

This article is the second of a two-part series on working with veterans experiencing symptoms of post-traumatic stress disorder. Read how work with other trauma survivors can help PTSD clients.

More tips from counselors of sexual abuse survivors



to manage and reduce the anxiety and fear surrounding certain situations which may be especially stressful due to association with war experiences or other trauma.

In counseling rape survivors, Veronen and Kilpatrick teach the following six stress reduction coping skills: muscle relaxation, breath control, role playing, covert modeling or visualization, thought stoppage, and positive self-talk.¹

These skills also may be useful in counseling PTSD-afflicted veterans and are described in more detail below. It must be emphasized, however, that these techniques have proven useful for clients whose major problems are fears and anxieties associated with a specific trauma, not clients with generalized anxieties or phobias.

Clients with a substantial depression or another major psychiatric disorder may benefit from these techniques, but will require additional and more intensive treatment.

One aspect of trauma consists of being rendered helpless in a situation of great danger. The helplessness and sense of powerlessness creates an intolerable anxiety which the individual may try to manage via denial, repression, emotional numbing, self-destruction or other symptoms associated with posttraumatic stress disorder.

PTSD is classified as an anxiety disorder, not a mood disorder or organic disorder, precisely because the fear and anxiety associated with being powerless in a life-threatening situation is one central causative factor of the syndrome.

In an effort to reduce or not re-experience the intense anxiety associated with the trauma, a PTSD client tends to avoid or limit his or her association with people, places or situations which remind him or her of the original trauma. As a result, clients may restrict life, vocational, personal and interpersonal opportunities.

Central to PTSD therapy is helping the client learn

MUSCLE RELAXATION

The client is taught traditional Jacobsonian² relaxation techniques and can be given an audiotape so that he or she can practice relaxation techniques between sessions. Clients are instructed to practice relaxation several times during the day, while doing routine chores first, then during stressful situations.

BREATH CONTROL

Deep breathing exercises are taught. The client is encouraged to use deep breathing along with muscle relaxation when encountering stressful situations. For a homework assignment, the client is asked to anticipate an upcoming stressful situation and commit to using muscle relaxation and deep breathing during that time.

ROLE PLAYING

Traditional role playing techniques are used during which the client assumes not only his or her role, but

also the role of the individual(s) who is causing the stress. When clients become anxious during role play, they are encouraged to use relaxation or breath control techniques.

COVERT MODELING OR VISUALIZATION

The client is put (or puts him or herself) into a state of relaxation and is then asked to visualize a situation which creates a great deal of anxiety and fear. Checking to be certain that the client is still in a state of relaxation, the client is then asked to visualize him or herself overcoming or being successful in that situation.

THOUGHT STOPPAGE

Clients learn to identify and then interrupt the barrage of fearful or otherwise negative thoughts which may flood their minds and paralyze them.

POSITIVE SELF-TALK

The client learns to replace negative self-talk with more positive self-statements like the examples in the accompanying chart (see FIGURE ONE).

SELECTIVE EVALUATION

Researchers also have found that people who have been traumatized may come to terms with their experience through five mechanisms of selective evaluation listed here:⁴

1. Social comparisons with those less fortunate ("Yes, I was beaten as a prisoner of war, but at least I wasn't raped like some others," or, "Yes, I was affected by Vietnam, but I've adjusted better than most.")

2. Selectively focusing on attributes that make one appear advantaged (e.g., "Yes, I lost my arm in Vietnam, but others lost all their limbs.")

3. Creating hypothetical worse worlds (e.g., "It could have been worse. I could have died.")

4. Construing benefit from the victimizing event (e.g., "After what I've been through, I understand myself better," or, "After what I've been through, I realize what a strong person I am.")

5. Manufacturing normative standards of adjustment that make one's own adjustment appear exceptional ("Yes, I have nightmares, but I'm not all screwed up over it like others," or, "Yes, I was affected by Vietnam, but I'm not going to leave my spouse like some veterans.")

The client who adopts one or more of these attitudes is trying to minimize the extent of his or her victimization or trauma because of the stigma associated with being in emotional pain in our society. Nevertheless, adopting one or more of these attitudes can be healthy and adaptive, provided that the client has, at one point or another, confronted that trauma directly and dealt with the rage, grief, helplessness and other emotions associated with his or her particular trauma. If this is the case, then adopting one of these attitudes may represent the client's attempt to integrate the trauma into his self-concept and worldview.

On the other hand, if the client is still unduly deny-
see SURVIVORS, p. 16

PREPARING FOR A STRESSOR

- What is it you have to do?
- What is the likelihood of anything bad happening?
- Don't think about how bad you feel; think about what you can do about it.
- Don't be so caught up in yourself; thinking only about your feelings won't help.
- You have the support and encouragement of people who are experienced in helping you deal with these problems.
- You already have come a long way toward handling the problem; you can go the rest of the way easily.

CONFRONTING AND HANDLING A STRESSOR

- One step at a time; you can handle the situation.
- Don't think about being afraid or anxious, think about what you're doing. The feelings you are having should be a signal to use your coping exercises.
- There's no need to doubt yourself. You have the behaviors to get you through.
- Focus on the plan. Relax, take a deep breath, you are ready to go.

COPING WITH FEELINGS OF BEING OVERWHELMED

- When feelings of being afraid appear, take a deep breath and exhale slowly.
- Focus on what is happening now; what is it you have to do?
- You can expect your fear to rise, but you can keep it manageable. Think to yourself, "This will be over soon." You can convince yourself to do it.
- You may feel nauseated and want to avoid the situation but you can deal with it.

REINFORCING SELF-STATEMENTS

- It was much easier than you thought.
- You did it—you got through it, each time it will be easier.
- You had a plan and it worked.
- There is nothing to it, you've got it together.
- When you manage the thoughts in your head, you can manage your whole body.
- You are avoiding things less and less. You are making progress.
- One step at a time—easy does it.
- Nothing succeeds like success.

FIGURE ONE

Veronen, L., and Kipatrik, D., "Stress Management for Rape Victims," in the book, *Stress Reduction and Prevention*, edited by Donald Meichenbaum and Matt Jaremko, Plenum Press, New York, N.Y., 1983. Used with permission.

SURVIVORS, from p. 11

ing traumatic experiences or has yet to sufficiently experience the feelings associated with the trauma, then it is possible that the client is using one of the five attitudes listed above as a means of avoiding pain and other emotional work involved in the healing process. ■

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²Jacobson, E., *Progressive Relaxation*, University of Chicago Press, Chicago, Ill., 1938.

³Veronen and Kilpatrick, *op cit*, p. 363.

⁴Taylor, S.; Wood, J.; and Lichtman, R., "It could be

worse: selective evaluation as a response to victimization," *Journal of Social Issues*, Vol. 39, No. 2, 1983, pp. 19-40.

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