The Deep Impact of Complex Trauma

On

Spirit, Soul & Body

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ABSTRACT

In this paper I discuss the subject Complex Traumatic Stress with the hope to bring a deeper insight both psychologically and theologically to this timely and important subject. The realm of the Sprit, Soul and Body trilogy is identified with an examination God Identity and attachment. While acknowledging the characteristics of Christ as Savior; Christ as Sanctifier, Christ as Healer. Emotionally focused processing utilizing Accelerated Experiential Dynamic Psychotherapy (AEDP) as well spiritual techniques are described within the framework of three stages of trauma therapy: Creating Safety and Stability; Processing the Traumatic Experience and Consolidation.

Keywords: Complex Traumatic Stress; Spirit, Soul, Body; God, Christ,; Attachment; Emotional focus, Accelerated Experiential Dynamic Psychotherapy (AEDP); Dissociation

Trauma Hits Home

OCTOBER 22, 1944. MY UNCLE CHARLIE HAD RETURNED HOME FROM THE war. He, Aunt Elva, and their eight children were settling back into life together. On this bright October day, Uncle Charlie took two of his sons, Elmer (12) and Ronnie (10), to harvest apples at the military base just a few miles up the road from where I grew up.

While there, Elmer found a brightly coloured mortar shell lying on the ground. His dad told him to carefully put it back where he found it. Being a curious twelve-year-old, Elmer hid the shell in the bottom of a barrel of apples.

After dinner, Helen, the eldest daughter, was finishing up the dishes. She had moved back home during her pregnancy as her husband (also a Charlie) was overseas. Aunt Elva was peeling apples at the kitchen table, while Elmer and Ronnie were inspecting their homemade smoke bombs nearby. Uncle Charlie was sitting in the front room listening to the Grand Ole Opry, and Helen had just stepped through the doorway into the adjoining woodshed.

Elmer retrieved the pretty red mortar shell he'd brought from the range and showed it to his mom. He then grabbed a knife and started to pry open the bomb. What happened in that split second was fixed in Aunt Elva's mind for the rest of her life! Listen to her words as she recounted the tragedy over fifty years later:

> I heard a huge explosion.
> I can still hear myself screaming whenever I think of it.
> I looked down and Ronnie was lying in pieces on the floor.
> His body had hit the ceiling and was lying near my feet; he was headless.
> I tried to get up; I guess I was in shock. I fell to the floor.

> My leg was broken in many places and shrapnel had put holes in my thigh.
> Elmer was on the floor at the other end of the table.
> His head was still on; Charlie rushed in and tried to pick him up,
> but his insides just seeped through Charlie's fingers. His heart was still quivering…

Their sons, Melt and Peter, were at the show in town with my own dad, Gar, who was also living with the McCallums and helping on their farm. Dad was sixteen years old and Peter (14) was his best friend. In those days there were no cleanup teams to come in hazmat suits. It was my dad and Pete who were delegated to clean up. I clearly remember Dad telling the story of "peeling their fingers off the ceiling"! He only talked about it when he was drunk.

Pete and my dad were walking to the barn the morning after the accident when Pete turned toward my dad and asked him, "Where is the tractor?" My dad looked at him and said "Pete, it's right in front of you." Pete had gone completely blind overnight and would never see again! Dad and Pete both abused alcohol for many years.

Aunt Elva clung to Jesus and became possibly the sweetest, kindest, most loving woman I have ever known. Uncle Charlie's nominal faith was transformed, and he became a charismatic, gospel-sharing believer. These two lovely people would later have a tremendous impact on my own life.

Trauma changes people.

Introduction

In 2017, I had the privilege of presenting on the topic of The Deep Impact of Complex Traumatic Stress, from a clinical perspective at the American Association of Christian Counsellors World Conference**.** At that time there was keen interest in a follow up workshop on

the Spiritual aspects and influence of complex trauma on the individual. This paper is then the response to attendee's request.

Although our society and in particular psychology has come a long way in the understanding of the effect of traumatic experiences on the lives of individuals, and Mental health is becoming an acceptable topic of discussion, the church at large has been slower to respond.

Mind and spirit interact constantly with a resulting impact on our physical body. This paper is an attempt to address some of the issues that mental health workers, church leaders, chaplains and crisis care teams may experience as the connect with those who are deeply traumatized being sensitive to the Holy Spirit, while honouring the individuals' unique experience.

The Call to the Church

I believe in the call to the Church to become the comfort station, the first stop, the safe place for the deeply traumatized; to love without judgment, to serve with compassion, to value each individual's experience. So many of the deeply wounded (traumatized) have "tried" the church and because of lack of understanding have often become even more wounded by those whom they had hoped would help. Or maybe they were part of a church but trauma changed them, possibly causing them to become irritable, fearful and largely isolated.

Do we (the church) really consider the history of those who come through our doors? Becoming a safe person, a safe pastor, a safe church, a safe friend takes work. Yet that is exactly what Jesus is to us. I often think of the time that Jesus welcomed the little children to come to him. They ran to him in innocence, openness and joy. He enveloped

them with love. This is what every trauma survivor needs: to experience the presence of Jesus in a way that heals and transforms, and to experience the church in the same manner. My desire is to call the church to action in ministering to the traumatized individuals in our midst.

Our beginning place is love. Romans 12:9-18 gives us a description of what love should look like.

Love must be sincere. Hate what is evil; cling to what is good.
Be devoted to one another in love.
Honour one another above yourselves.
Never be lacking in zeal, but keep your spiritual fervor, serving the Lord.

Be joyful in hope, patient in affliction, faithful in prayer.
Share with the Lord's people who are in need. Practice hospitality.

Bless those who persecute you; bless and do not curse.
Rejoice with those who rejoice; mourn with those who mourn.

Live in harmony with one another.
Do not be proud, but be willing to associate with people of low position.
Do not be conceited.

Do not repay anyone evil for evil.
Be careful to do what is right in the eyes of everyone.
If it is possible, as far as it depends on you, live at peace with everyone.

Integrating Theology & Psychology in Treatment

For Christians, the very essence of our being exists from God, through God and by God. It is our relationship (attachment) to God which should compel us to make a real difference in the lives of others. It is also this relationship which, as Christian counsellors, we must not lose sight of, as we pursue educational advances in therapeutic endeavours. Our connection to God must remain at the center of all we do in therapy if we truly wish to encounter Holy Spirit revelation and intervention in the lives of those we counsel.

The great challenge to Christian psychologists "is to shape a theory of man's psychological functioning which incorporates the data and insights of modern psychological understanding, and which is also fully consonant with the penetrating insights of the Christian tradition" (Meissner, 1966)

As a Christian scholar who studies and practices psychology, I believe we are to:

1. Discover and comprehend God's truth, as found in theology and psychology, and as revealed in the world around us.

2. Combine these findings into a systematic whole, and

3. Utilize these conclusions in ways that will help us to understand human behaviour and better facilitate change in behaviour.

Mary Stewart Van Leeuwen talks of integration as the unity of faith and learning, and notes that all living and learning are filtered through a prior set of faith-based convictions. A worldview in its simplest terms is a set of presuppositions by which we answer questions such as, "Who are we?," "Where are we?," "What's the big human problem?," "What's the solution?," "How can we know anything?," (Hall, et al., 2006)

Spiritually-based therapy assumes that:

a) God exists.

b) As humans, we yearn for a connection with God.

c) God is interested in humans and acts upon and within their relationships to promote beneficial change.

c) Confronting the unfinished business of the heart is a central issue of Christianity.

Acts 15:8-9 says this:

"So God, who knows the heart, acknowledged them by giving them the Holy Spirit, just as He did to us, and made no distinction between them, purifying their hearts by faith" (NKJV).

And in Colossians 3:15, Paul states,

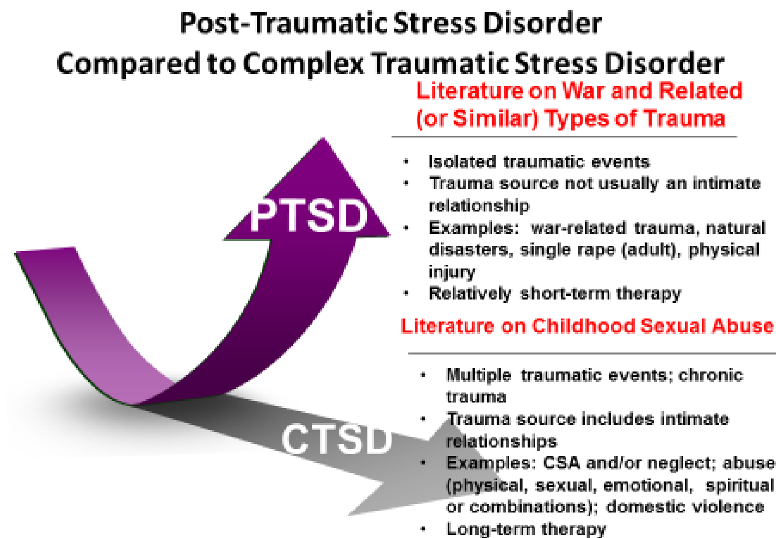
"Let the peace of God rule in your hearts"

Created in the Image of God

First of all let me say, I am not a theologian, simply a follower of Jesus, who believes that God has created us in such a way that we are unique, and that in that uniqueness we reflect His Image to the world. It is this very uniqueness that gives us a secure understanding of identity. We can foundation our identity in God as we are created in His image which gives us ultimate worth and value we can find nowhere else.

This then becomes the launching pad for healing and restoration of those who have been systematically and chronically abused or have experienced the horrendous effects witnessing loved ones abused, mutilated or murdered and as a consequence suffer the effects of complex trauma.

I will not be reviewing in depth the symptoms of Complex Trauma as I did that in my last presentation and detail them in my book Deep Impact: Keys to Integrating Theology and Psychology in the Treatment of Complex Traumatic Stress. I have included the following graph to illustrate the difference between Post-traumatic Stress Disorder and Complex Traumatic Stress Disorder.



Let me continue with an understanding of our God identity.

Spirit, Soul and Body

Never shall I forget those moments that
murdered my God, and my soul,
and turned my dreams to dust.
(Wiesel, 1972) (p3 (Horrobin, 1994)2)

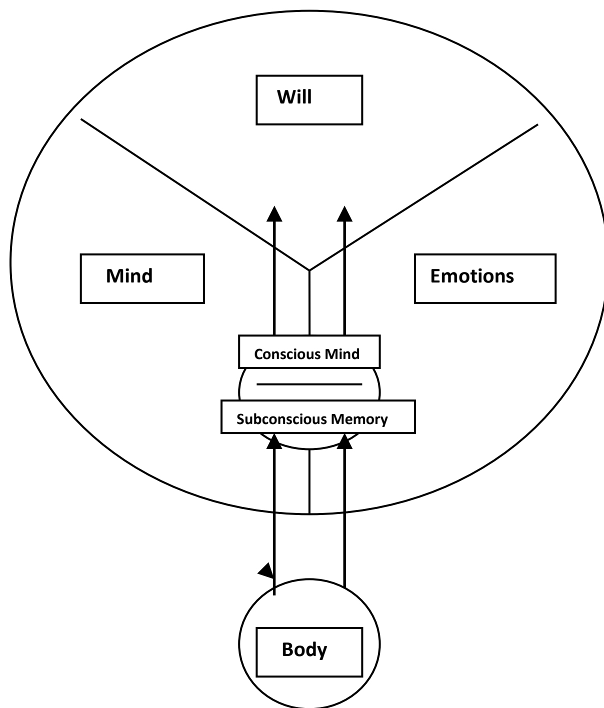
Created in the image and likeness of God, I believe that we also are tripartite – We have a Spirit; a soul comprised of our mind, will and emotion; all housed in a physical body. Perhaps a more accurate description of our personhood is that we *are* spirit, we *have* a soul and we *live* in a body (comprised of organs, cells, brain and nervous system).

Thessalonians 5:23 alludes to this representation:

"May God himself, the God of peace, sanctify you through and through.
May your whole spirit, soul and body be kept blameless
at the coming of our Lord Jesus Christ"

If this is true, and I believe it is, then we can be sick in our spirit (separated from God by

sin); sick in our soul (our mind – mental illness; our will (can be weak); emotions (unable to regulate our emotions).



Embedded in the soul are the conscious mind and the subconscious memory,

These influence,

not only our soul realm,

but our body as well.

(adapted from Horrobin 1994)

In 1887, A.B. Simpson coined the phrase, "the whole Bible for the whole body" (Simpson). He believed that whatever the need, the answer could be found in the scriptures. The focus of his ministry was the sufficiency of Christ for all things associated with life and holiness. Keeping such a focus can help us tremendously in the integration of theology and psychology, particularly in the area of complex trauma.

Jesus as Saviour

Salvation delivers us from our tainted conscience, our evil heart, and the fear of death. It is the love of Christ that delivers us from the power of evil. God has delivered us from the power

of darkness, bringing us into the kingdom of His own Son. He has delivered us from eternal death.

Appropriating all that has been done for us on the cross starts with salvation. I believe that there is also a need to not only confess and receive Jesus, but also to actively make Him Lord of our lives. When we offer Him Lordship (which I find may be a daily commitment) we make room for Him to have access to every area of our lives – including basement and attic!

Christ our Sanctifier

Through the acceptance of the sacrifice of Jesus, our human spirit is regenerated and we enter into right relationship with God. This act of surrender begins a lifelong journey on the pathway of sanctification. To sanctify someone or something is the act of setting that person or thing apart for the use intended by its designer. I call this Lordship.

We choose, therefore to set ourselves apart for God when we accept Him as Lord and Saviour, and commit ourselves to construct our lives in such a way that moves us forward into "holiness" by following the teachings of both the Old and New Testaments.

Sanctification carries with it the idea of cleansing, but it also means being dedicated to God. As Jesus shines His light on our deeper needs, His grace can lead to a deeper cleansing and continued filling of His Spirit for continuous growth and maturity.

Sanctification is the pathway to a deeper peace, the peace that passes all understanding, coming from God alone. It is the work of God, the gift of the Holy Spirit, the fruit of the Spirit and the grace of Jesus, prepared for all who receive Him.

(Mullen, 2013) (Wommack, 2010) (Schiraldi, (2000))

Christ our Healer

The atonement of Christ takes away sin and its consequences for every believer who accepts Him. Receiving the personal life of Christ in ourselves gives supernatural strength to our body, and he becomes the supply of our physical life.

Matthew 8:17 tells us,

"He took up our infirmities and bore our diseases."

Divine healing is the supernatural power of God infused into our human bodies. It comes through the life of Christ. It is the work of the Holy Spirit through the grace of God. Healing begins in the depths of the spirit, manifesting in our soul and body. It is often gradual. As our spiritual life grows, so does our health.

The Impact of Trauma

An understanding of the tripartite nature of mankind, as mentioned above, is imperative for Christian therapists desiring to comprehend how Post-Traumatic Stress or Complex Traumatic Stress affects an individual's Spirit, Soul and Body.

The entire being is directly impacted by the effects of trauma, and when the trauma has been chronic, as in the case of childhood sexual or physical abuse, cults and/or ritual abuse, or survivors of prison camps, torture, kidnapping and other such atrocities, the effect on our entire being is multilevel and complex.

While psychology looks at the working of the soul, theology's focus is on the whole person, spirit, soul and body. For further explanation I refer you to a theological understanding of the human soul being comprised of the mind (which includes the conscience), the will (our

capacity to choose), and the emotions is found in Horrobin (1994, p. 61), Mullen (2013), and Wommack (2010).

The Crushed Spirit

In the book of Proverbs 18:14 we read,

> "The human spirit can endure in sickness, but a crushed spirit who can bear?"

Many are the traumatized who have been crushed in spirit and need not only the skills of a competent therapist, but truly need a touch from God to set them free from bondage.

Isaiah 61-1-3:

> The Spirit of the Sovereign Lord is on me,
> because the Lord has anointed me to proclaim good news to the poor.
>
> He has sent me to bind up the brokenhearted,
> to proclaim freedom for the captives and release from darkness for the prisoners
> ...to comfort all who mourn and provide for those who grieve in Zion—
>
> to bestow on them a crown of beauty instead of ashes, the oil of joy instead of
> mourning, and a garment of praise instead of a spirit of despair.

God has proclaimed freedom for those whose lives have been spent as captives to the dark places in their journey. Jesus came to fulfill this promise then He sent His Spirit to comfort those who mourn and grieve, bringing them into a new place of beauty, joy and praise.

The Traumatized Soul

Chronic abuse (especially sexual abuse) fills a child's mind with lies about God, especially concerning the love of God. The purpose is to alienate the child from God which denies them the privilege of walking in freedom.

As with all severely abused children, there is a deep unmet need for love along with an underlying sense of being so bad that they can never be loved (especially by God). They learn to be fearful of others, of life, and of God. As adults they may search for love, but when they find

someone who cares for them, they will often push them away, testing that very love to the point of breaking the relationship, which will then once again confirm that they truly are unlovable!

The adult survivor of childhood of abuse may be ambivalent regarding their relationship with God; conversely, they may cling to Him, resolutely believing that He really might be able to love them, but they often may exhibit numbness about spiritual things and have great difficulty reading and/or remembering the truth of scripture.

This being said, I have found that when such clients are able to break through into an attachment relationship with God, they have incredible insight and spiritual discernment and awareness.

Spiritual strongholds such as rejection, death and destruction, self-hatred, terror, curses, false covenants and especially a spirit of lies will often need to be addressed during the therapeutic process.

The DID Mind

The mind of the person struggling with extreme levels of dissociation and DID could be compared to being in a large group of people where there is constant chatter. In such a setting, a person may be aware of many conversations happening at once, and could be distracted by a conversation transpiring across the room, of which they can only hear snippets, yet which seems to be about them.

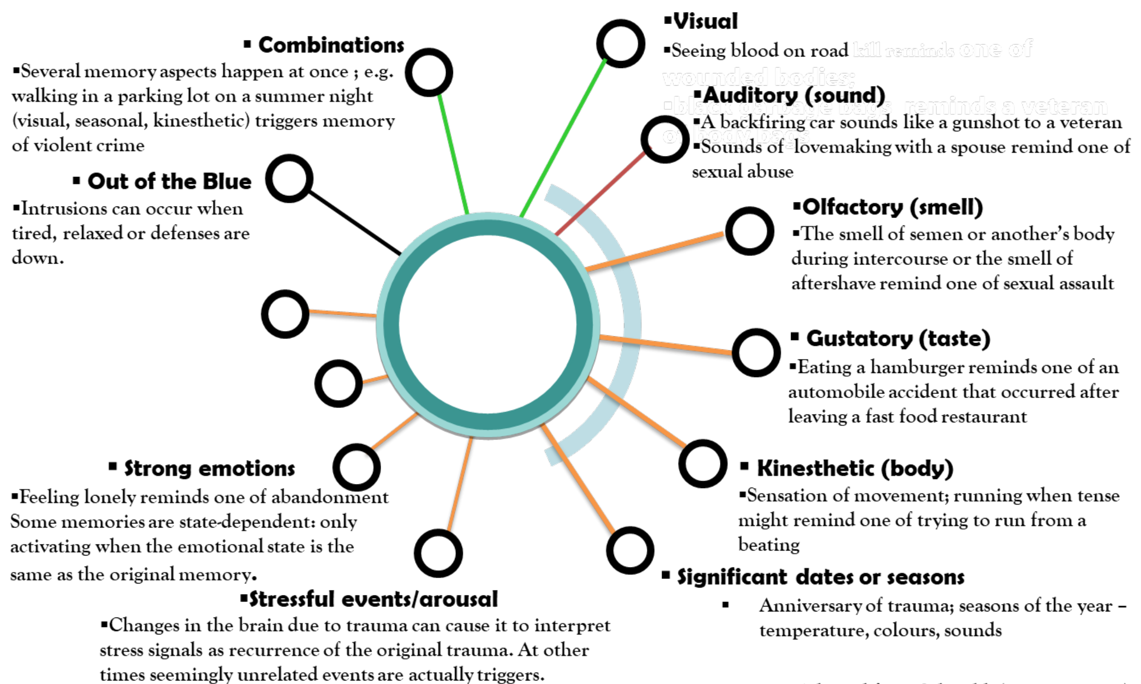
Many of you may have experienced similar situations at work or parties. For the individual with DID, similar multiple conversations are often going on simultaneously in their mind. Often these conversations will be interspersed by pictures (flashbacks), like a video playing or snapshots of something nasty happening, which they immediately attempt to suppress.

Emotions may also accompany the conversations, but I have found that with the exception of anger, the emotions are often separated from the pictures and/or conversations.

On the other hand, emotions may surface seemingly at random, and the individual is taken by surprise, not understanding from where this particular emotion has arisen (usually a triggered response).

Due to the internal voices which this person may be hearing (and most likely is unable to identify at this point), they often feel like they are going crazy. Most of my clients have used those very words at least once during our sessions. They are driven by terror, and not being able to control their "thoughts" can result in feelings of panic. These individuals often wish they could just "turn it all off."

Possible triggers to Dissociative experiencing



Treatment

CTSD treatment and spiritual care is not a one-size-fits-all model, but rather is uniquely adapted according to the needs of each specific client. A whole-person (spirit, soul and body) philosophy should prevail, with the individual's symptoms being recognized, as well as their resilience, strength, resources, values and beliefs being identified and validated.

The counsellor is responsible for creating conditions which encourage collaboration and empowerment for the client, as well as setting limits and boundaries for the counsellor in the therapeutic setting. I discovered training and/or supervision for therapists treating CTSD difficult to find when I was beginning. My supervisor in those early years often seemed to struggle to understand the depth of the trauma I was encountering in my clients. I believe part of the problem was that he practiced from a brief strategic/solution focused counselling model, seeing clients for a maximum of six to eight sessions and did not delve beneath the symptoms to the root causes.

The counsellor needs to have not only an adequate skills base and appropriate knowledge, but, even more crucially, emotional maturity, in order to deal with painful disclosures and the dynamics of the fragmented soul. Comorbid issues like addictions and serious mental illness will need to be identified and addressed.

I incorporate the Phase Model of Safety and Stability; Processing of Traumatic Experiences and Consolidation (Gingrich, (2013)).

Phase 1: Safety & Stability

Creating Safety

A safe person is one who is secure in their own self-awareness, connected to God and others with certainty, comfortable with closeness, emotionally available, not fearful of abandonment or rejection, and who views themselves as loveable and understanding with an appropriate expression of emotion. They are a trustworthy person to whom others can turn in crisis. Gingrich (2013) suggests three criteria for becoming a safe person:

1. Respecting uniqueness
2. Knowing your limitations
3. Giving advance warning

For many CTSD clients, betrayal has become habitually reinforced, as perpetrators of the abuse were often those the child looked up to and loved. Parents, teachers, pastors, coaches—even police and other professionals who were supposed to be safe—were actually the source of their trauma.

Integrating the Spiritual and Emotional in Treatment

In order to create a 'safe place' for healing, you must be a safe person! You need not be a professional counsellor to become a safe person. Gingrich (2013) suggests three criteria for becoming a safe person:

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Phase 1

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Another consequence which directly affects therapy is that the individual will not know how to distinguish between safe and unsafe people, and the therapist/pastor will have to prove repeatedly that they truly are "safe."

These are conditions that must be met before ever entering into depth therapy. I say this with a disclaimer – I've many times had clients come into my office and begin to share the deepest pain after a just few minutes of talking. My office has been dedicated to God and I ask daily that the Holy Spirit would surround it with his ministering angels. It is a place where often many people enter and immediately experience the peace of Jesus. For others, not ready to experience Jesus, it can be a place they want to run from. Interestingly as we talk and they are able to express their immediate feelings, fear calms, headaches go and they too begin to feel a sense of compassion, love and peace.

Phase I is sometimes the longest phase of treatment, but keep in mind that all of the suggestions for creating safety and stability remain applicable throughout the duration of treatment and that the phases are constantly overlapping and cyclical.

I particularly like Accelerated Experiential Dynamic Psychotherapy (AEDP) which is a comprehensive, integrative theoretical and clinical model developed by Diana Fosha. (Fosha, 2000). AEDP techniques are very compatible with a spiritual approach of attachment to God.

ADEP utilizes a three-pronged method to engage both left and right brain, as well as mind and heart.

Creating safety, speaking slowly and calmly and giving the person all the time they need before they begin, builds respect and allows the child parts to experience a peace and safety they may have never known.

Phase II Processing the traumatic memories

As I have many Christian clients, we often pray together at the beginning of these sessions that God would match the memory to emotions they may be feeling, or the emotions (if they feel mostly numb) to the memory they have.

For those clients willing to continue, the process continues into Phase II. Courtois & Ford (2009) identify two principles for trauma processing:

> 1. Safe, self-reflective disclosure of traumatic memories, associations, and reactions in the form of a progressively elaborated and coherent autobiographical narrative.
>
> 2. Throughout the treatment, but particularly during emotional processing work, the client must be assisted in maintaining an adequate level of functioning, consistent with past and current lifestyle and circumstance.

We begin with the first principle. Depending on the client, memories might surface immediately, or there might be an urgency to deal with more current matters. Their emotions and reactions are your focus. Creating safety and speaking softly and slowly allows for time to monitor even their body minute movements.

I may comment on their body movements bringing into focus the effect that what they are experiencing is affecting their body – something they might never have recognized previously – is a direct result of their emotional state.

Quiet times also allow me to 'hear' what God might be saying and it's not unusual that He might show me or the client an image of the child or an experience that they had. I believe that God desires to heal and restore, even more than we desire it and if we allow time for the Spirit to move then healing can begin.

To me, these are the most reverent moments, as much internal work is happening. These quiet moments are often interrupted by tears of sorrow or by feelings of deep anger, as the client begins to "see" what has happened to them, often for the first time.

There are times when we might sit together the whole session and feel like nothing has been touched. At such times, I take comfort that the parts of the person feel honoured by our lack of pressure, and reassure the client that the memories will be released when the time is right. In this vein, I caution the client, before sending them off, that they may have unexpected flashbacks, still pictures or mind videos come to them through the week, and help them to remember grounding and relaxation techniques. I also encourage them to journal extensively, reach out to trusted friends (hopefully they have someone) and if necessary call me.

Helping the individual acknowledge and begin to process their physical reactions, in conjunction to their emotional state allows them to connect and stay grounded as memories begin to surface (sometimes for the first time).

Dealing with Dissociation

Several books have been written on this subject but the one I most refer to is *The Stranger in the Mirror by* (Steinberg, M., & Schnall, M., 2001). Literature on the treatment of Dissociation and Dissociative Identity Disorder has been found to be extremely useful, and many of the empirically sound treatment strategies for PTSD are first-line treatments. I highly recommend

(Briere, J., & Scott, C. , 2015), Courtois and Ford (2009b), and Gingrich (2013) for a complete examination of treatment methods. For a simplified understanding of dissociation I've included the table following:

Continuum of Dissociation

Normal Consciousness	Dissociative Episode	Acute Stress / PTSD, CTSD Disorder (4 wks) (4 wks +)	Dissociative Disorder	DID
Highway Hypnosis	Religious Experiences.	Flashbacks Numbness, Detachment	Dissociative Amnesia	DID
Ego States	(e.g., Meditation, Ecstatic Exp.)	Absence of Emotional Response	Dissociative Fugue	Poly-Fragmented DID
Automatisms		Reduced Awareness of Surroundings	Dissociative Trance Disorder	
Childhood Imagery		De-realization	Possession Trance Disorder	
Absorption/ Daydreaming		De-personalization Amnesia for Aspects of Trauma		

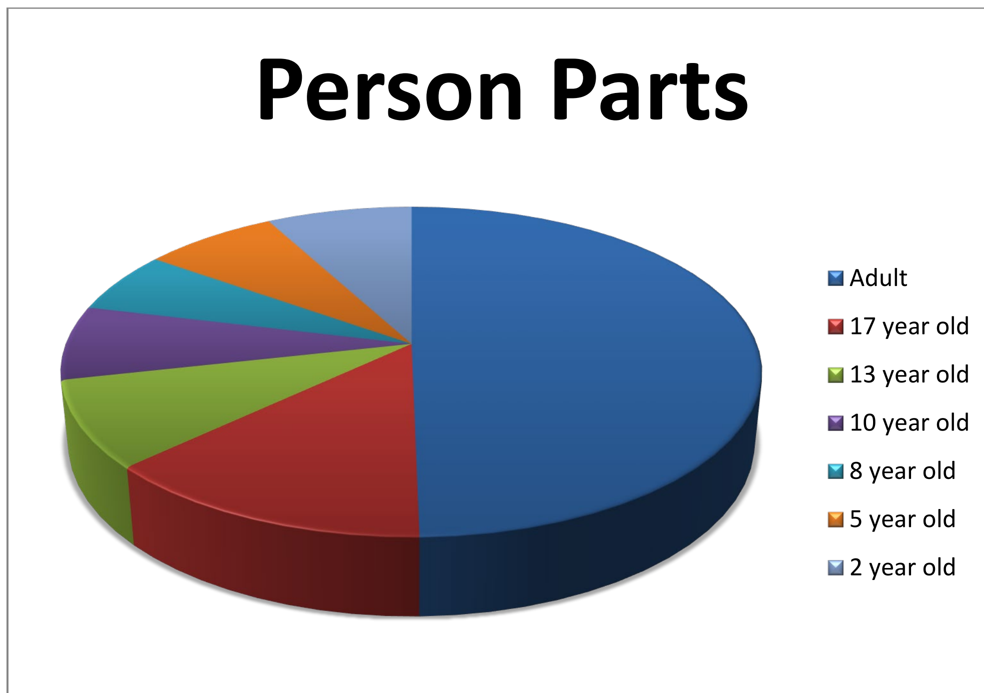
[1]

In the discussion of dissociation it is imperative that we understand that CTSD can and most often does create a level of dissociation that can be classified as Dissociative Disorder and possibly Dissociative Identity Disorder.

This becomes an area where there is deep divide in area Christian understanding. Dissociation has also been called the Fragmentation of the Soul

Fragmentation of the Soul

Some defining features of a severe traumatic experience are the complete loss of control and a sense of powerlessness. This is especially true when young children are chronically sexually abused by a family member. What happens in the soul of the child is depicted in the graph below.



Ann E. Gillies

One of the most common first statements I hear from my clients when they access a memory is “am I going crazy?” In response to this, I immediately tell them “no” and begin assuring them that what they are feeling is an absolutely normal response to a very abnormal experience! Along with this, as we together identify symptoms they may be experiencing, further recognition of the seriousness of the trauma is exposed. This is an important step; most of my clients have minimized their circumstances by placing thick walls of protection around various events, emotions and possible parts of themselves.

I am then able describe dissociation and how it has helped them survive as a child. The walls in the soul, caused by the early childhood dissociation of memories and/or emotion, due to severe abuse in childhood, begin to deconstruct as the whole individual experiences safety, thereby allowing those “parts” to share the story that may have been long suppressed. They often

feel “heard” for the first time since they’ve been “locked away” in dark places, much as the prisoner described in Isaiah 61:1-3.

Case Study

The chart above is a composite of the traumatic events affecting a fictional client. Let me explain. At the age of two this child (we’ll call her Susan, now forty-two years old) lost her parents in an automobile accident (first traumatic experience). She was immediately sent to live with her maternal uncle and his wife, and as is often the case, the child’s grief was neither recognized nor treated in any manner - life simply went on. But life wasn’t so simple, it was confusing.

Susan’s uncle began to spend more time with her at bedtime and began to touch her inappropriately all the while telling her how much he loved her. Although only four by this time, something within her told her this touching was wrong, but because of his warning, she never told her aunt – or anyone.

By the time she was five, her uncle became more aggressive and eventually raped her one night when her aunty was out visiting friends. In order to survive the pain and terror, part of her soul became locked away. She experienced this splitting by seeing herself sitting in the corner with her doll, while her uncle raped ‘the kid on the bed’. Her uncle took the kid afterward, bathed her and changed the sheets, telling her that’d she’d be ok and the bleeding would stop and she should never tell her aunt or else something bad would happen to them both.

This became a continual pattern whenever her aunt left. No matter how much she begged to go with her aunt, her uncle insisted in keeping her at home. Helplessness and hopelessness set in.

The child grew physically, but emotionally there was a “stunting,” so to speak; grief and sadness became buried alive behind the walls, as her new caregivers met her physical needs, but never discussed the death of her parents with her, the abuse, nor comforted her in manner that met her emotional needs.

Three years later her new “parents” divorced. Susan continued to reside with her aunt, but seldom saw her uncle. There was a sense of relief, but the terror was still there behind the wall.

Then around the age of six one of Susan’s uncles (her aunt’s brother) molested her Due to the tragic loss of her parents, as well as the subsequent sexual abuse of her uncle, Susan had already built substantial walls around her emotions and buried them alongside the memories.

The sexual abuse and ensuing threats from this perpetrator further confirmed her lack of safety and security. Susan never considered telling anyone about the abuse. Family members took her to church periodically, which she loved, as she felt safe there.

She became very close to her Sunday schoolteacher, who was attentive and kind to her. But Susan remembers thinking, “I’d better not get too close; if you love someone they can disappear or worse they’ll hurt me.”

Susan, through her experiences, had become vulnerable and more likely to suffer continued trauma. At age nine she was bullied by a group of boys, who humiliated her as she walked home from school. Again, due to the ability to block out negative, painful emotions, (dissociation) she tucked this experience away as well. Unfortunately her behaviour was changing. She was struggling with deep self-esteem issues and continually felt that she didn’t measure up anywhere. She became more and more isolated.

At thirteen Susan was invited to a party, which she was delighted to attend, as she was often not included in such things. Although she felt she stuck out like a "sore thumb," one young fellow took an interest in her and after the party asked her out on a date, where he subsequently raped her.

Now embedded deep within her was the expectation of sexual exploitation, which may have been dormant since childhood. She continued to focus on school and immersed herself in books to keep her mind centered. It also helped her keep her emotions and pain pushed down, as she could read about the pain of others but not allow it to touch her own. The high school years were lonely years as she continued to pull away from potential friends in the fear of being wounded again.

Then at age seventeen, while walking home from a part-time job one night, she was kidnapped, raped, and later discarded in a park a few blocks from her home. She was able to walk home and again never told anyone what had happened.

If this scenario seems extreme, it is far from unreality for most chronic abuse survivors. The reality of a continuing pattern of victimization is well-documented in a meta-study by (Classen, C.C., Palesh, O.G., & Aggarwal, R. , 2005). Due to the acquired ability to dissociate throughout her lifetime, Susan was able to successfully complete high-school and join the workforce.

Repeated abuse will often cause the individual to give up scholastically and career-wise. They may find themselves running away from home, doing drugs, prostituting or incorporating a variety of other self-harming behaviours. Susan though had one stabilizing factor in her life –

the relationship with her aunt, which was strong, loving and encouraging, although parts of Susan remained behind the walls.

Processing Memory and Emotion

The memories of abuse usually create an 'internal war' if a 'part' (usually an older, protector part) may try to quiet the younger one out of fear of exposing the 'child' to more pain. I find that in these times are praying (either silently or with the client's permission) that God would comfort the parts and lead the 'wounded child' to safe place.

What you might experience is the client dissociating to the place of the child which may be expressed in the body curling up in a fetal position; trying to hide, sobbing uncontrollably or 'shutting down' into that dark place.

Grounding the client in the present is imperative so that they can understand that this is a memory, not a present reality. For some clients this can take several minutes (but it feels like hours). I find that asking Jesus to enter the memory and comfort the child is strategic. I believe that He is omnipresent and omnipotent – able to be there with the child, in the present past, and leading the child into safety.

These are times of deep emotional reactions that are sometimes mistaken for demonic influence so let me help you further understand the symptoms of dissociation.

- Body becoming still or stiff
- Responding slowly to others
- Things seemingly moving in slow motion
- Flat/numb emotions
- Drifting off, spacing out
- Staring into space
- Frequent panic attacks
- Great difficulty sleeping
- Hiding in her closet
- Feeling like an observer in life, not a participant
- Memory lapses

- Over-reactivity and withdrawal
- Being on auto-pilot
- Feeling disoriented
- Feeling like she was watching from outside her body
- Cutting and picking

While I believe that Christians can be demonized (for further study see: Matt. 15:22-28; Matt. 16:22-23; Mark 1:23; Luke 9:52-56; Luke 13:11-16; John 6:70-71; John 13:27; Acts 5:1-11; Acts 8:9-24 ; 1 Cor 5:1-5; 1 Cor. 10:12-14; 2 Cor 2:10-11; 2 Cor. 12:7; 1 Tim. 4:1-2; 1 Pet. 5:8-9), and that permitting our sinful nature of bitterness, anger, and immorality to reign can open the door to evil, the symptoms noted are were not evil, but rather a psychological response to the traumatic event she had experienced.

The difference between demon possession and a demonic attack (demonization) has been a crux of debate among believers for centuries, and spiritualizing emotional reactions is certainly not something new within the Christian church; however, the fallout from such misunderstandings is tremendous for the person suffering from trauma.

Many have been so wounded that they have left the church. It is imperative for clergy and lay leaders to understand the difference between demonization (which I have typically witnessed in those who have experienced chronic sexual or ritualized abuse) and the complex psychological symptoms of complex traumatic experiences.

A narrative reconstruction approach helps give the client a sense of mastery over their memories and prepares them for systematic revisiting and reconstruction of traumatic memories in a narrative form (Courtois, C.A., & Ford, J.D. (Eds.). , 2009).

The second principle is this: Throughout the treatment, but particularly during emotional processing work, the client must be assisted in maintaining an adequate level of functioning, consistent with past and current lifestyle and circumstance.

While this is the desired objective, I have found that a few clients have come to my office with decreased ability to function as they had in the past. In fact, this is one of the reasons that they are seeking therapy. Often what has happened is that they have used their previously employed internal defense mechanisms throughout their lives, and have managed to "keep their heads above water," so to speak, until the unthinkable happens! They find themselves faced with a new traumatic experience (serious motor vehicle accident, robbery, abduction, rape, etc.) and it triggers long-buried memories and emotion.

As stabilization of these clients and situations continues and emotional processing work begins, I have found that functioning may decrease for a period of time, and they may need to take a stress leave from work (if they are still in the workplace) in order to be able to focus on recovery.

I liken the process of trauma therapy to having heart surgery without anesthetic! One wouldn't think of asking a patient to head off to work immediately after surgery. I encourage them to rest their bodies and minds after sessions. Taking care of themselves at this point is very important and it's also okay to allow others to care for them. At the same time, not allowing them to sink into further despair and/or depression is crucial.

Phase III Consolidation

Phase III begins when all traumatic memories have surfaced, been acknowledged, and been processed emotionally. The consolidation phase allows for new coping strategies to be

explored and implemented. As the individual now has full awareness of past memories and has in large part addressed the subsequent emotions, they no long need to hide parts of their self.

They are now free to enter into a new place of wholeness. This place is not without hurdles, though, as the individual will need to navigate changing relationships and learn to live as an integrated whole (Gingrich, 2013).

Emotional Regulation

As trauma work continues toward a conclusion, the therapist can begin to shift their focus to helping the client learn or relearn how to regulate their emotions. For those who have suffered chronic abuse within their families of origin, emotional regulation may never have been learned; in fact, emotions of any sort (even than anger) have usually been avoided due to threats of reprisal.

A psychoeducational approach is helpful in bringing a supportive structure to this part of therapy. As the client begins to understand how their emotions (or lack thereof) have affected them, and better comprehend the need to process emotions as they arise, they will begin to gain mastery instead of feeling out of control.

Emotions identify a need, which in turn directs our thoughts and gives meaning to them. Such emotions prompt a person to respond, which engenders response from others. The primary goal is to increase positive (wanted) emotions and decrease negative ones. Understanding our emotions and being able to label them is extremely healthy.

Teaching a client to allow exposure to emotions (which is what has been happening throughout the trauma-processing phase) inspires new, healthier responses. Allowing the client to take the time to identify and articulate what they are feeling in the present will help them

choose an appropriate response in the midst of a session. It also will enable the individual to experience a different way of responding to those feelings when they arise outside of the counselling office. This process is counter-intuitive to the dysfunctional response of misperceiving an event, numbing oneself and abdicating control to someone else, but with consistent practice, the client will make this new response part of their behavioural pattern.

On-going Care

The disciplines of deep breathing, inspirational music, inspirational and scriptural reading, connecting with mind, body and spirit and daily exercise, all combine to help reduce the stressors of daily life as well as unexpected trauma triggers. Encouraging healthy sleep patterns and the avoidance of non-essential things that can potentially wind up emotions will work together to decrease high emotional arousal.

If I have somehow conveyed that this type of depth therapy is quick or easy, please forgive me, as it is neither. I do believe that it sometimes moves along more quickly than other psychodynamic approaches, but in the effect of multiple and chronic traumas it still usually takes between two and three years to completion. This of course is dependent on the client's ability to trust the therapist and to commit to the process and the capacity of the person to maintain God Attachment, explore the traumas, process body memory, and maintain emotional regulation.

The path to healing will not be smooth for either client nor counsellor – but it will be revealing, relational, and healing as they can continue together on the journey to wholeness.

A Final Word

I want to reinforce the need for extensive support systems for the CTSD client. Of all the issues facing CTSD clients, social support and family care is probably the most difficult for the

therapist to implement. In fact, in many cases there is little support outside of the counselling office.

Lack of support should raise an immediate red flag. It is imperative as part of the Phase I assessment to ascertain who will be there for the client when they encounter overwhelming emotions. Who do they have who will hold them and "have their back"? Support is also central to the on-going mental, spiritual, emotional and physical health of the client.

Processing trauma is not for the weak of heart! The more extensive the client's support system, the more successful the process of therapy will be. Even then, there will be many times the client will re-experience a traumatic memory by themselves.

Having a solid foundation of a secure attachment relationship with their Father God will provide an incredibly safe place for the individual – not painless, but safe. I often send clients home with a copy of the beautiful picture below, asking them to see themselves as the lamb he is comforting.

Visualizing Jesus comforting like this, in the midst of their deepest pain, trauma and sorrow, allows them to 'hear His heart' beating for them; drawing them closer and closer into His arms of love, setting captive free and healing their wounded heart.

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