthusiastic response from your supervisor and experience feelings of rejection, inadequacy or other negative emotions. In the build up phase, unpleasant feelings often are triggered by old negative tapes or messages. If you have old messages from childhood that you are incompetent, worthless, or inadequate, for example, a current situation can bring up the old triggers to make the present feelings more significant than they deserve. These unpleasant feelings may be accompanied by negative thoughts or self-statements, such as, “I never get anything right,” “Who am I fooling? I can’t do this work,” “My boss hates me,” or “Nobody appreciates my efforts.”

These feelings and thoughts often move you into the next phase, “withdrawal.” This stage is one where you feel victimized by others, might feel sorry for yourself and pull away from people. You can only stay in this phase for a short time without doing something to get away from the unpleasant feelings and thoughts. This leads to the “pre-(behavior)” phase. Here, thoughts or fantasies of getting revenge, drinking or food bingeing, hurting yourself, or some other compensatory behavior, give some sense of power or control to overcome the negative thoughts and feelings. Unless you take some kind of intervention to break out of the cycle, you may very well do the behavior you know you should not be doing.

Say the behavior is over-eating. As you are probably aware, food can be like a drug when it is used to numb out feelings. Over-eating, such as bingeing on ice cream, will temporarily make you feel better, but you later pay the price in feeling guilty. After doing the behavior, you move into the “post-(behavior)” phase, where you might experience remorse, guilt or shame. Often, you make promises to yourself to avoid such behaviour in the future. This completes the cycle and helps you feel a little better until the next round of build up where the cycle continues unless you make changes in the pattern.



The First Step

You need to recognize your trigger feelings. Take a look at the attached list of feelings. You can print out the page or copy them down. Some of these negative feelings may be inconsequential for you. While unpleasant, they do not lead to negative behaviors. You might mark them with one check. There are other feelings that seem to be stronger triggers for you. Give them two checks to distinguish them from the really strong feelings (three checks).

Make a list of five to ten trigger feelings. Try to avoid feelings which probably have other feelings under them. For example, if “angry” or “depressed” are triggers for you, think about the underlying feelings which might lead to anger or depression, such as “hurt”, “rejection”, “embarrassment” or “manipulated”.

Then, write the thoughts you often have when experiencing these feelings. Stay general in your focus, so if you are thinking of a recent situation which led to a particular trigger feeling, try to keep the thoughts that come with the feeling as general self-statements. For example, using the situation above concerning the supervisor being unenthusiastic about your work, the negative self-statement, “I never get anything right”, is a generalization rather than a statement like, “My supervisor is picking on me because he’s angry at his wife.” With each trigger feeling and thought(s) that typically accompany them, you can write the negative behavior you often do. A list might look something like this:

- * **Feeling:** rejected
- * **Thought:** Nobody cares about me. I can’t depend on people.
- * **Behavior:** Isolate, over-eat.

The more trigger feelings you identify, the easier it is to see a pattern emerging. Pay attention to the thoughts. You may very well see thoughts which are over-generalizations. Broad statements using words like “nobody,” “everybody,” “never,” “always,” “nothing,” “everything,” “every time,” and others are part of “all or nothing” thinking. This kind of thinking is sometimes referred to as “distorted thinking”. It doesn’t mean that you are distorted or that there is something wrong with you, it just means that the thoughts are not truly accurate.

When you are in a better frame of mind and things are going well, you probably look at yourself, the world and your relationships with people in a different light. When you are in the cycle, the thoughts may be triggered by negative emotions. Sometimes, the thoughts can trigger feelings. For example, the situation mentioned earlier where a person was waiting for a friend who said he would call, caused feelings of abandonment or rejection. It is probable that thoughts of “I can’t depend on people” or “He doesn’t really care about me” preceded the feelings of rejection or abandonment. So, thoughts can trigger feelings or feelings can trigger thoughts.

Frequently, this point in the cycle incorporates what is known as a “victim stance.” This is where you may feel victimized, used, abused, or perhaps feeling sorry for yourself. (NOTE: “Victim stance” is a term used generically, not specific to sexual abuse survivors. It is a common response by everyone at times to perceived unfair treatment or consequences.)

The negative thoughts and feelings may swirl around and the impulse may be strong to do something like a compensatory behavior to feel better. It is not important to know whether the thoughts or feelings come first. When they influence or facilitate unwanted behaviors, you can “bail out” with an intervention that empowers you instead of taking a familiar, but disempowering, compensatory behavior.

Interventions

Interventions, as noted earlier, are positive behaviors which empower rather than disempower a person. Think about behaviors you do or can do to feel better when you are having disturbing thoughts or feelings. These behaviors may be things you can do by yourself, such as reading, journaling, taking a hot bath, writing poetry, meditating, listening to music, or other activities.

There are interventions which involve others. These include, talking to a support person, playing games or sports, going to a meeting such as Alcoholics Anonymous, if appropriate, or just being around someone you trust.

Interventions also include physical activities. Taking a walk, going for a run, shooting baskets, working out at a gym (or on the exercise equipment you may be using for a clothes rack), can be both invigorating as well as soothing. Men often find it is easier to unwind from stress through physical activity rather than talking. If you currently tend to rely on only one of these three types of interventions, consider trying the other types to give yourself more options.

It is difficult to create interventions while you are struggling in your cycle. If you have a list prepared ahead of time, you can refer to it when you need it. A good way to do this is to use the headings, “by myself,” “with others,” and “physical” so you have them written in advance of needing them. The larger your list of interventions, the greater number of resources you will have at your disposal. Make sure the list includes interventions that you are familiar with or have the ability to use. If your only physical outlet is going for a walk, this may not be practical if the weather is bad or you need to do something at 2 a.m. and you live in a high crime neighborhood.

There are no “correct” interventions. The only rule is that the intervention needs to be a behavior that reduces the negative feelings and thoughts you have without disempowering you. Remember, the intervention will not be a permanent solution for the unwanted triggers. It will be temporary, but it will lead to a more permanent resolution in your recovery.

List of 264 Feelings

(9/11/99 retype of rev. 4/96 ks)

abandoned	disparaged	hopeful	powerless	uncertain
afraid	down	hyper	preoccupied	upset
accepted	down and out	hysterical	pressured	up
aimless	dread	included	proper	uptight
aggravated	dumb	indecisive	proud	used
alert	defensive	ignored	provoked	unsure
angry	deformed	inspired	reasonable	weak
alive	doubtful	inept	rejected	unprepared
ambivalent	decadent	inferior	relaxed	vulnerable
amused	distressed	innocent	relieved	wanted
annoyed	devalued	interested	restless	weird
anxious	disconnected	insignificant	sad	worthless
appreciated	embarrassed	insecure	safe	wounded
crabby	glad	mistrustful	scapegoat	unfit
antsy	energetic	intimidated	scared	worried
alone	excluded	inadequate	secure	violated
ashamed	despondent	inconsolable	self-righteous	aroused
argumentative	enraged	irritated	selfish	rude
antagonistic	envious	incapable	sexy	wild
bad	erotic	jealous	shaky	livid
bored	exasperated	joyful	shameful	despair
betrayed	excited	jubilant	shocked	subdued
blue	explosive	kindly	shy	disgraced
courageous	generous	mischievous	singled-out	broken-hearted
euphoric	lethargic	slighted	dejected	bullied
fantastic	lonely	smart	rotten	calm
fearful	lost	sneaky	grieved	choked-up
flattered	love	sorry	forlorn	cool
furious	misplaced	special	awkward	clueless
friendly	loved	stoned	anguished	comfortable
frightened	lovesick	stressed	demoralized	concerned
frustrated	loving	stupid	tearful	confused
frisky	mad	suckered	useless	confident
frustrated	manic	suicidal	impotent	content
foolish	miserable	superior	curious	
gross	naive	terrified	timid	crushed
happy	neglected	threatened	tense	decent
helpful	nervous	tired	disorganized	cranky
good	mellow	trapped	unimportant	challenged
guilty	mixed up	tricked	grim	demented
helpless	obnoxious	triumphant	troubled	crazy
goofy	modest	trusted	inhibited	cuddly
greedy	moody	truthful	jittery	devious
honored	obsessed	ugly	belittled	disturbed
hurt	picked on	unappreciated	ridiculed	discouraged
hurtful	playful	uncertain	degraded	distracted
homesick	out of control	uncomfortable	agitated	depressed
homoerotic	overwhelmed	uneasy	flustered	deranged
homophobic	out of it	unhappy	torn	disappointed
humiliated	peaceful	unloved	discredited	desperate
horny	paranoid	unreal	uneasy	detached
humble	pathetic	unwanted	isolated	



Identity Checks/Situation Checks

Tools for Disarming Triggers



Sometimes someone triggers you for no apparent reason. For example, there is a new person at work that you have never met before but you take an immediate disliking to, even though they have done nothing to justify that. This may be because some characteristic of theirs is similar to the person who abused you. To “disarm” this trigger, one method is to do an “identity check” to separate the trigger from the person in your current world. It helps to do this out loud with a peer counsellor, but you can also do it yourself.

Identity Check

- 1. Who does this person remind you of?** (Do not worry about whether they are the same age, gender, etc. It could be anyone.)
- 2. List (in detail) all the ways that this person reminds you of the person from your past.** (It could be tone of voice, odor, appearance, mannerisms, age, gender, occupation, etc.) Keep listing until you are completely done.
- 3. List (in detail) all the ways that this person is different from the person from your past.** Keep listing until you are completely done.
- 4. See if you can find one key difference that convinces you that these are not the same person.**
- 5. Reflect on how you feel about the person and how you might relate to them now that you have listed and identified what may have initially triggered you.** Sometimes, being in certain situations triggers you, even though you know that they are not dangerous. You can do a similar process with the situation as you did with the person above.

Situation Check

- 1. What does this situation remind you of?** (Do not worry about whether the setting is the same, etc. It could be anything about the situation.)
- 2. List (in detail) all the ways that the current situation reminds you of the one from your past.** (It could be a similar institution, odors, your job, feeling trapped, etc.) Keep listing until you are completely done.
- 3. List (in detail) all the ways that the current situation is different from the one from your past.** Keep listing until you are completely done.
- 4. See if you can find one key difference that convinces you that these are not the same situations.**
- 5. Reflect on how you now feel about the situation and how you might relate to it.**



Trigger Inventory



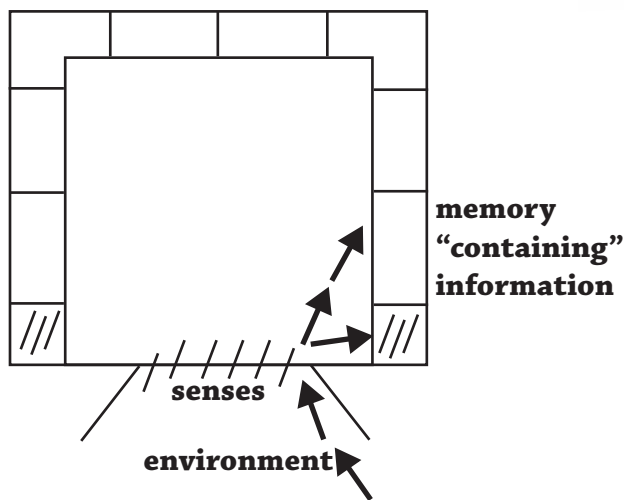
What triggers me?
(situations/conversations/people)

How do I respond?
(emotions/actions/thoughts)

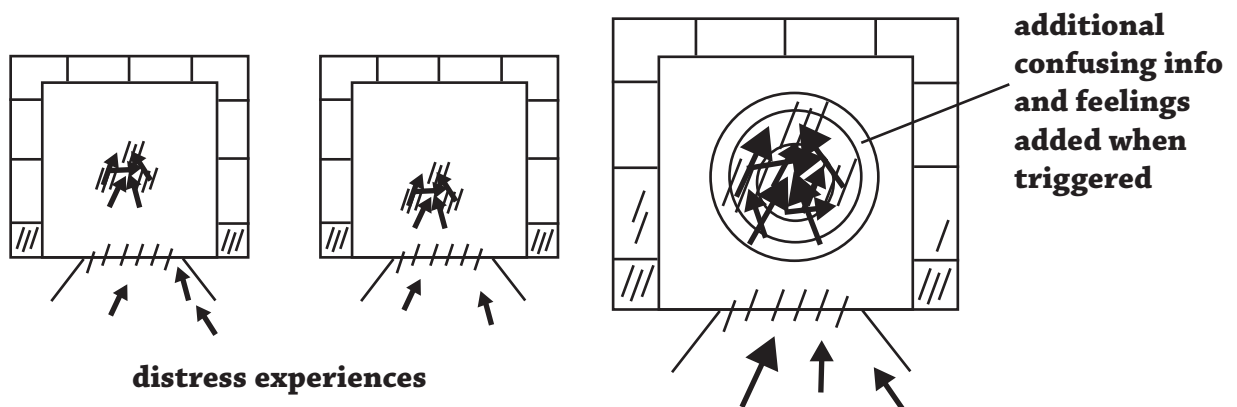
How do I ground?
(strategies/tools)



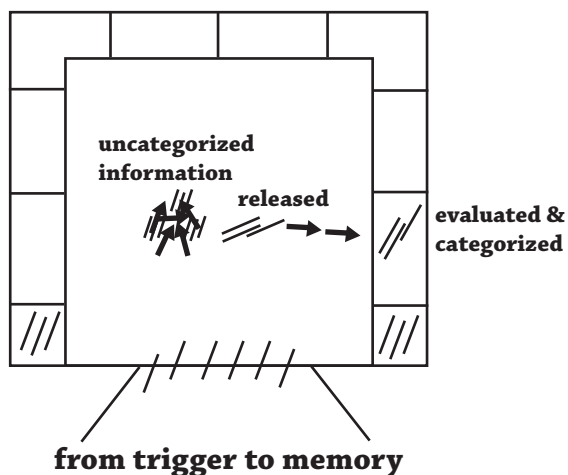
Identifying & Disarming Triggers



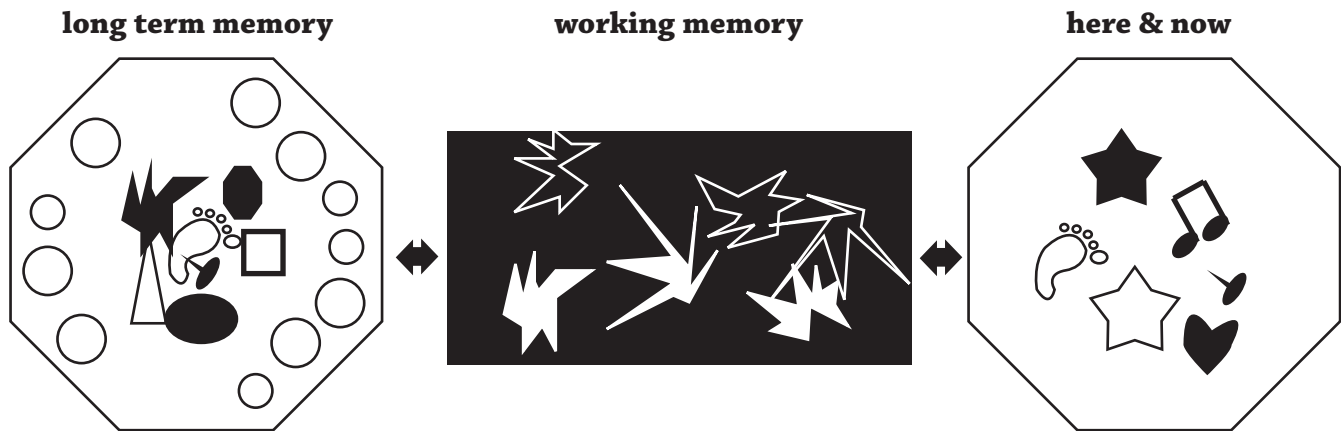
In a typical situation, memory is evaluated, categorized and stored carefully so it can be retrieved when needed. These memories contain useful information, and are encoded with the time and place and context in which they occurred.



When we are experiencing trauma, we do not have the resources to carefully categorize our memories, so they are stored as a confused lump of information and feelings. When something in the "here and now" environment is similar to any aspect of the traumatic event, the memory is triggered in total, as the parts have not been stored separately. This includes the emotions. The new triggered experience then gets added to the stored memory, adding to the confusion, and making it easier to trigger again.



If we can stay grounded while the trigger is being activated, we can look at the memory, start to sort it out and put each part in its place. The more we do this, the less strong the trigger becomes. Eventually, it becomes just a memory like our others, and when recalled, does not take over our thoughts and feelings.



Working memory is always a blend of remembered events with input from the senses from the “here and now”. When unorganized triggers dominate the space, we confuse the past and the present: they meld.

The circles in the “Long-Term Memory” image above represent carefully stored memories. The other shapes are disorganized memories. One traumatic memory is represented by the thumbtack in the foot (the event) and is surrounded by the emotions, thoughts and confusion associated with that event. In the “Here and Now” image, you see the foot of someone wearing sandals, and you see a thumbtack on a notice board. Although neither of these things is threatening, the combination triggers the memory, which then floods the working memory (your current attention), and despite all the positive things in the here and now, you feel confused, hurt and afraid and do not know why. So maybe you decide you do not like the person wearing the sandals, and never speak to them again.

Once we have sorted out the source of the trigger and disarmed it over time, it no longer controls us at all:



When we organize our traumatic memories, we are able to recall them in their context, and not confuse them with the present time/space. We can compare them with current events without confusing past and present. We have room to think and feel.



Grounding Techniques



- * **Keep a journal**
- * **Breathe deeply**
- * **Notice the sensations of clothing on your body**
- * **Notice the details of your surroundings (for example, nature, pictures, signs, what is on the walls, etc.)**
- * **Increase your physical sensations (for example, scrunch your toes, rub your fingers and thumb together)**
- * **Listen to sounds such as your breathing, etc.**
- * **Ask yourself, “What do I need right now?”**
- * **Listen to your inner voice. Try to embrace the responses with compassion**
- * **Self-massage (for example, shoulders, neck, scalp or face)**
- * **Butterfly hug**
- * **Doodle**
- * **Pray**
- * **Meditate**

“Grounding Techniques” used by permission from the Vital Cycles Healing Toolkit found at <http://vitalcycles.org/>

A Mindful Approach to Managing Anxiety



Whereas fear is a short-term response to imminent danger, anxiety is apprehension about events that might endanger us in the future. Anxiety intensifies as we invest more energy in trying to avoid something we fear. Anxiety becomes maladaptive when it is in response to a perceived danger that is not real; anxiety becomes a disorder when it interferes with a person's ability to function.

Anxiety is sustained – and sometimes intensified – by negative metacognitions (thinking about mental events). In other words, our internal beliefs or thoughts about an anticipated future may create emotional or physiological responses that we experience as anxiety. A basic assumption of the mindfulness paradigm is that we compound our suffering when we try to avoid it. Therefore, a mindfulness approach encourages a gradual shift in your relationship to anxiety from fearful avoidance to tolerance to friendship. We embrace non-avoidance and non-entanglement until the fear subsides.

Mindfulness encourages participant observation without evaluation or judgment (e.g., “good” or “bad”; “right” or “wrong”) of the content of an object, event, thought, or feeling. Mindful awareness simply says “yes” to experience. It is awareness of, rather than thinking about, mental events. Mindfulness requires a willingness to tolerate a focus on whatever is occurring the present moment.

Mindfulness requires a willingness to re-direct the focus of your attention back to the present moment when you find yourself wandering into anticipation of what will happen in the future. A mindfulness-based approach to dealing with anxiety involves becoming less identified with your thoughts: simply noticing an event, as it is occurring, with acceptance. The process of being aware, moment to moment, dismantles the fear by distinguishing the raw facts of experience from the frightening conclusions we draw shortly thereafter.

The following insights are useful to redirect the focus of your attention back to the present moment and to guide you towards increased mindfulness when you experience anxiety or panic:

1. Anxiety is a fact of life. It protects us from danger. It is built into the nervous system and is unavoidable.
2. We cannot control precisely when, where, and what we feel or think. Mental events occur in the brain, often before we are conscious of them.
3. Trying to control or avoid our experience is futile; often, this only makes things worse.
4. Sometimes our body triggers a physiological reaction that is grounded in habit. We may not be mindful in evaluating whether we are experiencing a “false alarm.” We thereby risk suffering a terrifying illusion.
5. Panic is never permanent. It has a beginning, middle, and an end.
6. Treatment is the gradual process of redirecting attention toward the fear, exploring it in detail as it arises, and befriending it.
7. Our progress is measured not by how seldom we panic, but by our abilities to respond to and manage our anxiety.
8. Cure entails becoming disillusioned with our fears. We are able to accept anxiety as ordinary mental events occurring in the brain.

There are 3 important principles to remember as you evaluate your progress in the mindful management of anxiety:

1. Progress is measured by how much you accept anxiety, not by how seldom you panic.
2. Experiencing anxiety is not a setback; fighting anxiety is a setback.
3. Progress is measured by how much anxiety you can tolerate allowing into your life, not by how seldom you panic.

Prepared By: Jim Struve, LCSW (Salt Lake City, UT.) <http://www.mindfulpresence.com> Used by permission.

Materials compiled from Mindfulness & Psychotherapy (2005); Edited by Germer, Siegel, & Fulton.



Understanding Trauma

(From Vital Cycles Healing Toolkit:
<http://www.vitalcycles.org>)



Intense trauma that is not immediately processed compassionately always has lasting impacts. The impacts of trauma are many and varied. As we understand how our unprocessed trauma has impacted us we gain compassion for ourselves, begin healthier behavior patterns, and are able to heal. We're going to share here some of the impact that emotional trauma has on human brains. ...

Brain scans reveal that trauma actually changes the structure and function of the brain. It particularly affects the way we handle powerful emotional input and extremely stressful situations. Following are a few of the ways these changes can show themselves in our lives.

- Chronic fear, pain and the feeling of being unsafe can lead us to avoid situations, people, or even relationships in general.
- Self-negating myths kept stuck by traumatic memory can make it difficult for us to relate with others. E.g., if we carry a sense of unworthiness we may accept mistreatment.
- Powerful stored emotions intensify our reactions to some situations that our brains associate with a past trauma. This can lead to us being seen as “over sensitive”, “highly emotional,” etc. (This is similar to someone patting a friend who has an unseen sunburn on the back and being surprised at the intensity of the response.)
- Those of us who have experienced trauma cope by using a variety of psychological mechanisms. One of the most effective ways people cope with overwhelming trauma is called “dissociation.” Dissociation can run the gamut from having trouble paying attention to extended mental blackouts. In the most extreme situations aspects of someone’s psyche can actually seem to be mentally separate from the person. Dissociation interferes with our identity, memory, thoughts, feelings and experiences.
- Adults who were sexually abused in childhood are at higher risk for developing a variety of psychiatric disorders, including dissociative disorders (such as dissociative identity disorder/multiple personality disorder), anxiety disorders (panic attacks, etc.), personality disorders (borderline personality disorder, etc.), mood disorders (such as depression), PTSD, and addictions.

Here are many common impacts of trauma:

- **Internal changes:** self-esteem drops, feelings of shame, self-hatred, hypervigilance, disconnected from one’s emotions.
- **Self-medicating behaviors:** addictions, numbing out, eating disorders, and excessive exercise, work and shopping.
- **Other common side effects:** chronic illness, difficulty focusing, low-functioning (grades, etc.), difficulty relating with others.
- **Sense of the world:** feeling isolated, “the only one that feels this way,” shamefully unique, the need to perform (perfectionism) and hide, the world feels dangerous, feeling of impending doom (thinking death is imminent), feeling like an imposter, feeling like an outsider in every group, subhuman, feeling the need to earn the right to live, to be loved, etc.

Here are some examples of understanding the impact of trauma. Notice the myths people often tell themselves about certain coping behaviours. Coping mechanisms that got us here are driven by desires for safety, love and living. The examples below are both generalized and simplified for clear reading. In reality coping mechanisms are more complex patterns of feelings, thoughts and behavior. Understanding a piece at a time helps us to unravel the complex patterns.

Coping behaviours	Examples of some myths that could apply	Examples of some truths that could apply
Extreme security measures when there's no actual threat. Hypervigilance.	<i>"I'm a coward", "I'm paranoid", "I'm in constant danger", etc.</i>	Our protective "fight, flight or freeze" mode is stuck in overdrive in reaction to traumatic memories. Our bodies are trying to protect us.
Excessive sexual activity	<i>"I'm a slut", "I'm bad", etc</i>	We're trying desperately to feel good, or to stimulate suppressed aspects of ourselves. Searching for love. Seeking reassurance.
Intentional self-injury	<i>"I'm defective", "I don't deserve to live", "I'm sick", etc.</i>	We're trying to feel something. Trying to distract from pain. Trying to overcome the pain. Anger towards perpetrators is turned inwards on self as a safer way to express it (but then it gets stuck that way).
Overly risk-taking behaviours	<i>"I have a death wish", "I'm a psycho.", etc.</i>	We're creating extreme emotions to find a sense of excitement. Conquer fear. Play with death as an escape.
Addictive behaviors: e.g., drugs, alcohol, gambling, sex, eating/dieting, shopping, exercising, etc.	<i>"I'm sick", "I'm no good", etc</i>	We're numbing and distracting from pain and self-negating thoughts. Trying to not feel physically bad.

The greater clarity we have about how trauma works and the impact of trauma on our lives, the more we can see ourselves in a more realistic and positive way. This ... inspires us to heal and lightens our internal resistance to it. Healing now becomes much easier to do.



The Challenges of Dealing with Emotions

In our class on the peer counselling relationship, we talked about how this relationship creates the social space necessary for sharing difficult stories, by having a time-limited agreement to listen in a safe, non-judgemental environment.

In our class on triggers, we saw how any reminder of a past trauma, no matter how small, can bring up memories and feelings of the old event. So in looking at emotions, we find ourselves as peer counsellors having agreed to be in a space where people are likely to express intense emotions that we may find personally triggering, and may be hard for the peer client to feel and move through. How do we best approach this?

What Are Emotions For?

One way to understand emotions is to “demystify” – to explain clearly what their purpose is and how they can serve us instead of ruling us. Emotions are a part of the experience of humans and all other mammals. They are a primitive, rapid way of giving us information about the world around us, enabling us to be ready to respond to a situation even before we have been able to think about it.

What Do Emotions Do?

- Fear tells us to watch out – to be ready to run or defend ourselves!
 - Grief tells us we have lost a piece of our lives that we counted on, and that we need to readjust
 - Anger tells us that someone has crossed one of our boundaries
 - Guilt tells us we have crossed someone else’s boundaries!
- (See more examples of emotions in the chart at the end of this section.)

In addition to giving us information, emotions get our body ready for what is needed:

- Anger increases our heart rate, tenses muscles and helps focus our attention
- Fear causes us to cringe – to become smaller, less visible and less threatening
- Grief shuts us down, causing us to stop so we can re-evaluate how to adjust to our new situation

What Are the Consequences of Experiencing and Releasing Emotions?

Since strong emotions disrupt and change our thinking, our physical reactions and our focus, there needs to be a recovery stage after experiencing a strong emotion. The chart at the end of this section lists how we can release the tensions that specific strong emotions have built up in us. For example:

- We release grief through tears and sobbing
- We release fear through shaking and emitting cold sweat
- We release anger through storming and emitting hot sweat

Many people cannot separate the act of releasing emotion from the idea/reality of the actual event that caused that emotion, and try to get the individual to stop expressing their feelings. It may be that the release of these emotions is triggering to us, so we want the person to stop so that we do not have to deal with our own feelings. Stopping the release stops the healing. This is one reason that we need a safe space where such release is welcomed.

What Happens When Emotions Are Not Released?

If we do not get to process the feelings we have had, they often get “stuffed.” Remember the Triggers class? When a traumatic experience does not have a chance to get sorted out, it remains as a potential trigger, and the emotions and memories can intrude into our consciousness at inconvenient times!

For many of us who have been abused, it was not safe to be in the vulnerable position of emotional release and healing. We had to keep ourselves numb, silent and unfeeling just to survive. Because of this, peer clients may have problems even identifying their emotions, let alone feeling safe enough to let them out. You may want to refer them to the emotion word chart in the Resource section of this manual and see what that evokes in them.

Your job as peer counsellor is to create an atmosphere in which the peer client feels safe – which may take a while – then let them find their own healing path. For some, this may mean remembering and processing old hurts. Others may be able to heal and release emotion just by feeling safe, and not have to relive old traumas. Never push a peer client to process and deal with old memories, as this can be re-traumatizing if they are not ready for it. They must set their own pace and process. Help them learn how to find a balance between feeling their emotions and grounding. Remember – one small step at a time!

How to Avoid Being Triggered

- It helps to understand that emotions are neither good nor bad – they just are. They give us very basic feedback about the world around us, and this can be useful information as long as we apply our good thinking to the situation as well
- It helps to remember grounding techniques. These can assist you in remaining in your role as supportive counsellor, without focusing your attention on your own issues
- It helps to remember that crying is not the grief itself – it is the release of that grief. Trembling is not the fear – it is the release of fear. Storming and indignation are not the disempowerment itself, they are the release of it. Welcome and encourage these outward expressions of healing

Releasing Emotions Versus Acting Them Out

We use the phrase “acting out” a lot – but what does it really mean? It is possible that it literally means that we are acting out an old hurt. We are taking the role of the victim, and we are assigning the role of abuser to whomever or whatever is handy. It is possible that we unconsciously do this because we are trying to understand the old hurt, so we keep recreating the situation in order to work towards making sense of it. But “acting out” often re-traumatizes us, and can hurt the ones around us whom we may need to be part of our healing community.

Compare the examples below:

- **Acting out anger:** Someone who is very angry, and is breaking dishes or furniture, or hurting other people, is not healing themselves, but rather is causing themselves and others more pain

- **Healing anger:** Someone in a safe place who is very angry, and is indignantly and loudly explaining why, with bold voice and gestures, is likely releasing a lot of their anger and may soon be able to think clearly about what to do to rectify the situation
- **Acting out grief:** Someone who is full of grief, has shut down and is unable to think clearly is acting out hopelessness, not healing. This does not mean that they do not need to experience this sort of grief for a while until they are ready to move forward!
- **Healing grief:** Someone who is able to cry about their situation and tell their story to a peer counsellor or trusted friend is releasing the grief a little at a time and moving towards reconciling themselves with the situation they are dealing with

How Many Emotions Do I Need to Understand?

Just like there are only three primary colours of light (red, green, blue) that together make up millions of combinations, we can look at a few basic emotions that combine to form many others. For example, when experiencing jealousy, you may also be angry that your partner has cheated on you, fearful that you may lose the relationship, and sad at the loss of trust.

Embarrassment can be understood as a mix of fear of being ridiculed, grief at loss of status, and anger at yourself for doing something stupid. While emotions will not explain everything, a good personal understanding of grief, fear and anger will provide you with insight into many problematic emotional situations.

We add the emotions of guilt and shame to the mix in this course, as these are often critical emotions for survivors to deal with. Can you think of a situation where a mix of grief, fear and anger might lead someone to feel guilt or shame as well?

Summary

- Emotions are a primitive but effective way of giving us feedback about our world
- Emotions are not sufficient by themselves to base decisions on – they need to be tempered with sober thought
- Emotions are neither good nor bad – they just give us information and ready us for action
- Expression of emotions can be triggering to ourselves and to those around us. The release of emotions can be too. We need a safe, appropriate space where we can work through them
- If emotional experiences are not processed and the emotion is not released, this can create reoccurring triggers when any even slightly similar situations are encountered.
- Peer clients may have gotten so used to suppressing emotion that they do not recognize it or have words for it (for a break-down of specific emotions, see the Emotion Chart below)
- We need to practice grounding ourselves and also assist our peer clients in grounding as they work through and release their emotions. This lets them choose how deep to go at any given time, helping them feel safe experiencing emotions.
- Acting out emotional distress instead of releasing the emotion appropriately can be destructive and re-traumatizing. If you foster an atmosphere of safety, the peer client will be able to choose to release their emotions when they are ready
- Emotions are not as complicated as they first seem. They are often a combination of a few “basic” emotions



EMOTION	WHAT IT IS TELLING YOU	SIGNS OF BEING STUCK	SIGNS OF EMOTIONAL HEALING
JOY	Life is safe and good. You can use your energy for new and creative things	You are not stuck!	Not needed at the moment – enjoy life!
HAPPINESS	Your goals (or those of people you love) are being met. You can relax	You are not stuck!	Not needed at the moment – enjoy life!
BOREDOM	Your thinking is being interfered with	Blanking out. Tiredness. Unmotivated	Non-repetitive talking, laughing
LIGHT ANGER	Frustration. Your goal is being thwarted or delayed	Unclear thinking. Difficulty coming up with new ideas. Focusing on the past	Laughing, warm sweating, animated talking. Being solution-oriented
HEAVY ANGER	Someone has crossed one of your boundaries. You have been violated	Blind rage, doing damage to people or property. Being unable to listen	Loud talking, gesturing (“righteous indignation”), hot sweating
SHAME	You feel worthless. You have violated a deep cultural norm	Blaming yourself. Shutting down. Lacking motivation. Choosing isolation	Forgiving yourself. Connecting with underlying grief, fear and anger
GUILT	You have crossed another person’s boundary	Avoiding communication. Moving towards feeling shame	Apologizing, making amends, connecting positively with friends and community
LIGHT FEAR	Embarrassment – you have acted in a way that shows a perceived weakness or fault. You may lose status	Feeling paralyzed. Feeling unable to trust. Having low self-esteem	Cold sweating, laughing. Being able to seek help
HEAVY FEAR	Be alert! Danger is close. Activate “fight or flight” response	Feeling paralyzed. Striking out. Withdrawing. Dissociating	Shaking, trembling, cold sweating
GRIEF	You have experienced a loss. You will need to adjust to a new reality	Feeling disoriented, numb, hopeless, suicidal	Tears, sobbing. Reaching out for support
TENSION,PAIN	You are experiencing stress or injury	Stressing about being stressed!	Yawning, stretching



Exercise: Expanding Self Awareness

(from your internal frame of reference)

You are advised not to rush through this exercise, for a greater understanding of your own frame of reference will aid your self-awareness and how what is within it may get in the way of entering a client's frame of reference. As this exercise is very individual, no answers will be provided.

1. **Name.** How important is it to you?
2. **Gender.** Are you satisfied with being who you are?
3. **Body.** Are you satisfied with your physical appearance?
4. **Abilities.** What are you particularly good at?
5. **Mind.** Do you feel OK about your intellectual ability?
6. **Age.** Are you comfortable with the age you are now?
7. **Birth.** How do you feel about where you were born?
8. **Culture(s).** Where were you brought up?
If you have moved between cultures, what influences has this had?
9. **People.** Who influenced you most when growing up?
10. **Mother.** What is your opinion of your mother?
11. **Father.** What is your opinion of your father?
If you have no parents, how has that influenced you?
12. **Siblings.** What is your opinion of your brother(s)/sister(s)?
If you have no brothers or sisters, what influence has that had?
13. **Education.** What influence did your education have?
What would you like to have achieved but did not?
14. **Employment.** List the various jobs you have had, the people you remember associated with those jobs, and the overall influence the work and the associated people
15. **Spouse.** If you are married, how has your spouse influenced you?
16. **Children.** How have your children influenced you? If you wanted children, and were unable to have them, how has that influenced you?
17. **Unmarried.** If you are unmarried, or have no partner, what influence does that have?
18. **Preferences.** How do your sexual preferences influence you?
19. **Values.** What values do you have, and what influence do they exert? Have you taken them over from other people without thinking about them?
20. **Beliefs.** What are your fundamental beliefs? How did you acquire them?
21. **Religion.** If you are religious, what influence does that exert? If you have no religion, what influence does that exert?
22. **Experiences.** What life experiences are significant for you and why?
23. **Health.** How have any illnesses or accidents influenced you?
24. **Memories.** What memories do you treasure, and what memories do you try hard to forget?
25. **Relationships.** What relationships in the past are you glad you had, and what relationships do you wish you had never had?
26. **Circumstances.** What life circumstances, past or present, do you welcome, and which do you regret?
27. **Authority.** Who represents authority for you, in the past and now?
What influence do these authority figures exert on you?
28. **Strengths.** What are your major strengths, and how might these influence your listening to clients?
29. **Weaknesses.** What are your major weaknesses, and how might these influence your ability to listen to clients?
30. **Virtues.** What do you consider to be your virtues? How do they influence your behaviour?
31. **Vices.** Do you have any vices, and how do they influence your relationships?

How much insight do you think you gained on your frame of reference by working through these 31 questions?*

* These 31 questions are found at http://www.howto.co.uk/wellbeing/counsellingskills/exploring_essential_counsellor_qualities/

Some of the Healthy Alternatives to Forgiving



01. Moving on as I keep the focus on myself and my needs
02. Freeing myself from the person who hurt me, and for a new beginning in life.
03. Releasing the pain of the past to God, my higher power, or the universe.
04. Coming to terms with this hurt as best I can.
05. Cutting my losses and “divorcing myself” from this person (or family of origin).
06. Bring some type of closure to this chapter in my life.
07. Accepting that how I was hurt cannot be changed, so that I can begin to move on.
08. Taking tender care of myself, just like I would if I had suffered a physical injury or illness.
09. Making a fresh start where I am and just as I am.
10. Grieving what I lost, naming what’s left, and envisioning what’s possible.
11. Affirming my strength to survive this hurt and to re-create my life anew.
12. Choosing to take positive, constructive action on my own behalf each day.
13. Letting the past be the in the past and opening up to something new this day.
14. Disengaging from this person who hurt me.
15. Moving forward each moment in a fully conscious and intentional manner.
16. Embracing new opportunities.
17. Responding to life’s invitation to rebuild.
18. Letting go of this hurt each day so that I can reach out for something better.
19. Creating a self-care plan to guide me in fostering my healing and happiness.
20. Managing my pain while taking small steps and risks to help me move forward.
21. Identifying what is – and isn’t – within my power to change and positively impact.
22. Choosing to be responsible for the quality of the rest of my life, starting now.
23. Reclaiming my power of choice to take positive and constructive action each day.
24. Making a firm and disciplined choice to move on even though I am still hurting.
25. Affirming that I can move on with some pain, which will decrease as I move on. And always feel free to make up your own alternatives!

From Egebert, G. (2008) The Forgiveness Myth: How to Heal Your Hurts, Move On, and Be Happy Again When You Can’t – or Won’t – Forgive. Original Pathways Press. ISBN-13: 9780979440007.

Six Common Reasons to Set Aside or Forget Forgiving (Atleast Temporarily)



Troubling feelings such as anger, hatred, and rage are overwhelming you.

The fact is that when any of us has been hurt, it is normal to feel anger, hatred, or rage, as well as other painful emotions. No matter how opposed to them you may be at the core of your being, they are inevitable you have been hurt or wronged.

Painful memories, vindictive urges, or arguments are upsetting you.

Painful memories seem to have a life of their own. I heard that is decades old and that hasn't been that big a deal over the years can come to conscious awareness of the oddest times out of nowhere and shatter the tranquility you were enjoying just a moment ago.

You were hurt quite recently and your inner peace has been shattered.

While time does not necessarily heal all of your wound's, it certainly has a critical role to play in making them more manageable, even when so-called minor or petty or midrange hurts leave you feeling very upset.

A significant change or transition in your life is pending or underway.

When you are contemplating the possibility of making a significant change or when you are in the midst of a major transition it requires a great deal of energy and focus. It simply might not be the best time to try to forgive, because whatever is changing in your life, whether it is something pleasant ... or pleasant ... or that which could go either way or be a mixture of both ... is likely to throw you off to a certain degree.

Fatigue mental, emotional, physical, or spiritual has drained you.

It is not uncommon for many of us to discover that our attempts to forgive, which are supposed to set us free and restore our energy, can end up trapping us in a loss of personal vitality because we aren't always able to pull it off in a successful or satisfying manner.

Religious beliefs and old expectations are getting in the way.

If you are unable to forgive, you might need to set this whole forgiving thing aside for a while in order to examine the validity of some of the beliefs and expectations that you have about forgiveness, anger, and what it means to be a human being with a mixture of strengths and weaknesses.

From Egebert, G. (2008) *The Forgiveness Myth: How to Heal Your Hurts, Move On, and Be Happy Again When You Can't – or Won't – Forgive*. Original Pathways Press. ISBN-13: 9780979440007.

15 Common Cognitive Distortions



By John M. Grohol, Psy.D.

What's a *cognitive distortion* and why do so many people have them?

Cognitive distortions are simply ways that our mind convinces us of something that isn't really true. These inaccurate thoughts are usually used to reinforce negative thinking or emotions — telling ourselves things that sound rational and accurate, but really only serve to keep us feeling bad about ourselves. For instance, a person might tell themselves, "I always fail when I try to do something new; I therefore fail at everything I try." This is an example of "black or white" (or polarized) thinking. The person is only seeing things in absolutes — that if they fail at one thing, they must fail at all things. If they added, "I must be a complete loser and failure" to their thinking, that would also be an example of overgeneralization — taking a failure at one specific task and generalizing it their very self and identity.

Cognitive distortions are at the core of what many cognitive-behavioural and other kinds of therapists try and help a person learn to change in psychotherapy. By learning to correctly identify this kind of "stinkin' thinkin'," a person can then answer the negative thinking back, and refute it. By refuting the negative thinking over and over again, it will slowly diminish overtime and be automatically replaced by more rational, balanced thinking.

Cognitive Distortions

Aaron Beck first proposed the theory behind cognitive distortions and David Burns was responsible for popularizing it with common names and examples for the distortions.

1. Filtering. We take the negative details and magnify them while filtering out all positive aspects of a situation. For instance, a person may pick out a single, unpleasant detail and dwell on it exclusively so that their vision of reality becomes darkened or distorted.

2. Polarized Thinking (or "Black and White" Thinking). In polarized thinking, things are either "black-or-white." We have to be perfect or we're a failure — there is no middle ground. You place people or situations in "either/or" categories, with no shades of gray or allowing for the complexity of most people and situations. If your performance falls short of perfect, you see yourself as a total failure.

3. Overgeneralization. In this cognitive distortion, we come to a general conclusion based on a single incident or a single piece of evidence. If something bad happens only once, we expect it to happen over and over again. A person may see a single, unpleasant event as part of a never-ending pattern of defeat.

4. Jumping to Conclusions. Without individuals saying so, we know what they are feeling and why they act the way they do. In particular, we are able to determine how people are feeling toward us.

For example, a person may conclude that someone is reacting negatively toward them but doesn't actually bother to find out if they are correct. Another example is a person may anticipate that things will turn out badly, and will feel convinced that their prediction is already an established fact.

5. Catastrophizing. We expect disaster to strike, no matter what. This is also referred to as “magnifying or minimizing.” We hear about a problem and use what if questions (e.g., “What if tragedy strikes?” “What if it happens to me?”).

For example, a person might exaggerate the importance of insignificant events (such as their mistake, or someone else’s achievement). Or they may inappropriately shrink the magnitude of significant events until they appear tiny (for example, a person’s own desirable qualities or someone else’s imperfections). With practice, you can learn to answer each of these cognitive distortions.

6. Personalization. Personalization is a distortion where a person believes that everything others do or say is some kind of direct, personal reaction to the person. We also compare ourselves to others trying to determine who is smarter, better looking, etc. A person engaging in personalization may also see themselves as the cause of some unhealthy external event that they were not responsible for. For example, “We were late to the dinner party and caused the hostess to overcook the meal. If I had only pushed my husband to leave on time, this wouldn’t have happened.”

7. Control Fallacies. If we feel externally controlled, we see ourselves as helpless a victim of fate.

For example, “I can’t help it if the quality of the work is poor, my boss demanded I work overtime on it.” The fallacy of internal control has us assuming responsibility for the pain and happiness of everyone around us. For example, “Why aren’t you happy? Is it because of something I did?”

8. Fallacy of Fairness. We feel resentful because we think we know what is fair, but other people won’t agree with us. As our parents tell us, “Life is always unfair,” and people who go through life applying a measuring ruler against every situation judging its “fairness” will often feel badly and negative because of it.

9. Blaming. We hold other people responsible for our pain, or take the other track and blame ourselves for every problem. For example, “Stop making me feel bad about myself!” Nobody can “make” us feel any particular way — only we have control over our own emotions and emotional reactions.

10. Shoulds. We have a list of ironclad rules about how others and we should behave. People who break the rules make us angry, and we feel guilty when we violate these rules. A person may often believe they are trying to motivate themselves with shoulds and shouldn’ts, as if they have to be punished before they can do anything.

For example, “I really should exercise. I shouldn’t be so lazy.” Musts and oughts are also offenders. The emotional consequence is guilt. When a person directs should statements toward others, they often feel anger, frustration and resentment.

11. Emotional Reasoning. We believe that what we feel must be true automatically. If we feel stupid and boring, then we must be stupid and boring. You assume that your unhealthy emotions reflect the way things really are — “I feel it, therefore it must be true.”

12. Fallacy of Change. We expect that other people will change to suit us if we just pressure or cajole them enough. We need to change people because our hopes for happiness seem to depend entirely on them.

13. Global Labeling. We generalize one or two qualities into a negative global judgment. These are extreme forms of generalizing, and are also referred to as “labeling” and “mislabeling.” Instead of describing an error in context of a specific situation, a person will attach an unhealthy label to themselves.



For example, they may say, “I’m a loser” in a situation where they failed at a specific task. When someone else’s behaviour rubs a person the wrong way, they may attach an unhealthy label to him, such as “He’s a real jerk.” Mislabeling involves describing an event with language that is highly coloured and emotionally loaded. For example, instead of saying someone drops her children off at daycare every day, a person who is mislabeling might say that “she abandons her children to strangers.”

14. Always Being Right. We are continually on trial to prove that our opinions and actions are correct. Being wrong is unthinkable and we will go to any length to demonstrate our rightness. For example, “I don’t care how badly arguing with me makes you feel, I’m going to win this argument no matter what because I’m right.” Being right often is more important than the feelings of others around a person who engages in this cognitive distortion, even loved ones.

15. Heaven’s Reward Fallacy. We expect our sacrifice and self-denial to pay off, as if someone is keeping score. We feel bitter when the reward doesn’t come.

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From: <http://psychcentral.com/lib/2009/15-common-cognitive-distortions/>

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Fixing Cognitive Distortions

By John M. Grohol, Psy.D.



Cognitive distortions have a way of playing havoc with our lives. If we let them. This kind of “stinkin’ thinkin’” can be “undone,” but it takes effort and lots of practice — every day. If you want to stop the irrational thinking, you can start by trying out the exercises below.

- 1. Identify Our Cognitive Distortion.** We need to create a list of our troublesome thoughts and examine them later for matches with a list of cognitive distortions. An examination of our cognitive distortions allows us to see which distortions we prefer. Additionally, this process will allow us to think about our problem or predicament in more natural and realistic ways.
- 2. Examine the Evidence.** A thorough examination of an experience allows us to identify the basis for our distorted thoughts. If we are quite self-critical, then, we should identify a number of experiences and situations where we had success.
- 3. Double Standard Method.** An alternative to “self-talk” that is harsh and demeaning is to talk to ourselves in the same compassionate and caring way that we would talk with a friend in a similar situation.
- 4. Thinking in Shades of Gray.** Instead of thinking about our problem or predicament in an either-or polarity, evaluate things on a scale of 0-100. When a plan or goal is not fully realized, think about and evaluate the experience as a partial success, again, on a scale of 0-100.
- 5. Survey Method.** We need to seek the opinions of others regarding whether our thoughts and attitudes are realistic. If we believe that our anxiety about an upcoming event is unwarranted, check with a few trusted friends or relatives.
- 6. Definitions.** What does it mean to define ourselves as “inferior,” “a loser,” “a fool,” or “abnormal.”? An examination of these and other global labels likely will reveal that they more closely represent specific behaviors, or an identifiable behavior pattern instead of the total person.
- 7. Re-attribution.** Often, we automatically blame ourselves for the problems and predicaments we experience. Identify external factors and other individuals that contributed to the problem. Regardless of the degree of responsibility we assume, our energy is best utilized in the pursuit of resolutions to problems or identifying ways to cope with predicaments.
- 8. Cost-Benefit Analysis.** It is helpful to list the advantages and disadvantages of feelings, thoughts, or behaviors. A cost-benefit analysis will help us to ascertain what we are gaining from feeling bad, distorted thinking, and inappropriate behavior. Note: 1) clinical concept of secondary gain; and 2) refer to cost-benefit analysis.

Reference:

Burns, D.D. (1989). *The feeling good handbook: Using the new mood therapy in everyday life*. New York: William Morrow.

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Resources:



10 Electronic Gambling Myths

[Produced by Survivors of Abuse Recovering (S.O.A.R.) Society, May 2009]



Myth #1: Electronic and Internet gambling bring revenue to the government to enable more programs.

This is only supportable if one takes a “silo” approach to funding. While there is an obvious increase in the revenue to government from these devices, this is more than offset by the social costs. Not only are there extra costs to Social Services and Department of Health in assisting families to deal with the impacts of gambling, but the wider costs to the community are significant (for example, see <http://www.gpiatlantic.org/pdf/gambling/gambling.pdf> for a detailed cost accounting by GPI Atlantic, funded by the Nova Scotia Gaming Foundation).

Myth #2: Gambling devices are not substances and so cannot cause addiction.

Research shows that the neurochemical changes that occur in the brains of gambling addicts are the same as in people who are addicted to substances (for further information, see Sunderworth & Milkman [1991], “Behavioral and neurochemical commonalities in addiction” in *Contemporary Family Therapy*, Vol. 13, #5).

Myth #3: Adults can make their own choices about “responsible gambling,” and only those with “addictive personalities” are at risk.

Firstly, it has been known for some time that there is no support in scientific literature for the concept of an “addictive personality” (the following excerpt is from *Scientific American*, November 1997: “Scientists realize that addictions stem from much more than ‘an addictive personality’ or weak will. The remedies being tested actually target the cascade of neurochemical events at the root of addicts’ cravings”). There are risk factors and protective factors that influence behaviour and outcomes, but these cut across all strata of society. Secondly, and perhaps more importantly, electronic gambling devices are designed based on a deep understanding of human psychology and how to manipulate human behaviour. The psychological principles (such as a variable-ratio reward system) work on all humans as the designers of the machines capitalize on understanding how the brain functions and how motivation and behaviour can be guided. This is done with no disclosure to the public as to the techniques used so that citizens are unable to make an informed choice about their involvement with these devices.

Myth #4: Local businesses will suffer or close if electronic gambling is removed from the province.

The government program of introducing VLTs into bars and other licensed establishments ends up creating a dependency of the business on these devices, leading them to rely on a business plan/model that is not viable without gambling devices. We need to provide assistance to businesses to restructure their services so that they return to viability without having to use devices that harm their patrons.

Myth #5: The government needs gambling revenues in order to be able to offer support to health, recreational and cultural programming.

Gambling revenues are effectively a tax on the poor and vulnerable. A government needs to set the tax rate appropriately to fund its programs. Gambling revenues are a smokescreen to fool the public into thinking that their tax rates are lower than they are. We often hear that cutting electronic gambling will cut into health care and cultural programming. This is nonsense. There are many excesses in the provincial budget that could be cut, for example the \$175 million recently added to the cabinet-controlled Industrial Expansion Fund (see <http://www.cbc.ca/canada/nova-scotia/story/2009/02/17/ns-industrial-fund.html> for background information, and see <http://www.gameovervlt.com/press/APECRCSept%202005.pdf> for an economic critique by the Atlantic Provinces Economic Council: “Gaming Revenues: No Jackpot for the Atlantic Provinces”).

Myth #6: If the government does not operate electronic and Internet gambling in the province, the market will be served by illegal and unsafe devices and services operated by organized crime.

This is so absurd it is hardly worth debunking. If something is so attractive to organized crime, why is the government leaping to emulate them? By this logic, the government should be distributing crack cocaine and heroin. Should they also be providing licensed hit men so that assassinations are done more humanely? We realize that this is a ridiculous suggestion, but it uses the same logic as the myth! South Carolina banned VLTs in 2000, resulting in 34,000 machines being removed from the state. Even if there are a few illegal machines remaining, the impact is far less damaging than 34,000 legalized machines.

Myth #7: This is just games and entertainment – what’s the problem?

The euphemism “gaming,” used to describe gambling, inappropriately implies that these activities are entertaining apart from the gambling component. But how long would anyone play a game where they had to press a button over and over to see if pictures end up in a row, if there were no money involved? Perhaps it would keep a five-year-old occupied for ten minutes, but no adult would play such a “game.” There is zero entertainment value to these games apart from the brain chemistry altering function of engaging in the risk of gambling. Repetition of this behaviour increases the risk of dependency for all people. Corner-store workers have described customers who purchase scratch tickets and only scratch the bar code for scanning to see if they won. There is no game! Nothing that you can do can change the chance of winning, so why “play”? The product is based on deception.

Myth #8: The practice is well-regulated in Nova Scotia, and so it is safe.

One of the greatest problems is that the regulator of gambling is the same as the entity who benefits financially from it (that is to say, the government). There needs to be an arms-length organization with the power to regulate. The Finance Minister stated that he would “consider anything” to bring money into the provincial coffers. Is this the attitude we need from a regulator? (As an example of how a Quebec government agency acted inappropriately recently when in a conflict of interest between public interest and finances, see <http://tinyurl.com/gaming-commission-cheating> for a recent scandal in Quebec.)

Myth #9: Electronic gambling is safe because it is provided only in licensed establishments, not in corner stores, etc.

It is important to limit exposure of children to these machines. However, does it really make sense to locate addictive gambling machines in places where people are drinking? The first impact of consuming alcohol is to impair judgement. This environment increases the risk factors for those using the machines.

Myth #10: We have a cabinet minister overseeing gambling in Nova Scotia to ensure appropriate use, so it must be safe.

While it is true that there is oversight of gambling activities at the cabinet level, an inherent problem arises when the government is both the beneficiary of the revenue from gambling, and also its regulator. This could be seen as a potential conflict of interest.

Web Resources:

<http://www.kingscommunityactiongroupongambling.ca>

<http://www.stop.electronickeno.ca>

<http://www.gov.ns.ca/hpp/addictions/problem-gambling.asp>

<http://www.problemgambling.ca/EN/Pages/default.aspx>

<http://www.gameovervlt.com>

<http://www.lifespan.org/rih/services/mentalhealth/gambling/research>

<http://tinyurl.com/social-costs-of-gambling>

http://www.gov.ns.ca/hpp/publications/Adult_Gambling_Report.pdf

<http://www.nsgamingfoundation.org/>

10 Daily Affirmations for Survivors



-
01. Recovery is absolutely possible and achievable for me.
 02. I will practice being disloyal to dysfunction and loyal to functionality.
 03. I give myself permission to connect to loving, affirmative, strong, sensitive, accepting men and women in my community.
 04. I release and forgive myself for any responsibility I have accepted in the past for my abuse.
 05. The abuser(s) from the past chose to hurt me; I will stop repeating the lie that it just happened to me.
 06. Offering myself daily compassion is necessary for my healing and growth.
 07. I commit to connecting to the child inside me today so we can play, laugh and experience joy together, even if just for a minute or two.
 08. I believe deep inside me I possess the ability to face the truth of my abuse and to learn to use new tools for healing.
 09. I have the right and the ability to speak the truth of my abuse and deserve to be heard, understood, believed and supported.
 10. Feeling is healing; as I heal, I develop the ability to experience a wider range of emotions to enhance my health and connections to others.
-

Adapted from a list by Dr. Howard Fradkin. Used by permission

*John Calvi is a massage therapist specializing in trauma. For the past six years he has focused on people with AIDS and tortured refugees. Along with teaching workshops nationwide on avoiding burnout for care givers he is completing a book on healing from trauma called *The Dance Between Hope and Fear*.*

I had begun to wonder whether what I was doing was at all useful. We had been working for more than an hour. The stillness in the massage room had become thick. The soft-music tape had run out and the candle had burned low.

She lay on her side. I placed one hand over her heart and the other at her midback. “Take a breath”, I said quietly. Soon all we had worked for was achieved.

Her chest and belly heaved twice. Her face tightened. and the sound of old pain broke the air. She wept with her whole body, soaking the sheets and exhausting herself. She purged an old hurt which could not become history until it had been released.

The quiet following the storm was both clean and full--not unlike a meeting for worship at its best. She accepted a glass of cold water and a box of tissues. Gazing out the window at the Vermont greenery. she asked. “What do I have to learn to stay this clear?”

A good question. Laying down the weapons around the heart is one thing. Getting them to stay down is another piece of work.

Those around us who are trying to heal from various “life wounds”—assault, life threatening illness, addiction—have encountered powerful forces rare in day-to-day living. This experience freezes ways of thinking and feeling at such basic levels that unspoken assumptions can be radically changed.

All of life can suddenly feel like a dark alley. Suddenly, previous ideas about credible love, the balance of good and evil, and one’s own safety are thrown horribly into doubt.

How we feel about being in the world is clearly reflected in our emotional “repertoire.” As fear replaces joie de vivre, our emotional repertoire loses what I call its “roundness” and develops flat sides where some emotional expressions have been lost altogether. In working with trauma survivors, I ask them to look and see how “round” their emotional life seems to be.

One way to check for roundness is to use the “six healing sayings” I’ve been presenting to clients since 1982. It’s an easy way to tell which feelings have been let out and which are still “shut-ins.” These six sayings comprise all the really important messages one person gives another. I ask clients to ask themselves: “Which of these six messages are the easiest to say? The most frequently uttered? Which are the most difficult to say? Are there some which are never uttered? Does the pattern remain constant regardless of who you’re with - family, co-workers, friends?

The six sayings are the following:

- | | | |
|--------------------------|-------------------------------------|--------------------------------|
| 1. “I love you.” | 2. “Thank you.” | 3. “I’m sorry.” |
| 4. “I need help.” | 5. “That’s not good enough.” | 6. “No! Stop! Bug off!” |

Each of these is essential because they express feelings we cannot live without. The absence of any one of them denotes a numbness or starvation which deserves urgent attention.

“I love you”—in its most genuine form—is probably the most expansive of the six. It expresses joy, trust, power, and vulnerability all at once. The multiple realities expressed in this phrase contribute to the many forms of expression it takes. Someone who can’t say “I love you”—or chooses not to—is, in a sense, standing at the edge of the river of life and suffering from thirst. This particular handicap can be the most painful to observe in oneself or in others, because the feeling is so essential.

“Thank you” is a statement of receiving and appreciation, and thus an acknowledgment of our interdependence. It is also a benchmark for those seeking a more spiritual life. Gratitude increases as fullness of “living in the light” increases. When “thank you” is missing, isolation reigns. This is particularly true in our culture, where ingratitude is perceived as arrogance and spreads ill feeling, whether at the kitchen table or in the boardroom. “Thank you” can be a very difficult phrase to say for people who have a chronic feeling that no matter what they receive, it isn’t enough to make up for injustices suffered (such as sexual assault).

“I’m sorry” is our greatest expression of humility. It holds the overwhelming power of acknowledging and beginning to rectify injustice; it is our simplest and most exquisite example of nonviolent conflict resolution. Humility is powerful. It is often hard to understand that having power and being humble are not contradictory in nature.

“I need help” means asking that emotional needs be met. Oddly enough, reluctance to say this is often based not on a distaste for admitting need, but—and this is particularly true for those who have been abused as children—on a fear that help is simply not available. A philosophy of scarcity has set in; there’s an unspoken assumption that one is unworthy of receiving help or that there is simply not enough help to go around.

“That’s not good enough” is a statement of power and need. It expresses self-worth and self-value; in its best sense, it brings everyone involved to attention. Saying “That’s not good enough” is an ongoing work for people who are learning to fend off their own victimization. That’s why it is so frequently heard in the AIDS epidemic. Having one’s life threatened by not only disease, but moral and legal condemnation as well, has broken many lives. But it has also created some fierce warriors who cry, “That’s not good enough!” and refuse to accept the terrible rumor that they are not entitled to society’s compassion.

“No! Stop! Bug Off!” is even more colorfully expressed in my workshops.

The point is to make space, particularly recognized boundaries, and to express anger. Many people have been hurt by anger and equate it with violence. Quakers to some extent perpetuate the concept that anger can’t be expressed without violence. Yet, honest anger and abuse are quite distinct. Shrieking “How dare you!” is not the same thing as striking a blow. It is important to separate the two and to release the power of anger. Fury and indignation have saved many lives. People do not die from anger. But it may be that they die from stifling it. Inability to express anger has been documented as a contributing factor to cancer, heart



attack and depression. It can be a difficult thing to say because—like “I love you”—it is tremendously powerful. Unlike “I love you,” it is not given enough cultural space to have its own natural rhythm and enter the waves of all feelings.

Want to start using one or more of these phrases more often? I suggest two things: being playful, and paying close attention. Choose the three most important people in your life and recall a moment when you conveyed each of these sayings to them.

Or try this approach: Put your name in the middle of a blank page in your journal. Put the names of people important to you around the edge of the page. Recall your messages to each and mark them in one color. With another color, note their messages to you. With a third color write down the messages you would like to give or receive.

If you get a chance, work on this exercise with someone else who is also eager to expand. Have a dinner where you try to use all six sayings with one another: “Mom, please pass the peas and bug off.” “Certainly, dear, and that’s not good enough.”

It sounds silly, but the stretch that one has to make to use these six sayings is one of the most elemental moves possible to counter the tendency to contract that comes after a traumatic experience. The reach to say what is felt has to be an expansive gesture. It opposes the natural tendency of the wounded to shut down. It is a determined reach for clarity.



Emotionally Healthy Behavior



Traditionally, accepted norms of behavior have been dictated by religious mores or rules of law and usually expressed in terms of a very limited dualist perspective: good/bad, strong/weak, rational/irrational, loving/hateful, evil-doer/saint, criminal/law-abider. However, reality is much more complex than this. Desirable behavior often encompasses widely divergent extremes, as the chart below shows. “Good” behavior includes being both bold and gentle, realistic and hopeful, logical and passionate.

In fact, a model that characterizes behavior in terms of one’s emotional health appears better able to distinguish what we generally consider “good” behavior from “bad.” Emotionally healthy behavior is rational, life-affirming, responsible, and loving while emotionally unhealthy behavior is irrational, nasty, irresponsible, dysfunctional, and uncaring. This kind of psychological model has gained wider acceptance over the last century and has been especially developed and promoted by the human potential movement over the last fifty years.

The way to change someone’s behavior from “bad” to “good” must then go beyond the traditional exhortations to act good and threats not to act bad. Many tools have been developed to help people notice, understand, and overcome their emotional injuries and to change their behavior. These include: Assertiveness Training, Parent Effectiveness Training, Transactional Analysis (and Radical Therapy), Re-evaluation Counseling (co-counseling), 12-Step Programs like Alcoholics Anonymous, Principled Negotiation (see the Harvard Negotiation Project’s Getting to Yes: Negotiating Agreement Without Giving In), nonviolent direct action (see for example, Joan Bondurant’s Conquest of Violence), and consensus decision-making.

not only this...	but this too...	but not this...	nor this either...
Bold, assertive, courageous, determined, insistent, strong, powerful, daring, energetic	Gentle, loving, empathetic, compassionate, understanding, forgiving, magnanimous, nonviolent, confident, relaxed	Aggressive, nasty, surly, rude, violent, pushy, flippant, dogmatic, obsessive, compulsive, greedy, malicious	Passive, naïve, indifferent, docile, timid, meek, cowardly, complacent, indecisive, sentimental, insipid
Responsible, stable, reliable, honorable, accountable, honest, principled, fair, trustworthy, noble	Playful, lively, witty, clever, humorous, friendly, sociable, easy-going, joyful, happy	Grim, severe, dour, stern, callous, unbending, depressed, withdrawn	Irresponsible, brash, capricious, foolish, frivolous, volatile, devious, dishonest
Realistic, practical, sensible, discerning, skeptical, cautious, careful, patient, frugal	Hopeful, optimistic, visionary, open-minded, tolerant, receptive, versatile, curious, imaginative, eager, generous	Cynical, contemptuous, sarcastic, scornful, close-minded, intolerant, judgmental, divisive, secretive, stingy	Naïve, gullible, starry-eyed, impulsive, reckless, extravagant
Logical, rational, sensible, sober, thoughtful, rigorous, intelligent	Tender, emotional, humane, passionate, affectionate, nurturing, humane, creative, flexible	Rigid, inflexible, picky, fastidious, austere, prudish, inhibited	Irrational, confused, rambling, hypersensitive, infatuated, careless, thoughtless, salacious, addicted
Visible, prominent, inspirational, proud, ambitious, confident, sure, tenacious, self-reliant	Humble, selfless, modest, co-operative, responsive, helpful, appreciative and supportive of others, willing to guide and teach others	Arrogant, boastful, pretentious, vain, showy, smug, self-centered, egotistical, individualistic, condescending, self-righteous, obstinate	Shy, embarrassed, shamefaced, dependent, submissive, fawning, fickle

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 I revise this paper every few years and appreciate your comments and criticisms.
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Rebuilding Your House of Self Respect



Tom Wilken, author of *“Rebuilding Your House of Self-Respect: Men recovering in group from childhood sexual abuse”*, has worked for 20 years with male survivors as a therapist individually and in group.

He strongly advocates the need to identify male-specific healing strategies, to look at sexual abuse as a societal problem rather than just as a clinical issue, and to build on the men’s strengths as the core of the healing process.

“[Myths about ‘Real Men’] are dangerous because they perpetuate the idea that the use of force, aggression, and abuse are acceptable means of socializing boys. ... They silence male victims and suppress their stories.” “The men ... are not faceless strangers; they are our fathers, brothers, cousins, husbands, grandfathers, uncles, the boy next door, our classmates, our work colleagues, the man next to us on the bus, and the males we pass on the sidewalk every day.” – Dr. Fred Mathews (from the Foreward).

“Society in general is extremely reluctant to view men as victims or vulnerable so it does not support male victims in essential healing processes.” “The vast majority of men partaking in group have had negative experiences with support and treatment programs. ... Participants were very vocal about their negative experiences with psychiatry and what they felt was overprescription of medication. Many men seeking services desperately desired to remove the labelling they connect with mainstream approaches.” – Wilken.

Men are typically looking for a practical approach to recovery, rather than a long journey down memory lane. Rather than dwelling on what happened to them, they prefer to set goals for their life and figure out what is getting in the way of making them happen. Rather than focussing on problems, focussing on solutions, building on strengths and insights they already have and moving forward. Wilken talks about the formula: $E + R = O$ (Events in our lives, plus our responses to them, equals the outcome.) Learning to change the way we respond to events that we may have no control over allows us to control the outcome.

Wilken has identified 10 stages in the healing process of a male survivor of childhood sexual abuse. They do not necessarily move through in this exact order, and they can move backwards as well as forwards (even in Stage 10), but all stages seem to be necessary for a full recovery.

The descriptions below are very sketchy. It is important to read the book itself for a full understanding of the stages.

1. Denial

Creates a “false self”, takes up a lot of emotional energy, isolates. Inability to trust anyone (including themselves). This perpetuates until life becomes unbearable, precipitating stage 2.

2. Confused Awareness

Men start to take an honest look at themselves, often after being jolted into disclosure. The emotional intensity can push them back into denial or on into deciding to reach out.

3. Reaching Out

Hard to find someone safe and supportive to talk to amidst the shame and embarrassment. Telling their stories helps men define their core issues and become aware of what they have lost.

4. Defining Masculinity

How men view masculinity can either hinder or enhance their journey. Challenging the societal myths of masculinity. Becoming free to feel and be vulnerable. Recognizing “It’s not my fault!”

5. Anger

Rage and a desire for justice. Standing up to abuse. Taking back control from the abuser. Learning to separate anger from destructive behaviour.

6. Depression

Having to give up portions of their “old self” that are no longer serving them. Grieving the loss. Perhaps feeling helpless and a sense of emptiness. Not to be confused with clinical depression – a common therapeutic mistake.

7. Clarifying Feelings and Emotions

Being plunged into feelings precipitates processing of core issues that have been problematic for many years. Learning to identify and manage a wide range of emotions. Possibly doing inner child work.

8. Regrouping

A transforming stage where men learn to trust, particularly themselves. Search for meaning. Redefining friendships, finding their own voice.

9. Spirituality

A sense of inner peace. Feeling accepted. Being able to forgive themselves for what they did to survive. Not necessarily connected to religion.

10. Moving On

The rest of their lives... Their understanding of the abuse becomes more objective, no longer dominating their life. Deep and lasting changes. Stability. May need to revisit earlier stages.

Reference:

Wilken, Tom. (2008). *Rebuilding Your House of Self-Respect: Men recovering in group from childhood sexual abuse*. (Second Edition). Erieau, ON: Hope and Healing Associates. ISBN 978-0-9809991-0-5 <http://www.silencetohope.com/stages.html>

The 8 Steps: A Self-Help Guide to Wholehearted Living



- 1) I am good. I was born that way. By nature I am good and intelligent and zestful, creative, cooperative and very lovable. I can use all that energy I was born with to live life wholeheartedly.
- 2) Living life wholeheartedly begins with learning to really love myself. I can start by taking complete responsibility for myself—for my thoughts, feelings and physical wellbeing. This means I will trust my own thinking and that I will always pay enough attention to what I know to be true for me. This also means I will allow myself to feel my emotions and that I will take time for the release of emotional pain. And it means I will treat my body respectfully: I'll arrange my life so that it includes good measures of relaxation and sleep, exercise, healthy nutrition, and challenging work. And I'll take time for creativity and lots of play. In every situation it's fine to consider what would be the very best for me. If, at times, my life seems to be more of a replay of hurts from my past than a reflection of my potential, I'll remember that, really, I've always done as well as I could. So I deserve to treat myself with understanding and tender appreciation - while realizing that I need never again settle for anything less than absolutely everything I want.
- 3) Living life wholeheartedly also involves learning more about people I know and those I'd like to get to know. I can reach out to people of different race, ethnicity, gender, age, sexuality, and to those with different abilities and those with different work backgrounds. (Until I find out how life is for all kinds of people, I won't really have "the big picture.") I'll speak up 'whenever anyone acts in ways that are insensitive to the dignity and worth of children or adults. I know I can never be fully valued until every other human being is fully valued. It's helpful to remember that just about the only way any of us learned any way to hurt someone else was by first having been hurt that way ourselves - usually when we were young. All of us would prefer to pass on fewer hurts than we received. It's often just unhealed pain and some fear that get in the way of us regarding each other with affection and good will.
- 4) Developing close relationships with others involves taking time to really listen to each other. I will build this into my life by arranging for frequent (daily or weekly) occasions to be with others for the purpose of simply listening to each other— confidentially and without interruption or advice. (Dividing the available time equally with one other person or with several others is all it takes.) During my turn, I can begin by sharing what is good in my life now. Then I can talk about what is hard in my life. After that, I can say aloud some of the things I appreciate about myself. I'll also talk about what my goals are and decide what I'll do next to move toward those goals. I'll keep track of my time and when I notice my time is almost up, I'll end with saying what I'm looking forward to. I can exchange this kind of thinking time with people at home, at work and in groups I am associated with. Getting close to others also involves expressing appreciations - sharing what we like and appreciate about each other. Giving the children in my life similar kinds of attention and appreciation is also very important. I will try to spend at least five minutes a day paying good attention to each of the young ones in my life. I can ask what's been good and what's been hard, I can say in detail what I love about that young one and/or I can just offer a long hug.
- 5) When I'm feeling emotionally upset, I'll take charge of my emotional recovery. I'll arrange for a time to be listened to. Exchanging healing time, in person, with two or more other people is best but even one-to-one or over the phone exchanges can work well. When others are ready, the total time available for talking is divided into equal turns - from ten to fifty minute turns are usual. Everyone sits in a small circle facing each other and those whose turn it is to listen give warm, relaxed attention, offer steady eye contact and just listen

no advice or interruptions. (Of course, everything that's said in these sessions is confidential. This means neither during nor after a session do I ever bring up anything I've heard - not even to the person who said it. It's all private.)

When it's my turn to talk, I'll let myself both talk about my feelings and feel my feelings. I begin my turn by mentioning what's good in my life these days. Next I'll move on to talking about what is hard for me now and I'll let myself feel the feelings I am talking about. For example, if I feel sad I'll let myself cry, or if I'm scared I'll let myself sound scared or tremble, or if I'm angry I'll let myself (safely) sound angry. I welcome allowing my body to outwardly show how I feel inside. This is actually part of the body's natural healing process and helps me release the painful feelings I have. (I could watch a baby to see how this process works.) It is helpful to also ask myself what my current painful feelings remind me of. For what I am feeling hurt about now likely relates to times I've felt wounded and hurt in the past. If I have a long enough turn, I can talk about earlier and earlier times in my life when I've experienced these same kinds of feelings - going slow enough through this to let my body feel the old feelings that come up. If the emotional pain I'm dealing with is similar to pain I felt when I was young, I can take a few moments to think about myself as I was when I was younger and feeling this familiar pain; then I'll say out loud to mental pictures of my young self all the loving things I needed to hear back then from a caring adult.

Whatever length of time my turn is, I'll make sure to consider if any or all of the distress I'm feeling is actually due to oppressive conditions which have affected me. It's also useful to recognize if some of my distress might come from mere fear about boldly doing what I need to do to make my life right for me. (I'll notice that after I've let myself feel my feelings physically, I'm often able to think more clearly). The final part of my turn will always be spent relaxing and imagining how I want my life to be. This is important because if I can feel the feelings about the future I want to have, I'll be better able to head in that direction. So I'll describe, in detail, what I'd be feeling and doing from morning until night if my life were already just the way I hope it could be. I'll keep track of my agreed upon length of time and will end promptly when my turn is over. Very soon I will realize that being responsible for my own healing is quite empowering.

(Do consider setting up this kind of healing time for yourself on a regular weekly or monthly basis. This way of exchanging time to release feelings works well for all kinds of support groups whether the participants are dealing with the same issues or with different issues - it's this healing process that's the common thread and we learn from hearing others use it. And by the way, people who are regularly doing these kinds of sessions have found they are more able to feel their feelings the less they use unnecessary chemicals including alcohol, caffeine, nicotine and sugar - all of which seem to numb feelings. Also, everyone should consider getting a medical checkup to find if any emotional problems have a physical cause. Finally, do take advantage of a professional counselor's help if you are thinking about hurting yourself or others, or if you just think you could use some extra help.)

6) I have the right to challenge everything that oppresses me - to challenge all that holds me back from being the real me. I can figure out what could be different or better in the world to make things right for me. I can determine just where I'd like to make changes happen. Each of us is a leader. That includes me. I'll exchange support with others who have interests similar to mine - together we can take bold and powerful action.

7) For me, living my life wholeheartedly also includes

8) I can decide, from this moment on, to live life wholeheartedly. It's entirely possible

Adapted largely from the peer counseling movement. Edited and developed into this Eight Step guide by Dr. Andrea Zojourner, licensed clinical psychologist and self-help advocate. This guide is not copyrighted. Reproduction in any manner is okay. The whole Eight Step process is available to you now: here's the guide - use whatever parts work for you.

"The Self-help Guide To Wholehearted Living' is an extremely valuable approach to meaningful living. It will serve an important purpose of people with a variety of viewpoints in taking charge of their lives. It really is an especially beautiful statement."

- Dr. Frank Reissman PhD Founder, National Self-help Clearinghouse, USA



Relaxation Techniques for Stress Relief

Finding the Relaxation Exercises That Work For you



For many of us, relaxation means zoning out in front of the TV at the end of a stressful day. But this does little to reduce the damaging effects of stress. To effectively combat stress, we need to activate the body's natural relaxation response. You can do this by practicing relaxation techniques such as deep breathing, meditation, rhythmic exercise, and yoga. Fitting these activities into your life can help reduce everyday stress and boost your energy and mood.

In This Article:

- The relaxation response
- Finding the right relaxation technique
- Breathing meditation
- Progressive muscle relaxation
- Body scan meditation
- Mindfulness meditation
- Visualization meditation
- Yoga and tai chi
- Make relaxation techniques fit your life

The relaxation response: bringing your nervous system back into balance

Stress is necessary for life. You need stress for creativity, learning, and your very survival. Stress is only harmful when it becomes overwhelming and interrupts the healthy state of equilibrium that your nervous system needs to remain in balance. Unfortunately, overwhelming stress has become an increasingly common characteristic of contemporary life. When stressors throw your nervous system out of balance, relaxation techniques can bring it back into a balanced state by producing the relaxation response, a state of deep calmness that is the polar opposite of the stress response.

When stress overwhelms your nervous system your body is flooded with chemicals that prepare you for “fight or flight”. While the stress response can be lifesaving in emergency situations where you need to act quickly, it wears your body down when constantly activated by the stresses of everyday life. The relaxation response puts the brakes on this heightened state of readiness and brings your body and mind back into a state of equilibrium.

Producing the relaxation response

A variety of different relaxation techniques can help you bring your nervous system back into balance by producing the relaxation response. The relaxation response is not lying on the couch or sleeping but a mentally active process that leaves the body relaxed, calm, and focused. Learning the basics of these relaxation techniques isn't difficult, but it does take practice. Most stress experts recommend setting aside at least 10 to 20 minutes a day for your relaxation practice. If you'd like to get even more stress relief, aim for 30 minutes to an hour. If that sounds like a daunting commitment, remember that many of these techniques can be incorporated into your existing daily schedule—practiced at your desk over lunch or on the bus during your morning commute.

Learn about obstacles to the relaxation response: Watch a 3-min. video: Roadblocks to awareness:
http://helpguide.org/toolkit/roadblocks_to_awareness_video.htm

Finding the relaxation technique that's best for you

There is no single relaxation technique that is best for everyone. When choosing a relaxation technique, consider your specific needs, preferences, fitness level, and the way you tend to react to stress. The right relaxation technique is the one that resonates with you, fits your lifestyle, and is able to focus your mind and interrupt your everyday thoughts in order to elicit the relaxation response. In many cases, you may find that alternating or combining different techniques will keep you motivated and provide you with the best results.

How you react to stress may influence the relaxation technique that works best for you.

How do you react to stress?

- Do you tend to become angry, agitated, or keyed up?
- You may respond best to relaxation techniques that quiet you down, such as meditation, deep breathing, or guided imagery
- Do you tend to become depressed, withdrawn, or spaced out?
- You may respond best to relaxation techniques that are stimulating and that energize your nervous system, such as rhythmic exercise
- Do you tend to freeze-speeding up internally, while slowing down externally?
- Your challenge is to identify relaxation techniques that provide both safety and stimulation to help you “reboot” your system. Techniques such as mindfulness walking or power yoga might work well for you

Do you need alone time or social stimulation?

If you crave solitude, solo relaxation techniques such as meditation or progressive muscle relaxation will give you the space to quiet your mind and recharge your batteries. If you crave social interaction, a class setting will give you the stimulation and support you're looking for. Practicing with others may also help you stay motivated.

Relaxation technique 1: Breathing meditation for stress relief

With its focus on full, cleansing breaths, deep breathing is a simple, yet powerful, relaxation technique. It's easy to learn, can be practiced almost anywhere, and provides a quick way to get your stress levels in check. Deep breathing is the cornerstone of many other relaxation practices, too, and can be combined with other relaxing elements such as aromatherapy and music. All you really need is a few minutes and a place to stretch out.

Practicing deep breathing meditation

The key to deep breathing is to breathe deeply from the abdomen, getting as much fresh air as possible in your lungs. When you take deep breaths from the abdomen, rather than shallow breaths from your upper chest, you inhale more oxygen. The more oxygen you get, the less tense, short of breath, and anxious you feel.

- Sit comfortably with your back straight. Put one hand on your chest and the other on your stomach.
- Breathe in through your nose. The hand on your stomach should rise. The hand on your chest should move very little.



- Exhale through your mouth, pushing out as much air as you can while contracting your abdominal muscles. The hand on your stomach should move in as you exhale, but your other hand should move very little.
- Continue to breathe in through your nose and out through your mouth. Try to inhale enough so that your lower abdomen rises and falls. Count slowly as you exhale.

If you find it difficult breathing from your abdomen while sitting up, try lying on the floor. Put a small book on your stomach, and try to breathe so that the book rises as you inhale and falls as you exhale.

Relaxation technique 2: Progressive muscle relaxation for stress relief

Progressive muscle relaxation involves a two-step process in which you systematically tense and relax different muscle groups in the body.

With regular practice, progressive muscle relaxation gives you an intimate familiarity with what tension—as well as complete relaxation—feels like in different parts of the body. This awareness helps you spot and counteract the first signs of the muscular tension that accompanies stress. And as your body relaxes, so will your mind. You can combine deep breathing with progressive muscle relaxation for an additional level of stress relief.

Practicing progressive muscle relaxation

Before practicing Progressive Muscle Relaxation, consult with your doctor if you have a history of muscle spasms, back problems, or other serious injuries that may be aggravated by tensing muscles.

Most progressive muscle relaxation practitioners start at the feet and work their way up to the face. For a sequence of muscle groups to follow, see the box below.

- Loosen your clothing, take off your shoes, and get comfortable.
- Take a few minutes to relax, breathing in and out in slow, deep breaths.
- When you're relaxed and ready to start, shift your attention to your right foot. Take a moment to focus on the way it feels.
- Slowly tense the muscles in your right foot, squeezing as tightly as you can. Hold for a count of 10.
- Relax your right foot. Focus on the tension flowing away and the way your foot feels as it becomes limp and loose.
- Stay in this relaxed state for a moment, breathing deeply and slowly.
- When you're ready, shift your attention to your left foot. Follow the same sequence of muscle tension and release.
- Move slowly up through your body, contracting and relaxing the muscle groups as you go.
- It may take some practice at first, but try not to tense muscles other than those intended.

Progressive Muscle Relaxation Sequence

The most popular sequence runs as follows:

- | | | |
|------------------------|------------------------|-----------------------|
| 1. Right foot* | 2. Left foot | 3. Right calf |
| 4. Left calf | 5. Right thigh | 6. Left thigh |
| 7. Hips and buttocks | 8. Stomach | 9. Chest |
| 10. Back | 11. Right arm and hand | 12. Left arm and hand |
| 13. Neck and shoulders | 14. Face | |

* If you are left-handed you may want to begin with your left foot instead.



Relaxation technique 3: Body scan meditation for stress relief

A body scan is similar to progressive muscle relaxation except, instead of tensing and relaxing muscles, you simply focus on the sensations in each part of your body. Practicing body scan meditation

- Lie on your back, legs uncrossed, arms relaxed at your sides, eyes open or closed. Focus on your breathing, allowing your stomach to rise as you inhale and fall as you exhale. Breathe deeply for about two minutes, until you start to feel comfortable and relaxed.
- Turn your focus to the toes of your right foot. Notice any sensations you feel while continuing to also focus on your breathing. Imagine each deep breath flowing to your toes. Remain focused on this area for one to two minutes.
- Move your focus to the sole of your right foot. Tune in to any sensations you feel in that part of your body and imagine each breath flowing from the sole of your foot. After one or two minutes, move your focus to your right ankle and repeat. Move to your calf, knee, thigh, hip, and then repeat the sequence for your left leg. From there, move up the torso, through the lower back and abdomen, the upper back and chest, and the shoulders. Pay close attention to any area of the body that causes you pain or discomfort.
- Move your focus to the fingers on your right hand and then move up to the wrist, forearm, elbow, upper arm, and shoulder. Repeat for your left arm. Then move through the neck and throat, and finally all the regions of your face, the back of the head, and the top of the head. Pay close attention to your jaw, chin, lips, tongue, nose, cheeks, eyes, forehead, temples and scalp. When you reach the very top of your head, let your breath reach out beyond your body and imagine yourself hovering above yourself.
- After completing the body scan, relax for a while in silence and stillness, noting how your body feels. Then open your eyes slowly. Take a moment to stretch, if necessary. For a guided body scan meditation, see the Resources section below.

Relaxation technique 4: Mindfulness for stress relief

Mindfulness is the ability to remain aware of how you're feeling right now, your "moment-to-moment" experience—both internal and external. Thinking about the past—blaming and judging yourself—or worrying about the future can often lead to a degree of stress that is overwhelming. But by staying calm and focused in the present moment, you can bring your nervous system back into balance. Mindfulness can be applied to activities such as walking, exercising, eating, or meditation.

Meditations that cultivate mindfulness have long been used to reduce overwhelming stress. Some of these meditations bring you into the present by focusing your attention on a single repetitive action, such as your breathing, a few repeated words, or flickering light from a candle. Other forms of mindfulness meditation encourage you to follow and then release internal thoughts or sensations.

Practicing mindfulness meditation

Key points in mindfulness meditation are:

- A quiet environment. Choose a secluded place in your home, office, garden, place of worship, or in the great outdoors where you can relax without distractions or interruptions.
- A comfortable position. Get comfortable, but avoid lying down as this may lead to you falling asleep. Sit up with your spine straight, either in a chair or on the floor. You can also try a cross-legged or lotus position.



- A point of focus. This point can be internal – a feeling or imaginary scene – or something external - a flame or meaningful word or phrase that you repeat it throughout your session. You may meditate with eyes open or closed. Also choose to focus on an object in your surroundings to enhance your concentration, or alternately, you can close your eyes.
- An observant, noncritical attitude. Don't worry about distracting thoughts that go through your mind or about how well you're doing. If thoughts intrude during your relaxation session, don't fight them. Instead, gently turn your attention back to your point of focus.

Relaxation technique 5: Visualization meditation for stress relief

Visualization, or guided imagery, is a variation on traditional meditation that requires you to employ not only your visual sense, but also your sense of taste, touch, smell, and sound. When used as a relaxation technique, visualization involves imagining a scene in which you feel at peace, free to let go of all tension and anxiety.

Choose whatever setting is most calming to you, whether it's a tropical beach, a favorite childhood spot, or a quiet wooded glen. You can do this visualization exercise on your own in silence, while listening to soothing music, or with a therapist (or an audio recording of a therapist) guiding you through the imagery. To help you employ your sense of hearing you can use a sound machine or download sounds that match your chosen setting—the sound of ocean waves if you've chosen a beach, for example.

Practicing visualization

Find a quiet, relaxed place. Beginners sometimes fall asleep during a visualization meditation, so you might try sitting up or standing. Close your eyes and let your worries drift away. Imagine your restful place. Picture it as vividly as you can—everything you can see, hear, smell, and feel. Visualization works best if you incorporate as many sensory details as possible, using at least three of your senses. When visualizing, choose imagery that appeals to you; don't select images because someone else suggests them, or because you think they should be appealing. Let your own images come up and work for you.

If you are thinking about a dock on a quiet lake, for example:

- Walk slowly around the dock and notice the colors and textures around you.
- Spend some time exploring each of your senses.
- See the sun setting over the water.
- Hear the birds singing.
- Smell the pine trees.
- Feel the cool water on your bare feet.
- Taste the fresh, clean air.

Enjoy the feeling of deep relaxation that envelopes you as you slowly explore your restful place. When you are ready, gently open your eyes and come back to the present. Don't worry if you sometimes zone out or lose track of where you are during a guided imagery session. This is normal. You may also experience feelings of stiffness or heaviness in your limbs, minor, involuntary muscle-movements, or even cough or yawn. Again, these are normal responses.



Relaxation technique 6: Yoga and tai chi for stress relief

Yoga involves a series of both moving and stationary poses, combined with deep breathing. As well as reducing anxiety and stress, yoga can also improve flexibility, strength, balance, and stamina. Practiced regularly, it can also strengthen the relaxation response in your daily life. Since injuries can happen when yoga is practiced incorrectly, it's best to learn by attending group classes, hiring a private teacher, or at least following video instructions.

What type of yoga is best for stress?

Although almost all yoga classes end in a relaxation pose, classes that emphasize slow, steady movement, deep breathing, and gentle stretching are best for stress relief.

- Satyananda is a traditional form of yoga. It features gentle poses, deep relaxation, and meditation, making it suitable for beginners as well as anyone primarily looking for stress reduction.
- Hatha yoga is also a reasonably gentle way to relieve stress and is suitable for beginners. Alternately, look for labels like gentle, for stress relief, or for beginners when selecting a yoga class.
- Power yoga, with its intense poses and focus on fitness, is better suited to those looking for stimulation as well as relaxation.

If you're unsure whether a specific yoga class is appropriate for stress relief, call the studio or ask the teacher.

Tai chi

If you've ever seen a group of people in the park slowly moving in synch, you've probably witnessed tai chi. Tai Chi is a self-paced, non-competitive series of slow, flowing body movements. These movements emphasize concentration, relaxation, and the conscious circulation of vital energy throughout the body. Though tai chi has its roots in martial arts, today it is primarily practiced as a way of calming the mind, conditioning the body, and reducing stress. As in meditation, tai chi practitioners focus on their breathing and keeping their attention in the present moment.

Tai chi is a safe, low-impact option for people of all ages and levels of fitness, including older adults and those recovering from injuries. Like yoga, once you've learned the basics of tai chi or qi gong, you can practice alone or with others, tailoring your sessions as you see fit.

Making relaxation techniques a part of your life

The best way to start and maintain a relaxation practice is to incorporate it into your daily routine. Between work, family, school, and other commitments, though, it can be tough for many people to find the time. Fortunately, many of the techniques can be practiced while you're doing other things.

Rhythmic exercise as a mindfulness relaxation technique

Rhythmic exercise—such as running, walking, rowing, or cycling—is most effective at relieving stress when performed with relaxation in mind. As with meditation, mindfulness requires being fully engaged in the present moment, focusing your mind on how your body feels right now. As you exercise, focus on the physicality of your body's movement and how your breathing complements that movement. If your mind wanders to other thoughts, gently return to focusing on your breathing and movement.

If walking or running, for example, focus on each step—the sensation of your feet touching the ground, the rhythm of your breath while moving, and the feeling of the wind against your face. Tips for fitting relaxation techniques into your life

- If possible, schedule a set time to practice each day. Set aside one or two periods each day. You may find that it's easier to stick with your practice if you do it first thing in the morning, before other tasks and responsibilities get in the way.
- Practice relaxation techniques while you're doing other things. Meditate while commuting to work on a bus or train, or waiting for a dentist appointment. Try deep breathing while you're doing housework or mowing the lawn. Mindfulness walking can be done while exercising your dog, walking to your car, or climbing the stairs at work instead of using the elevator. Once you've learned techniques such as tai chi, you can practice them in your office or in the park at lunchtime.
- If you exercise, improve the relaxation benefits by adopting mindfulness. Instead of zoning out or staring at a TV as you exercise, try focusing your attention on your body. If you're resistance training, for example, focus on coordinating your breathing with your movements and pay attention to how your body feels as you raise and lower the weights.
- Avoid practicing when you're sleepy. These techniques can relax you so much that they can make you very sleepy, especially if it's close to bedtime. You will get the most benefit if you practice when you're fully awake and alert. Do not practice after eating a heavy meal or while using drugs, tobacco, or alcohol.
- Expect ups and downs. Don't be discouraged if you skip a few days or even a few weeks. It happens. Just get started again and slowly build up to your old momentum.

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Last updated: September 2012.

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Aug 11, 2011 By Jake Lawson

<http://www.livestrong.com/article/14692-inner-child/>

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The “inner child” is the:

- Little child you were who desired to be nurtured, cared for and loved. This child still resides within you as an adult.
- Free spirit, pixie or elf you have tamed and controlled, yet who resides within you.
- Emotional and sensitive you whom you have channeled, controlled and silenced and who is still living within you.
- Creative, imaginative and artistic you who has been molded, structured and organized; who still resides in you and is needing to be set free.
- Hurt, pained, neglected, frustrated, abused and ignored you whom you have masked, hidden from view and denied the existence of. This child is always just below the surface, causing you to be anxious, worried and fearful of mistreatment.
- Fun loving, happy, frivolous, joyful, humorous you when you were young and unsophisticated; that person you have replaced with a sophisticated, mature, serious, task-oriented demeanor.
- Childhood you have lost or forgotten; yet it still resides in you, dwelling in your subconscious.
- Person who knows how to have fun and play for play's sake; who can help you prevent burnout and manage the stress in your life.
- Person you could be as an adult if you lightened up, let go of your seriousness, overcame your fears and accepted flexibility and change in your life.
- Person within you who needs healing, support and reinforcement through a variety of Tools for Coping activities. Through this you can be given new life, health and a chance for personal growth.

How did the “inner child” get there?

The “inner child”:

- Resides in every adult person.
- Lives in every adult because it is captured in the brain's memory bank.
- Exists in the memory or subconscious because each one of us has poignant memories of our past that shape our present motivation and future drive.



- Exists because when we adopted specific behavior characteristics and behavior scripts to cope in our dysfunctional environment we masked, covered up or forgot the real “inner child” we had been.
- Comes back to many of us in our dreams or daydreams. We can clearly picture what the little child looks like and how the child is feeling and acting.
- Is the person we controlled, repressed and hid in order to survive in the world of stress. Since it was repressed we held onto it in our subconscious.
- Is the link we have to our spiritual being because it is in the spirit realm rather than in the realm of conscious behavior.
- Is a component of our current value and belief system; however, we are unaware of its influence on our decisions.
- Exists because when we were overcome by guilt as children, we climbed inside of ourselves to avoid the feelings of not being “good enough.”
- Exists because when we were little our family rules required that we present an image of a happy, healthy family, even if we weren’t. So we repressed our little child to appear more responsible, serious and achievement-oriented.

What is the unfinished business of the “inner child”?

From growing up in a dysfunctional family, emotional maturity was stunted. This failure to mature left the “inner child” unfinished because we:

- Grew up too fast.
- Became small adults; little “moms” and “dads.”
- Were either over responsible or overachievers.
- Were emotionally vulnerable.
- Were not given a chance to grow and mature in a normal sequence of events.
- Put on a public mask or image to stifle our child-like needs.
- Repressed joy, vision and feelings.
- Still have an “inner child” waiting to grow up and take its proper place.

How does the “inner child” come into being?

The “inner child” comes into being by:

- A denial of true feelings.
- A denial of the person we are.
- Trying hard to live up to others’ expectations.
- Holding back our child-like responses, while we provide adult like responses to stress.
- The fear of being “found out” about how we really feel.
- Insecurity in the midst of chaos, confusion or the vacuum of repressed feelings.
- A sense of obligation to always “look good” and “be good.”
- Inexperience at being loved for “who you are” rather than for “what you do.”
- Not being given the role model of how to “enjoy” life and to have “fun.”
- Always having to be “serious” about life.
- A lack of encouragement to broaden our scope of vision about the “potentials” in life.
- The stress of staying vigilantly in the “here and now” so that we stay in control and the “walls didn’t come tumbling down” around us.
- Never being given or taking the freedom to play and act childish.



- Not being given role models of how to take pleasure out of the “little” things in life.
- A compulsive drive to fulfill our role in our family.
- Not recognizing that we can make choices in our lives to make it what we want it to be.
- Continuing even now to follow our compulsive role(s) rather than choosing to change and be free from the restraints this compulsion creates for us.
- Silencing our “inner child” and guarding ourselves, retreating behind “masked” barriers.
- Feeling that it is not safe to grow up, to accept love or to share feelings.
- Learning to spend some time each day in pleasure and play.

What are the signs of activity of the “inner child”?

We know our “inner child” is active when we:

- Lose ourselves in frolic and fun.
- Cry at a sentimental movie or TV show.
- Over-indulge our own children.
- Enjoy playing with children’s toys.
- Love visiting Walt Disney World or other theme parks designed for children.
- Seek out adult toys to play with.
- Cry or grieve as adults for the losses we experienced in our past.
- Still seek to please the senior members of our families of origin and our extended families.
- Get sentimental looking at old photo albums, home movies or scrapbooks about our childhood.
- Experience the same intensity of feeling we had as children as we role play or act out experiences from our past.

What messages did the “inner child” need to hear, but which went unsaid?

When the “inner child” climbed inside you it probably was hoping to hear:

- I love you, I care about you and I accept you just the way you are.
- I am so proud of you and all that you are.
- I am so happy you are my child.
- You are so beautiful and attractive.
- You are so bright and talented.
- You are so artistic and creative.
- You are such a good worker.
- I am sorry I hurt you.
- I am sorry I neglected you.
- I am sorry I forgot you.
- I am sorry I ignored you.
- I am sorry I took you for granted.
- I am sorry I made you grow up so fast.
- I am sorry I had to rely on you so much.
- You can trust me to take care of you.
- You can trust me to be there for you.
- You can trust me to protect you from any hurt or pain.
- I will get help for myself and for the family.
- We will work at getting healthy together.
- We will have healthy fun and play together.



What are the negative consequences of suppressing the “inner child”?

When as adults we choose to suppress the memory, needs and desires of the “inner child” we run the risk of:

- Never learning how to feel normally.
- Never learning how to play and have fun.
- Never learning how to relax and manage stress.
- Never learning how to appreciate life. We would rather work at living.
- Taking ourselves too seriously.
- Feeling guilty over not being good enough, driving ourselves to work harder to be good enough.
- Becoming workaholics.
- Not enjoying our family life with our children.
- Being suspicious of people who enjoy life, have fun and know how to play.
- Social isolation, afraid to get involved with other people for fear we will be found out to be inadequate, not normal or a misfit.

What nurturing messages can you give your “inner child”?

You can tell your “inner child” that it is OK to:

- Have the freedom to make choices for itself.
- Be “selfish” and do the things you want to do.
- Take the time to do the things you want to do.
- Associate only with the people you want to associate with.
- Accept some people and to reject others.
- Give and accept love from others.
- Allow someone else to care for you.
- Enjoy the fruits of your labor with no guilt feelings.
- Take time to play and have fun each day.
- Not to be so serious, intense and inflexible about life.
- Set limits on how you are going to relate to others.
- Not always “serve” others.
- Accept others “serving” you.
- Be in charge of your life and not let others dictate to you.
- Be honest with others about your thoughts and feelings.
- Take risks and to suffer the positive or negative consequences of such risks.
- Make mistakes, laugh at them and carry on.
- Let your imagination and creativity be set free and to soar with the eagles.
- Cry, hurt and to be in pain as long as you share your feelings; do not repress or suppress them.
- Be angry, to express your anger and to bring your anger to some resolution.
- Make decisions for yourself.
- Be a problem solver and come up with solutions with which everyone may not agree.
- Feel happiness, joy, excitement, pleasure and excitement about living.
- Feel down, blue, sad, anxious, upset and worried, as long as you share your feelings.
- Love and be loved by someone whom you cherish.
- Be your “inner child” and to let it grow up, accept love, share feelings and enjoy pleasure and play.



What are some steps by which you can help heal your “inner child”?

Step 1: In order to identify your “inner child,” get into a relaxed state and close your eyes. Spend thirty minutes picturing yourself as a child between three and eight years of age. See yourself as this little child and watch yourself interacting with members of your family of origin. Look at how you as react to your family members as a little child.

Watch yourself with your playmates in the neighborhood or at school. Notice how you get along with your friends and playmates. Notice the fun you have at play and what type of play activities you enjoyed.

Watch yourself in the classroom and notice how you get along with your teacher and how you react to the school environment.

Finally, picture yourself in a family setting. Are you happy, frivolous, joyful, energetic, excited and enjoying life? Are you serious, solemn, down, sad, unhappy, scared, disappointed, being miserable with life?

If you see only an unhappy, serious little child, try to remember your last happy experience as a child. This last remembrance of you as a happy child is the “inner child” who climbed inside of you to cope with stress.

Step 2: Now that you have identified your “inner child,” answer the following questions in your journal:

- a. How would you describe your “inner child”?
- b. When did your “inner child” go inside? What happened for your little child to climb inside of you?
- c. How do you know when your “inner child” is active in you?
- d. What messages does your “inner child” still need to hear?
- e. How willing are you to give these messages to your “inner child”?’ One way to do this is to develop self-affirmation statements that will nurture your “inner child” and lead to self-healing.
- f. What irrational beliefs did your “inner child” have about life?
- g. How willing are you to deal with these irrational beliefs and replace them with realistic truths? It is important to deal with these now so your “inner child” can come out and finally enjoy life.
- h. What are some of the negative consequences of suppressing your “inner child”?
- i. How open are you to enjoying the little things in life?
- j. What part does fun play in your life?

Step 3: You are now ready to make a plan of action to nurture your “inner child.” Develop a plan of action using the tools found in “Handling Irrational Beliefs,” “Self-Affirmation,” “Handling Guilt” and “Letting Go.”

Once your plan is completed, put it into action and take care of your “inner child.”

Step 4: The following three activities can help the action planning and nurturing of your “inner child.”



Activity 1: Learning How to Enjoy the Small Things in Life

Open yourself to experience joy at being alive by taking the following steps:

- Step A: Open your eyes to the beauty and majesty of nature about you, e.g., paint photographs or simply observe sunrises or sunsets, a body of water, listen for bird calls, try to distinguish the different sounds, plant a garden and watch it grow.
- Step B: Expand your sensory vocabulary. Try to experience life through all of your senses, use sight, sound, smell and touch to explore and describe the experiences in your life.
- Step C: Explore the natural environment, e.g., take a walk on the beach, relish nature's wonders, take a walk on a wooded trail, enjoy the moonlight, the stars and search out nature's magic.
- Step D: Begin to slow down and let go. Enjoy children, pets and the aroma of food. Listen to music, enroll in a fun class, enjoy the human side of those in your life, develop a sense of humor or a new hobby.

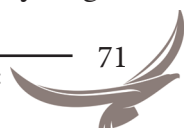
Activity 2: Learning How to Feel and to Share Feelings

- Step A: Keep a journal in which you record your daily range of feelings.
- Step B: Identify in your journal one new feeling a day to increase your feelings vocabulary. The Tools for Communication in the Tools for Coping Series provides lists of "feeling" words to help you.
- Step C: Watch a sentimental movie and have a good cry, but pay attention to your feelings. Describe in your journal how you felt watching the movie and how you felt once you began to cry.
- Step D: Begin an activity to generate positive feelings each day. Explore the world or your life in general. Recognize one good thing about it daily. Come up with a positive feeling generated by this "good thing," add it to your feelings vocabulary in your journal.
- Step E: Write a fantasy story in your journal describing you experiencing at least 10 positive feelings.
- Step F: Relax and visualize yourself experiencing a positive feeling. Enjoy that visualized feeling. Once you have mastered the visualized feeling, plan an activity to make that feeling real for you. Record the experience in your journal.

Activity 3: Learning How to Play

The following tips can help you learn to play:

- Step A. Let go of any guilt feelings you might have about indulging yourself in play activity. Redefine the role of play in your life. Restructure your life activities, and include some play time.
- Step B. Define some "acceptable" play activities you would be willing to experiment with over the next year.
- Step C. Be spontaneous and let go of the need for "rigidity" in the ways you play. Let your "child" out and freewheel through your playtime.
- Step D. Don't stifle your "child-like" responses to a play activity. Loosen up and let go of the need to be "mature."
- Step E. Don't worry about your public image, as long as what you are doing harms no one. Vent gut-level frolic responses to your play activity.
- Step F. Learn to be your own best friend.
- Step G. Frolic and have fun without the use of artificial stimulants (drugs, alcohol, etc.).
- Step H. Let your responsible adult mindset have a vacation. Practice looking at life with a child's perspective. Imagine how a child would view play. Let the sense of wonderment, excitement, imagination, make believe and creativity reign.
- Step I. Laughter is therapeutic and essential if playing is to be fun. Learn to let go of a good belly laugh.



- Step J. Playing requires the use of fantasy. Let your fantasy life emerge and grow. Use imagination and visual imagery to broaden the scope and expand the boundaries of your play.
- Step K. Take a risk and set up “playtime” for your “inner child” in a family-like situation where you can play outdoors with children, e.g., have a food fight, a water sprinkling war, play Rover Red Rover, dodge ball, etc.
- Step L. Give yourself a child’s party. Invite your friends to bring their “inner child” to a party in which you indulge in children’s games, e.g., pin the tail on the donkey, musical chairs, bobbing for apples, hopscotch, jacks, etc.
- Step 5: After you have implemented your action plan using the Tools for Coping tools to nurture your “inner child,” and after you have tried the three activities in Step 4, your “inner child” should be more visible and active in your life.

If you still find yourself suppressing your “inner child,” return to Step 1 and begin again.

Read more: <http://www.livestrong.com/article/14692-inner-child/>

Note: We have included this article in the Resources section of the manual as many trainees have asked about Inner Child work in the past. This is only one particular approach, and you may want to read more examples from other sources to get a broader perspective. One classic book on this issue is John Bradshaw’s *HOME-COMING: Reclaiming and Championing Your Inner Child*.

