

Once upon a time.....

Therapeutic Stories That Teach & Heal

by Nancy Davis, Ph.D.

Illustrated by Valerie Solarz



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This book is dedicated to:

Karen Custer, L.C.S.W., my mentor. Karen used images to open my potential and gave me ideas for stories that blossomed into a book. Karen is a brilliant and creative woman who has helped many people live life in a healthier way.

Ken Lanning, M.S., a Supervisory Special Agent of the FBI, assigned to the Behavioral Science Unit of the FBI Academy at Quantico, Virginia. Ken is easily the world's leading authority on child abuse and pedaphiles. Ken may have no idea that he was instrumental in redirecting my life to working with abused children and other victims. Ken has helped thousands of children and adolescents by training law enforcement officers in identifying and prosecuting child molesters and training professionals who treat victims of child abuse.

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INTRODUCTION

I have learned much since Therapeutic Stories to Heal Abused Children was published in 1988 and revised in 1990. Understanding Post Traumatic Stress Disorder (PTSD) has allowed me to meaningfully link the symptoms of abused children, rape victims, battered women and victims of violence. As individuals who had experienced a wide range of traumas described how they were functioning, it became clear that, although their traumas were significantly different, their symptoms were remarkably similar.

An article on PTSD, co-authored by Dr. Marcey and myself, is included at the beginning of the first chapter of this book. This article not only identifies the symptoms, but also contains quotes from victims. This allows the reader to share in our new understanding of PTSD, and use this knowledge to heal victims experiencing a variety of traumas.

In my experience, victims of child abuse, rape and battering have been more difficult to treat than the individuals exposed to other types of traumas. Therapists must therefore be creative and open to new techniques to treat victims in these areas.

Dr. van der Kolk, the director of the Trauma Center at Harvard University, and his associates (1995) used brain imaging to study volunteers having flashbacks. They discovered that during a flashback, the right side of the brain, where images, vision and emotions are located, was extremely active. In contrast, the left side of the brain, where speech and logic reside, was completely shut down, particularly the portion which allows the victim to talk about his/her experiences. This research helps explain why therapeutic stories and other techniques which are aimed at right brain functioning are effective in treating victims. Metaphor and symbols are the language of the right brain, and they form the core of therapeutic stories (Mills & Crowley, 1986; Rosen, 1982). In my experience, other techniques which also create conditions for quick healing are: Eyemovement Desensitization and Reprogramming (EMDR)(Shapiro, 1995); audio tapes; visual imagery and hypnosis (Erickson, Rossi & Rossi, 1976).

The knowledge I have gained through working with victims is interwoven throughout this book, particularly in the introduction to each story. In reading and using these stories, you may find that some part of you is healed and that your unconscious learns how to create stories of your own.

Therapeutic stories can be used in a classroom setting; individual, group or family therapy; in individual testing with a resistive child or adolescent; in preparing a child witness to testify, or by parents, guardians and other caregivers.

Do not interpret the stories when they are told; it diminishes their power. As mentioned previously, therapeutic stories are designed, through metaphor and symbols, to speak to the right brain. Often, when the left or logical brain becomes involved (as when the story is interpreted), resistance to change may set in, and become another roadblock to healing. An explanation of the theory and construction of therapeutic stories is available in Therapeutic Stories to Heal Abused Children by this author.

If your role is to take care of others, you must learn to take care of yourself or you may find that you are in a chronic state of stress or burnout similar to PTSD. Symptoms of this type will impair the ability to function in your job and your personal life and become roadblocks to the learning and healing that you want to accomplish. It is, therefore, important that you learn ways to clear out the pain and tragedy that you take in from others. Use these stories, EMDR, and other right brain techniques on yourself. I created visual imagery tapes for my own use; "Letting Go" and "The Waterfall" enable me to clear the pockets of darkness I take in as I treat a large number of traumatized individuals. I have made these tapes available for other professionals, as they have been so effective in helping me. They can be purchased through my office.

As you read and use the stories in Therapeutic Stories that Teach and Heal, let the message be clear . . . although trauma is an inevitable part of life, there are ways to heal and find something positive in enduring even the most difficult trauma.

The author gives permission to therapists and counselors to make copies of individual stories for clients and patients in order to help with their treatment or counseling; this book is, however, copyrighted and permission is not granted to reproduce the book or individual stories, except as previously stated.

Nancy Davis, Ph.D.
Oxon Hill, Maryland
1996

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CHAPTER ONE

Stories that Empower and Treat the Symptoms of Trauma and Post Traumatic Stress Disorder

These stories were created specifically to deal with the symptoms of PTSD (Creamer, 1993; DSM IV, 1995; Ellen and Van-Kammen, 1990; Everly, 1994; Foa et. al., 1995; McFarlane, 1993; Rosen and Fields, 1988; Sample, et. al., 1993; Schreiber and Galai-Gat, 1993; Vargas and Davidson, 1993) outlined in the article at the beginning of this chapter. Many of these stories are, of course, applicable to the trauma caused by child abuse. In this chapter, the stories use metaphors of hurricanes, tornados, lightening, vandals, etc. to symbolize trauma. Listeners will personalize the metaphors; these stories, therefore, are appropriate for symptoms caused by a wide variety of traumas.

POST TRAUMATIC STRESS DISORDER

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Post Traumatic Stress Disorder (PTSD) is a common reaction when a person has been exposed to a traumatic event in which "the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others". The response to this traumatic event "involved intense fear, helplessness or horror" (DSM IV, 1994). Symptoms may also be triggered by the sudden and/or violent death of a loved one. Long term exposure to trauma generally causes more severe symptoms than a one-time event. Symptoms resulting from trauma may change in intensity from day to day. A diagnosis of PTSD requires that symptoms continue more than thirty days. If these symptoms last less than 30 days, this is considered an Acute Stress Reaction. Reactions to trauma may be delayed, beginning days or months after the trauma. PTSD can even occur years after an event, if the traumatic event or some emotionally powerful aspect of the trauma has been "forgotten" and then is suddenly recalled.

PTSD is the result of exposure to extreme trauma and appears to be caused by the inability of the brain to process a traumatic experience. Exposure to trauma may cause changes in a variety of hormones. These hormones, in turn, appear to cause change in the functioning of the brain, particularly in the hippocampus and noradrenaline system. Electrical firing between cells in some parts of the brain, can increase significantly. Research now supports that PTSD, and the resulting symptoms, are the result of changes in the way the brain can change after exposure to trauma. PTSD is the result of the brain becoming neurologically sensitized causing it to over-react to small stimulation (like a car alarm that goes off when someone walks close to the car, but doesn't touch it). Fortunately, many individuals recover on their own from traumatic stress. Those who need assistance can benefit significantly from the newer techniques which often eliminate the symptoms of PTSD in a short period of time.

Having experienced other significant traumas, even in early childhood, may increase the symptoms of PTSD. Having a loved one die suddenly and/or violently and witnessing violence in the past can influence the severity of symptoms from a recent trauma. However, exposure to lesser traumas can immunize a person to stress, decreasing a stress reaction to a more serious trauma later in life. Some of this immunizing effect appears to be due to the development of problem solving and coping skills. There is also theory that some immunization may be due to brain changes from prior trauma that allows stress to be handled differently on a neurochemical level.

The symptoms related to PTSD fall into three categories:

**Intrusive
Arousal
Avoidance**

Intrusive Symptoms

1) Flashbacks or intrusive memories: This involves re-experiencing the traumatic event in such a way that it feels as though the event were happening again. The traumatic event may be re-experienced through intrusive memories of the event, images, thoughts, body sensations, feelings, or perceptions. It is as though the traumatic event is "stuck" in the present memory because the mind is unable to process the thoughts, feelings, and sensations that surround the trauma and move them into past memory. Events that were not directly experienced, but vividly imagined, such as a loved one dying in pain and alone can be experienced over and over in the same way. Dr. van der Kolk (1995), director of the Trauma Center at Harvard Medical School, used brain scans to understand the functioning of the brain during flashbacks. He indicated that the right side of the brain, particularly those involved with vision and terror, were overstimulated. The left side or language areas of the brain completely shut down, particularly the area which translates experiences into speech.

Flashbacks are often stimulated by **anchors** or **triggers**. These are reminders of the trauma and can be activated through any sense, (i.e., smell, sight, hearing, or touch) or by a thought or feeling. The re-experiencing of the feelings associated with the traumatic event is often excruciating. Because of this, reminders of the trauma are often avoided, especially talking about the event. Therapy is rarely sought because "talking about" the trauma reactivates flashbacks. Depending upon where the trauma occurred and what is associated with it, the world can become a mine field of things that can cause overwhelming emotions. With children, flashbacks are often recognized when the child re-enacts the trauma in play. Flashbacks or intrusive re-experiencing of the trauma must be present for PTSD to be diagnosed.

- *"I felt like I was thinking about it every minute of every day."*

* Quotes from persons who have experienced PTSD.

● *"I see the gun pointed at me and my stomach is tight, my head pounds, my whole body feels weak and the fear is so intense, I sweat and shake."*

● *"The seizures she had. I try to wipe out the noises, but I can't."*

● *"I won't drive by the hospital. I see him there. Once I couldn't breath, I felt that something was going in my throat just like that tube they put in him. I always leave 10 minutes early so I can go all the way around and not see that building."*

● *"If I have too much time on my hands, I start remembering, like it's happening again."*

● *"It's like I get the feeling that I did then. Pictures come in my mind. It feels like it happened this morning."*

● *"I had a flashback today. I couldn't think. It's like I was there. You know he never took a bath or brushed his teeth. I've been smelling that smell all day, and I had forgotten about it. I can't believe it."*

● *"I try not to think about it, but I can't. It never leaves my thoughts."*

● *"I think about it every day, 10 times a day. I used to think about it a 1000 times a day."*

● *"They opened the casket for me. He was burned all over. I still smell that smell every time I think of that."*

● *"If I go downstairs and open up the room where it happened, it's like I'm there. It's that sound, it's that smell, it's that darkness"*

● *"When I get in situations where a car gets too close, I feel like my head is going to blow off or my kids head is exploding. I never saw the girl whose head was cut off, but I imagined what she looked like and I can see it happening to me."*

● *"When I saw that train on the news last night....it was on fire... people were screaming because they couldn't get out, It took me to a memory where I could see that guy throwing the fire bomb. I saw a man burn alive. He was screaming and throwing up. It was 30 years ago, and it seems like it just happened."*

● *"I got home from the morgue that morning and I couldn't sleep. I turned on the TV and she was being put into a body bag. Her hair was out. A garbage bag. I thought I heard the*

zip. Why would they show that? I see that over and over, a 100 times a day. And at the trial, the drunk who killed her, one girl said that he spit on her while she was lying on the pavement. I know she was dead, but what is he? I think of killing him. It comes into my mind over and over, when I pick up a knife or anything. I see him spitting on her and I see his smile at the trial when he got one month. Nothing really. And he smiled at me. Killing him or anyone, that's not me. I feel I'm going crazy sometimes. I'm here, but most of me is there."

2: Night Terrors are dreams which occur in a different stage of sleep than normal dreams. They seem to be flashbacks occurring during sleep, as the mind attempts to process the traumatic experience. Often the dreamer wakes up in fear, but can't remember the content of the dream.

- *"He's shooting me and I'm trying to get away, but I can't move. I wake up with sweat all over my body."*
- *"I wake up crying, like I'm drowning. I know I'm still asleep, but I have to wake up but it's so hard."*
- *"I wake up and I'm scared, but I never remember what I'm dreaming about. I'm getting up at least two times a week and throwing up."*
- *"My husband wakes me up about twice a month. I'm dreaming he has bombs on his stomach and I'm trying desperately to knock them off before they explode."*
- *"When he's having these night terrors, his body becomes so stiff. He's so strong. You can't do anything with him. It's like he's awake but not awake." (young child)*

Arousal Symptoms

Exposure to a traumatic event(s) causes the body to release stress hormones. The brain reacts to these stress hormones in many ways, often significantly increasing the speed of electrical firing between cells in certain areas (Everly, 1995). These changes typically cause the following symptoms:

1) Tension, Anxiety, Irritability, Hyperactivity: These symptoms involve feeling jumpy, on edge, shaky. Little things become very upsetting. The response to small irritations may be screaming or tears. Emotions move from being absent to being intense almost instantly,