Coping with Abuse Leads to Psychological Adaptations

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Many individuals seeking treatment for depression, suicidal feelings, substance use problems, difficult or abusive relationships and self-inflicted harm may actually be experiencing complex post-traumatic stress responses.

These responses most often result from a history of chronic abuse or neglect in childhood. While post-traumatic stress disorder (PTSD) has been recognized for some time, complex post-traumatic stress(1) has only just been recently recognized as a diagnostic category. This new category better captures the range of adaptations and effects of trauma resulting from early and/or chronic abuse in childhood—abuse that is most often perpetrated in the larger context of neglect and deprivation.(2)

Many mental health professionals are aware their clients have histories of abuse and neglect that have resulted in post-traumatic stress. However, they can sometimes underestimate the degree to which the trauma has been pathogenic, or misinterpret the origin of their client's responses or symptoms.

Experiences of chronic abuse and deprivation occurring early in a child's psychological development may lead to disruptions in emotion, consciousness, memory, sense of self, attachment to others, and relationships.

Understanding the role of childhood trauma in the development of these severe disorders must necessarily inform every aspect of treatment.

Effects of trauma on development
Cognitive, affective and psychosocial development are shaped and affected by a combination of chronic abuse, lack of emotionally connected parenting and/or the deprivation of basic childhood needs such as safety, parental constancy and emotional validation. In order to survive these overwhelming experiences children are compelled to make complex adaptations.

The coalescing of trauma-related processes and the development of corollary adaptations results in poorly developed self-capacities—the inner abilities that allow individuals to manage their intrapersonal worlds and maintain a coherent and cohesive sense of self.(3)

The three self-capacities that are thought to be especially important to the individual's response to aversive events are: identity, boundary awareness, and affect regulation.(4)

A trauma treatment framework
Effective treatment requires a comprehensive framework to understand trauma-related symptoms and adaptations.

A variety of clinical models can inform treatment for abuse-related trauma, but it is necessary to have a model that elucidates the developmental progression of the complex and bewildering array of symptoms with which abuse survivors typically present.

I advocate a model of trauma therapy that emphasizes a developmental framework anchored in attachment theory to help make sense of the complex adaptations people make in order to survive ongoing abuse.(5)

The chief element to this treatment model is the shift from a deficit framework, which focuses on remedying the client's deficiencies, to an adaptation framework, which highlights the client's resiliency and how to expand it.

This paradigm shift puts the focus on a survivor's best attempts at coping with overwhelming abuse, neglect or maltreatment in intolerable circumstances. It shifts the lens from one which looks at current problems as dysfunctions and pathologies, and instead reframes symptoms as adaptations.

This perspective assists in understanding the developmental influence of past abuse on present functioning. In this light, survivors are not viewed as collections of symptoms, but rather as people who are attempting to cope as best as they are capable—albeit not always successfully.(6)

The role of the therapist
One of the implications of this philosophy of treatment is that therapists adopt a respectful and positive attitude towards their traumatized clients.

Many trauma survivors have been hurt, betrayed and violated in interpersonal relationships. These experiences shape cognitive schemas, assumptions and beliefs in regard to significant interpersonal relationships and to themselves. They often have been defined by a sense of unworthiness, shame, sense of weakness and self-loathing.

In therapy, it is essential that the therapist doesn't inadvertently reinforce the sense of hopelessness and demoralization the client may infer from their abusive experiences. Instead, the clinician should acknowledge the incredible psychological pain the client has withstood, and at the same time reflect back the implicit strength and adaptive capacity the survival and the decision to enter therapy implies.

The positive appraisal and reframing of problems and symptoms as adaptations assists clients in recognizing their strengths and inner resources, which moves them away from defining themselves by weakness and failure.

They learn many of their symptoms are the result of adaptations that helped them survive in the past and to some degree in the present. For example, dissociation may have protected them from overwhelming pain in childhood and adulthood—it protects them from remembering hurtful events and feeling pain or other
intolerable thoughts.

It is important to determine what symptoms make the client feel most distressed and for the clinician to provide psycho-educational information to the client about these responses. For example, the therapist may provide something like the following information:

"Coping behaviours typically do what they are supposed to—they help people survive. However, when the abuse is prolonged and repeated, these coping behaviours result in psychological and physiological changes or adaptations. Eventually, the adaptations that were developed to survive become no longer functional. For example, some of these responses keep the body on high alert for danger (arousal and hyper vigilance), or disconnected and numb in order not to feel pain. An important first step is to take toll of what coping responses you developed to survive and assess whether it is interfering in the quality of your present day life.□?(2)

This type of information helps the client assess which coping mech-anisms remain helpful and which no longer work in their day-to-day life. It also provides a framework that helps them understand that symptoms don't occur at random; they are a specific response to something—there is a function to the behaviours and responses that they developed.

Emphasizing adaptive capacities
Clients need to understand how their experiences of abuse and neglect shaped their development and responses as children, as well as their responses in adulthood. It is through this lens that they can reinterpret their lives in a way that is meaningful and coherent.

An increased understanding of the pervasive role of psychological trauma in the lives of clients with histories of abuse and neglect will lead to more effective and appropriate treatment approaches.

Making the link between their psychological difficulties and a past history of abuse helps survivors to diminish the sense that there is an inherent defect in the self.

Emphasizing the strengths and adaptive capacities of clients promotes a greater sense of self-efficacy and control in their lives, which is a powerful antidote to the helplessness many of them feel. The importance of this message and the hope it instills in clients—and in clinicians—should not be underestimated.

References

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