COMPLEX TRAUMA *By **ROBERT PARKER**, Focusing Trainer, New York, USA*

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Ellen (a composite of several clients) was a 45-year-old woman, who entered therapy for help with marital problems and parenting issues. She had a good therapist, but one who was inexperienced with trauma. In the third session, she described a confrontation with her teenage son, which was especially difficult for her. During the description, she briefly put her hand up to her throat; her therapist picked up on this gesture.

Therapist: *Can you notice what you are feeling, right there?*
Client: *I don't know . . . it's like there's something caught in my throat . . .* Therapist: *See if you can stay with that . . . what's that like?*
Client: *It's an anxious feeling, as if I'm choking.*

The choking feeling appeared a few times over the next several sessions, usually when she was talking about confrontations with males; it was associated with feelings of fear and helplessness. As she explored the feeling, a memory emerged of having been sexually abused by an uncle when she was six. She associated that feeling with the fear and anxiety she felt with her son. Suddenly, everything made sense.

It seemed like a therapeutic breakthrough, but Ellen dropped out of therapy shortly afterward. Instead of get- ting better, Ellen began having nightmares and became increasingly irritable and prone to weeping spells and angry outbursts. In a matter of months, she lost her job and her marriage was on the rocks. This is the world of Complex Post Traumatic Stress Disorder (PTSD).

PTSD is a fascinating field where researchers and clinicians, working together, have given us extensive clinically relevant knowledge. One key discovery has been the difference between Simple and Complex PTSD.

Simple PTSD is what most people mean by "trauma." Survivors of life-threatening situations (war, rape, traffic accidents, etc.) often experience intrusive memories, avoid situations that remind them of the trauma, and feel continuously "on edge," expecting the trauma to reoccur. This is the soldier who sits in a restaurant with his back to the wall and hits the floor when a car backfires. Simple PTSD is now fairly well understood, both physiologically and psychologically, and there are a number of effective treatments.

But imagine a child growing up in a chronically abusive environment. The child has no way of knowing what "normal" is. Where the survivor of Simple PTSD feels, “That was a really scary event in my life," this child feels, "This is life." The ongoing trauma affects all aspects of development; for example, the child may be chronically afraid and therefore avoid challenges, do badly in school, avoid social relationships, etc. Instead of a single trauma or traumatic situation, there are a multitude of traumas. In all of this, the child learns to cope more or less well, so that the adult who comes in for therapy can appear fairly strong, yet actually be extremely fragile. In contrast with Simple PTSD, this trauma is . . . well, complex.

Shirley Turcotte is intimately acquainted with Complex Trauma. The daughter of a sadistic pedophile, she lived on a reservation with extreme physical and sexual abuse until she ran away from home at age 14. She had severe symptoms of Complex PTSD, and professional therapists did not know how to help her. So Shirley began healing herself, drawing on her own intuition, traditional aboriginal Canadian teachings and her own deep spirituality. After she helped herself, she began helping others, and she gradually developed a remarkably sensitive, coherent, and effective treatment protocol for Complex PTSD.

Shirley discovered Focusing independently, and her therapy is now Focusing-Oriented. Her work is similar to traditional client centered therapy. However, neuroimaging studies show that during flashbacks, the speech centers of the brain literally shut down, thus the usual reflection is useless. Rather the therapist reads body language and guides the therapy process. Shirley calls her approach “client centered, therapist driven.”

In contrast to many other approaches, Shirley is less concerned with what happened to the client, than with where the client is blocked and can't carry forward. When we grow up with trauma, we fragment in order to survive. Parts of us that were terrified are split off and forgotten because we don't have time for them; we are too busy surviving. But these stopped processes remain in our bodies, trying to carry forward and be heard. They appear as intrusive memories, nightmares, devastating inner critics, cutting rituals, and other “symptoms.” We don't recognize these “symptoms” as lost parts of ourselves; instead, we (and our therapists) just want to get rid of them.

Shirley's approach involves listening to the body rather than to the words, discovering the trauma situation and what the client is/was trying to do there, and reflecting that back to the client. Shirley follows a careful procedure, going into one issue at a time, resolving that one issue, and then moving out, all with surgical precision.

As we saw with Ellen, complex trauma is a field where therapy is tricky, and mistakes can be costly. The professional community offers many therapist training programs, but after learning and teaching in this field for three decades, one of the best programs I have seen is the one Shirley offered recently in Manhattan (see photo). The program consists of five three-day modules, covering areas such as phases of treatment, real versus false memory, flashbacks, dissociation, and intergenerational trauma. Much of what Shirley teaches is not available anywhere else; her approach is uniquely spiritual, and grounded in the experience of the trauma survivor.

Shirley is giving this program again in January 2010. If you're a therapist working with trauma, I recommend it highly; the program has helped me to grow as a therapist and as a person. In particular, it helped me help Ellen.

When I first saw Ellen, her focus was not trauma but recovering from her previous therapy. She was experiencing almost continuous flashbacks and needed badly to get her life under control. We worked for about two years on safety: recognizing flashbacks, managing stress, and setting limits with people who were psychologically abusing her.

Once Ellen felt safe, we discussed the risks and benefits of exploring the early trauma, and she decided to explore it. There were many traumas; she had experienced chronic physical, psychological, and sexual abuse during most of her childhood. But by reflecting and following her body language, we learned that what she had been reliving was not her own abuse but her desperate attempts as a child to protect and care for her younger siblings.

She had been a five-year-old hero, carrying on her shoulders the weight of a world that was too heavy for the grown-ups around her. And as she was able to listen to that part of herself, the feelings of panic, fear, and anger gradually subsided, replaced by an inward appreciation of that heroic little girl.