

TMFRS

LET'S MAKE SENSE OF YER STUPID FUCKING BRAIN

Vulnerability, Intimacy, Trust| Bases of Post-traumatic Growth

What's standing in your way of healing connections?

Early Spring 2023

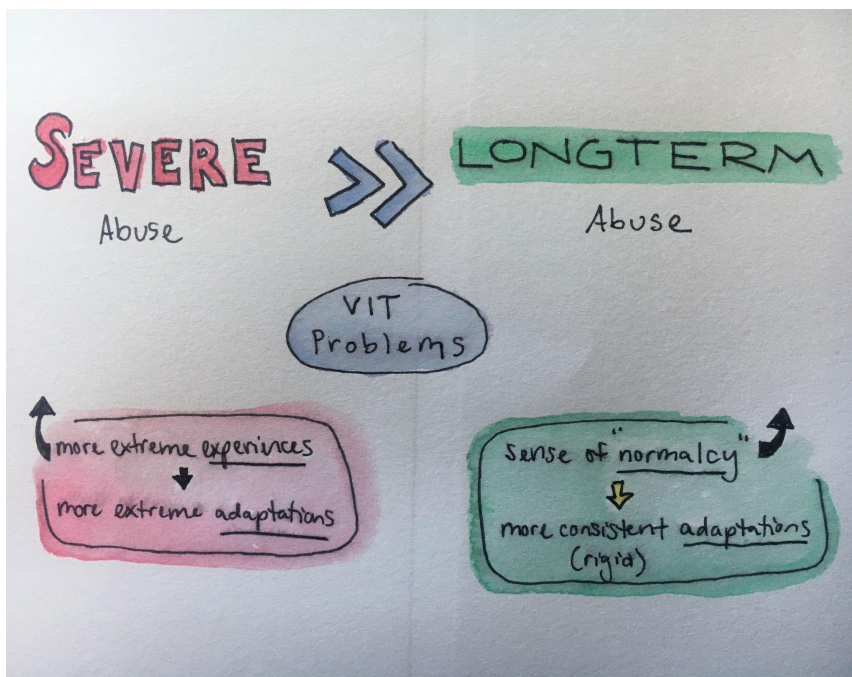
Post-traumatic Brains vs. Human Relations

So last time we left off with a paper surrounding intimate partner violence and the personality traits it imbues. Specifically, personality traits that stand in the way of forming healthy, connective, relationships down the line.

Those traits being intimacy issues, cognitive distortions, suspiciousness, and failure to express oneself. Obviously, all things that don't bode well for our attempts to have balanced, healing, long-term connections.

We just found out that the SEVERITY of abuse creates more of these personality changes - parts, one might say - than the DURATION of abuse.

Now let's see what else happens when we've been exposed to adult intimate partner abuse that stands in the way of fulfilling our mammalian needs.



Relationship Between Intimate Partner Violence, Depressive Symptomatology, and Personality Traits

They continue:)

Moreover, previous research also suggested that the severity of abuse may be one of the strongest predictors of trauma symptoms (Clemmons et al. 2007; Golding 1999).

As the severity of IPV increased, the severity of Cognitive Distortion, Intimacy Problems, Suspiciousness, and Restricted Expression was also found to increase, even after controlling for depressive symptoms.

These personality traits are partially in accordance with the six areas of alterations proposed for CPTSD/DESNOS (Disorders of Extreme Stress) (Herman 1992; Pelcovitz et al. 1997), suggesting some over-lap between these areas of functioning and the DAPP-BQ (Dimensional Assessment of Personality Pathology – Basic Questionnaire) traits.

On the one hand, Cognitive Distortion could correspond to alterations in attention and consciousness. Elevation of this trait suggests disorganized thinking, feelings of confusion, logical thinking and problem-solving impairment, dissociation, depersonalization, and derealization. Consistent with this finding, elevations have been found in the MMPI-II scale 8 (Schizophrenia), which also includes disorganized thinking and confusion, as well as in dissociation scales in abused women (Dorahy et al. 2007; Khan et al. 1993).

On the other hand, Intimacy Problems, Restricted Expression, and Suspiciousness could be correlated with alterations in relation with others.

(So, cognitive distortions are more of a “me problem.” Even without relationships at hand, the brain is subjected to a lot of foggy and illusionary operations. Those are going to impact you on your own, with another human, or in a crowd.

I'd also think this is closely linked to loss of self-esteem in abusive situations. In the aftermath, no matter what you're doing, your head is going to throw you to the wolves. You don't know what you think about anyone or anything anymore, when you've lost touch with your own Self, self-concept, and self-confidence.

But, intimacy problems, expression, and suspiciousness show up more in relationship dynamics. I mean, I would guess they're present when the person is alone, as well... but they're not really going to be detectable or have measurable consequences if no one is there to witness them except the brain of the beholder.

But they continue... with the underlying trauma issue here. And, with the reason that any of this matters.

Elevations in these scales suggest that self-disclosure, emotional expression, interpersonal trust, and assertiveness may all be negatively influenced by the severity of IPV. This is

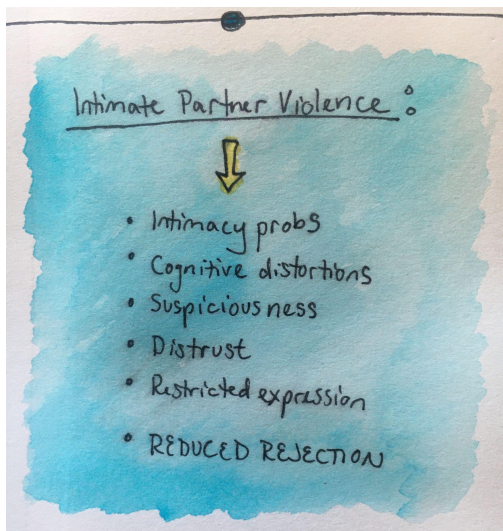
consistent with empirical studies that found elevations in Avoidant, Schizoid, and Paranoid scales in IPV women.

Women victims of IPV are exposed to disapproval, criticism, isolation, threat of injury, and real injury. They may develop significant and persistent difficulties with the fear of closeness, affect restriction, inhibition of expression, hypervigilance, mistrust of others, and asserting their needs in interpersonal relationships, which are normative reactions under circumstances of dangerous and unpredictable partner behaviors.

(At the core of it, the victim is affected personally, with issues regarding self-disclosure, emotional expression, interpersonal trust, and assertiveness. Because of these issues and the human instinct to blame people for their misfortunes, they also face further victimization and stigmatization in the aftermath, which isn't going to help in any of those directions.

Add hypervigilance to the team, because everyone is untrustworthy. Everything is danger. Shut it all out and take your "crazy" brain back to bed.

Being socially rejected, seemingly preyed upon, increasingly fearful of all potential dangers, and unable to openly stand up for oneself? Not aiding in the aim for intimacy, I can tell you that much.



Now let's hear the final results of this paper:)

...Results regarding intimacy problems can give some clues so as to apply psychological interventions that address concerns related to battered women's tendency towards interpersonal distance and emotional withdrawal, increasing their social interaction and helping them to gain trust in the therapist.

Results regarding low rejection (i.e., low hostility and domination) may support the implementation of psychological therapies based on assertiveness training and empowerment (Walker2009).

(So, the antidote to these lasting adaptive personality traits following intimate partner violence is to regain trust in social contacts. Possibly, starting with the therapist, as a safe place to practice. They can also be taught how to stand up for themselves and express their feelings, which helps a good deal.

If we believe in ourselves and our ability to connect safely with at least one other, first. We can learn to extrapolate those skills to others.

As they note, a therapist might be the key to this, as we have boundaries around the relationship that protect us from being in the line of fire. There's no ambiguity in what's going on with the relationship dynamic (theoretically, ideally), so we can learn to trust ourselves, trust others, and open our mouths again.

THEN, we can take those abilities outwards, into less defined relationships. Breaking the intimacy problems hold and fostering empowerment in the abuse victim.

Another point to the importance of finding the RIGHT therapist. Not just A therapist. If this show has demonstrated one thing, I hope it's the shared difficulty in finding the correct match in a mental health provider.... And the shared benefits of putting in the effort to keep trying.

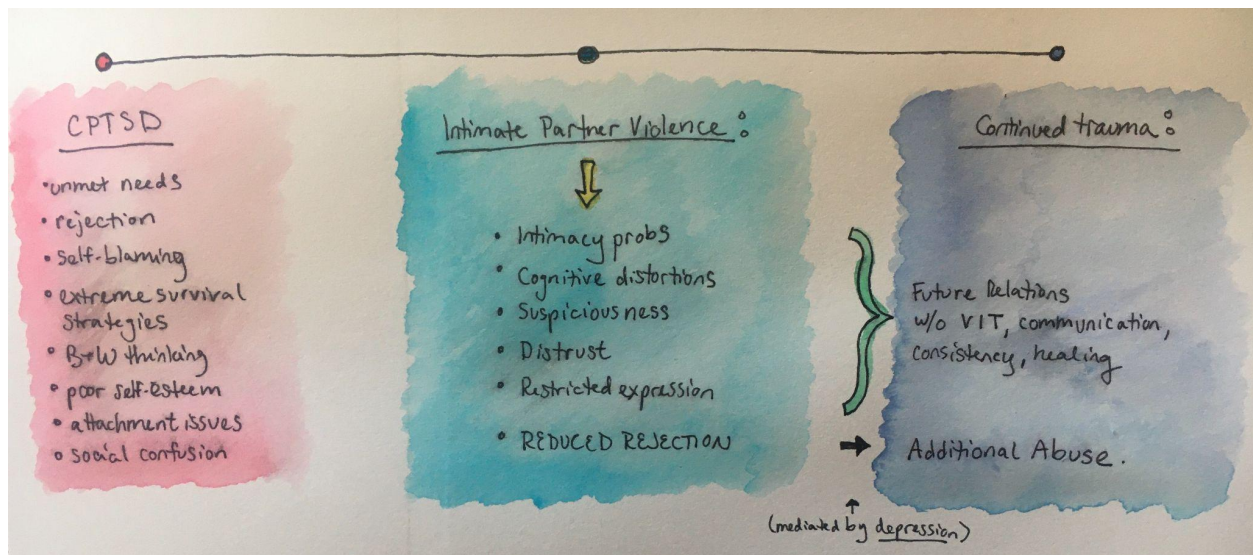
They aren't just here to sort out our pasts... they're here to help build up our self-regard, our ability to communicate, and to develop new social strategies for the future. So make sure you have a therapist who you feel you can self-disclose to, or you'll be continuing the same relationship patterns that landed you in the office in the first place.

But here's the part we're all waiting for, as the author's say:)

Finally, the per-sonality traits associated with severity of IPV (including the tendency to dissociation and relationship problems) overlaps with several features of CPTSD.

Our results suggest that the relationship between the severity of IPV and the presence of personality traits can be partially understood as reflecting CPTSD, consistent with a dose-response relationship.

(Of course, they ultimately found that intimate partner violence is linked to complex trauma. We don't fall into those relationships by accident, folks. Like we're always saying.

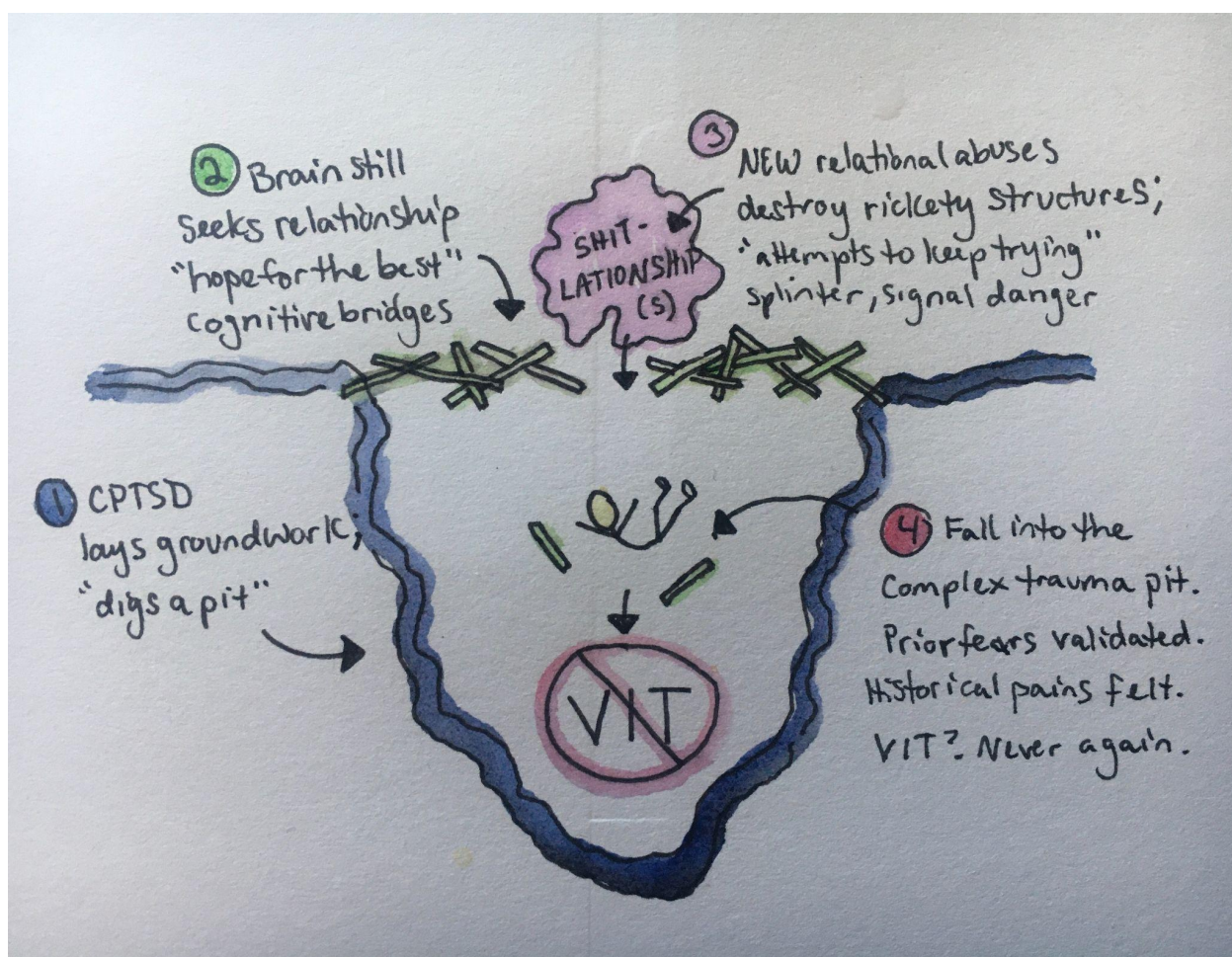


CPTSD sets the stage for intimate partner violence, and triggers these personality reactions in us, possibly long-term. Possibly, because they're events repeated from our childhood, which are pulling up parts and building on their experiences with these new ones.

And the more we experience that abuse (a dose-response relationship exists, remember), the more strongly our brains support the protective instinct to keep ourselves out of the hands of others.

We shut down our relational instincts more and more. And end up with intimacy problems.

Plus, for some of us, reduced rejection of ALL folks who might end up hurting us further. Because apparently, this is just our role in life and we should accept it.

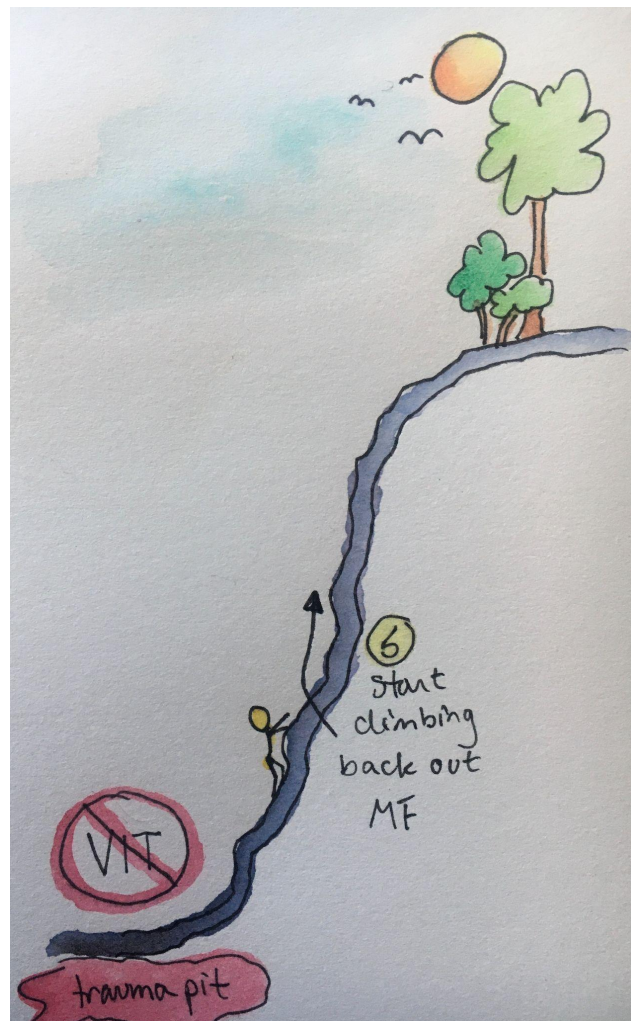


Now let's move on to the next part of this conversation.

I'm guessing it doesn't really need to be said, but let's look at some results that demonstrate how important intimacy is when we're recovering from trauma.

Why it's worth pushing through the protective strategies (when safe, when rejection ISN'T the best option) and finding our ability for vulnerability, intimacy, and trust. For our own betterment.

The plus side of intimacy....let's go back to a paper we discussed last time. With those intimacy-troubled war veterans.



Themes in experiences of PTSD symptoms and relationships among male veterans with risky sexual behavior.

(These soldiers might not be regularly or consistently capable of intimacy. BUT, they still find ways to create it in their lives, due to the value that it brings onto their brains.

They say:)

While participants described struggling with intimate relationships, they highlighted the importance of relationships that enabled them to successfully take responsibility.

Participant 46 noted that other veterans with whom he participated in a program stayed connected with him, and indicated a sense of commitment to checking in with them as well: “people I was in the program with, they ask how are you doing? Just making sure. . . . It does [help]. You can be there for someone all you want in an inpatient program, but it’s a struggle when you get out. There’s no structure . . . you make that structure. I double tap a couple guys who I care about every day, just to make sure they’re doing all right.”

(Despite other challenges, they reach out to maintain intimacy in some relationships, because they recognize the accountability and healing that it brings for them. Even if they can’t create those circumstances in all their relationship dynamics, there’s merit in keeping tabs on others and being available for their emotional needs.

I thought it was especially sweet that participant 46 mentioned “double tapping” some of his homies to make sure they’re okay. Meaning, double texting. Meaning, the other person probably was going through some shit, feeling avoidant or overwhelmed... and that was recognized by the other party enough to execute a typical social taboo.

So this participant must recognize the instinct to shut down and withdraw, and goes out of his way to make sure that doesn’t happen.

Just like the prior paper suggested getting close and comfortable with a therapist first, these soldiers practice with each other. Similar to the way our little community works, which is largely “practicing being human again” in a group that understands the complications of trying to socialize healthily after trauma.

Anyways, cute point. They continue:)

It was clear from the way that participants spoke about the people in their lives that, despite the difficulties they faced in maintaining existing relationships and creating new ones, they highly valued what they considered supportive relationships—including family, friends, romantic partners, peers, and clinicians.

Previous qualitative studies with mental health care-seeking veterans with PTSD symptoms have identified veterans’ desire for greater trust in others. In one study, the vast majority of

veterans reported they would like to be able to trust other people more, and would like to have friends or family understand their experiences during and after deployment (Fischer et al., 2015).

One veteran illustrated how much it meant to him that his romantic partner had attended a caregivers' support group, demonstrating her commitment to understanding him.

(So, again, they want what they push away. They're not sure how to mesh the worlds of having close relationships with having close romantic relationships, but it means a lot to them when that crossover occurs.)

...Some of the participants described how this type (high risk, low connection) of sex served a short-term purpose—a fleeting distraction, avoidance or escape from loneliness, or a need to feel powerful, consistent with High Risk Sexual Behaviors association with sensation seeking in young adults (Charnigo et al., 2013) and similar to how pornography use functioned as an avoidance behavior in a veteran with PTSD symptoms (Larsen, 2019).

(Hey! They're talking about more distractors! Now recognizing that sex without intimacy is a form of coping, not an end-goal. It's a biological comfort, but not a mental or emotional one. They also speak to the sense of empowerment that it brings - getting their needs met without extending beyond their own perceived capacities, into territory that could backfire against them.

Glad to see the self-awareness and to hammer the distractor point home. Relationships without intimacy are forms of human escapism.)

In the context of relationships, it became clear that many of the participants sought out sex with people they either did not know, or had no commitment to beyond the sex act, as a way to meet an immediate need and avoid the risk that comes with a longer term intimate, committed relationship.

A prior study on propensity toward risky sexual behavior demonstrated a positive correlation with fear of intimacy (Taubman-Ben-Ari, 2004). Another reason for the apparent paradox of desiring support and intimacy and engaging in short-term HRSB to avoid intimacy may be PTSD symptoms, which can include feelings of estrangement from others and emotional numbing (American Psychiatric Association, 2013).

Experts and empirical data have suggested that individuals with PTSD symptoms may become hyperresponsive to stimuli that elicit negative emotions, and may therefore require more intense stimuli (such as short-term, no-strings-attached sex) to elicit positive emotions.

(So, the strategy is to avoid everything that can hurt you, focus only on the things that feel good. Use other people to buoy yourself. Can't say it's a long-lasting or morale strategy, but it's what their brains are capable of doing to stay afloat during those times.)

Finally, if sexual behavior functions in some cases as avoidance of intimacy, gradually reducing that behavior during the course of trauma-focused treatment may permit the development of

more closeness in relationships, as in the case of a veteran with PTSD symptoms who developed more closeness with his wife as he participated in trauma-focused treatment and gradually reduced pornography use (Larsen, 2019).

(Meaning, if we can shift our coping and living strategies to focus more on the relationships we truly aim to foster, we can open up extra energy for accomplishing that goal. Then life can move forward in the right direction.

Reduce symptoms, reduce reliance on distractors, and get closer to being who we really want to be... with the people we really want to be with. Another point for purposefully practicing intimacy.)

Finally, participants described taking responsibility, often for others, and personal growth, consistent with descriptions of posttraumatic growth or positive changes that may occur after a traumatic event (Tedeschi & Calhoun, 1995).

Of note, growth can occur concomitantly with PTSD symptoms (Shakespeare-Finch & Lurie-Beck, 2014). Several participants highlighted relationships with children as a prominent reason to continue their growth.

(SO, as we found out with loneliness... one of our greatest motivators is not having our needs fulfilled, and suffering enough that we start to push ourselves to develop new strategies.

Even though close relationships seem dangerous or even impossible to these veterans, they described the benefits of having those intimate associations in their long term recovery. Whereas non-intimate, high risk sexual behavior, worked as a numbing bandaid that didn't lead to growth.

But we don't have to end our symptoms BEFORE we can set out on creating intimate relationships. The two go hand in hand. Accountable, close, long-term relationships aid in reducing symptoms.

And we can even look to younger folks to help us with those goals.

I think that's especially important, because, as I'm sure we all know... people get more complicated and challenging with age. Extra time for them to soak up their own traumas, right? Then we're battling reactions against reactions. Parts against parts.

If you connect with a kiddo though? Well, there's more meaning and purpose in the relationship to keep you committed to it. And there's less likelihood that they're going to react to you in ways that were developed by prior relationship traumas, simply because they haven't had the time to experience quite so many.

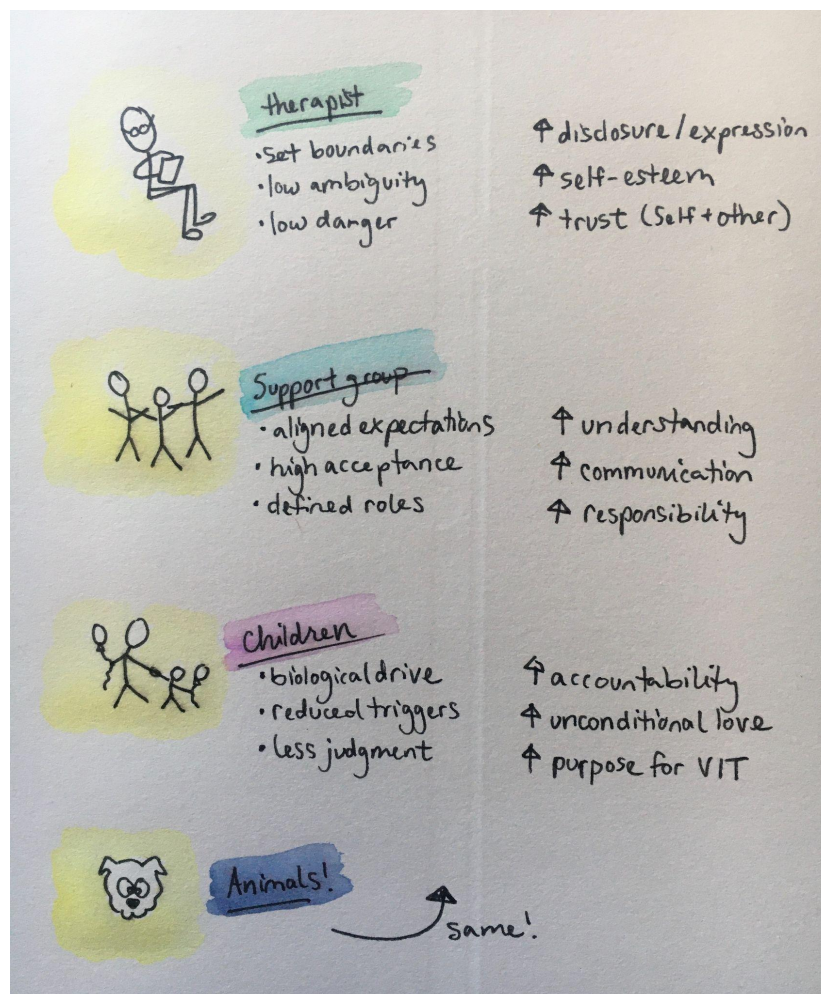
Our own kids offer the experience of healing. Because we can let down our guard, put their best interest before ours in a healthy way, and practice relating wholly without as much fear.

Or, with *just as much* fear... but an even stronger drive to protect, support, and connect with them, that keeps us coming back.

If you don't have kids - hey, looks like being a part of a designated "support group" does a lot of the same. The expectation is to be there for one another, and that keeps us engaged. Whereas with sexual partners, for instance, we can easily state "nah, I think they don't expect anything from me, so I don't try, and that's why this thing works."

Intimacy is healing, even if it's trying, triggering, and full of trepidation. That's the message of this paper.

And on that note, I'm going to give you one last piece of a paper, about the positive effects of disclosure. Meaning, vulnerability, intimacy, and trust, in action.)



This paper is called:

Life review therapy for holocaust survivors: Two systematic case studies.

In this study, Holocaust Survivors were guided through doing a self-narration exercise across their lifetimes. They created “lifebooks” about themselves to aid with trauma processing and recovery.

And they say:

Receiving and sharing their lifebooks was significant for the patients; both took their therapeutic experience as an opportunity to share their life stories again (with their children or in public) after they had finished therapy, giving them the opportunity to be seen in their identity, allowing intimacy with their social environment, and initiating intergenerational dialogue.

This seems to be particularly important as a large part of the group of Holocaust child survivors did not talk about their past during their adult years, including a lack of communication in their newly built families (Duchin & Wiseman, 2019).

(for the first time, they disclosed their experiences. They allowed others to come in, to really see them, and to gain personal knowledge about the individual. And as a result? They were allowed to be “seen in their identity,” to offer intimacy to others, and to discuss matters with their families.

Goals I think all of us have. Or have let go of.

Goals that we can reach, if we challenge our fears of intimacy, vulnerability, and trust... and begin exercising those muscles.

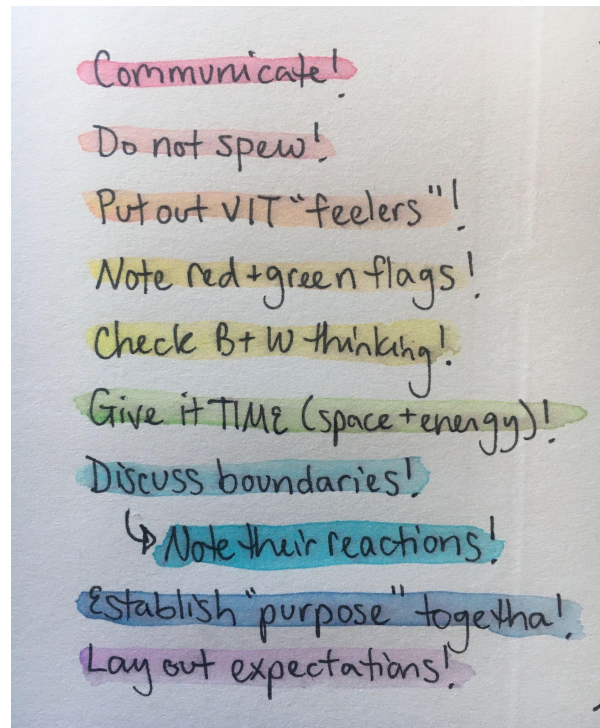
So, how are you going to practice letting someone in? Someone you CAN rely on for connection, acceptance, and honesty?

Turns out, as always, that our greatest challenges are our greatest catalysts for recovery. Just make sure you’re carrying the right to reject in your back pocket.

HOW-TO

To do it? Start with one person. Vet them and trust your guts before you proceed. Make sure that it’s a two-sided relationship, unlike what we heard from several of the veterans in our first paper.

And I'd also encourage that you make sure THEY'RE available for intimacy, vulnerability, and trust. To do that? COMMUNICATE. Unlike what those soldiers were reportedly doing.



Ask them, over time and with a building relationship between you for a little while that feels respectful of mutual boundaries and free of red flags, a few intimate questions about themselves. Little by little. Shallower attempts first. Like "hey, seems like something's on your mind." See if they take the bite.

If you engage in conversation easily, if they're up for the discussion, then at your comfort level, best self-judgment, and leisure... maybe try to let them taste a few drops from the trauma bucket.

Don't go deeply into anything at first. Just mention "I've had some hard times before, especially around X issue." and let the conversation deepen, organically, with a lot of time and space.

Do not flood them with details in a moment of full exile disclosure. That's probably enough to send the protective manager parts into action, and you'll find yourself in full shutdown mode again. Feeling shameful for having revealed anything at all, and unlikely to try it again for a goddamn while.

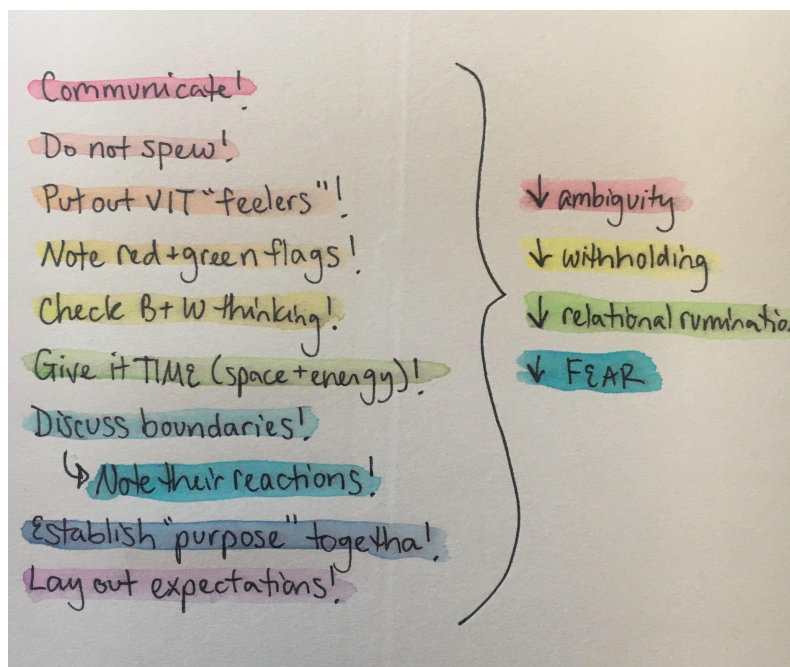
It also helps to have these relationships be designated as supportive ones. If there's an agreement between both parties that people will be accountable and responsible in the dynamic, it seems to keep everyone on track, rather than running off when a perceived failure or slight takes place.

Get into a supportive environment, connect with folks who understand your reluctance to do that very thing, understand the benefits that can be reaped from the effort - for everyone involved - and be honest about what's going on.

Practice your self-expression. Speak to your suspicions - first, within yourself, before bringing them into daylight. Don't be afraid to reject the asshats who aren't seeming like the right match (after giving them some chances, within your boundaries).

Ease your way into the intimacy and vulnerability pool. And try trusting people who seem like they deserve it after a good amount of time observing for evidence that they don't. You don't want to DROP your vigilance, you just don't want it to be in overdrive. Trust your gut. Ask your Self for advice when your parts aren't sure what they believe. And believe your past experiences, without fully projecting them onto this one.

LOOK for similarities between this person and past nobgobblers in your life. But don't ONLY look for similarities. Ask yourself regularly "is this some old trauma bullshit... or some old trauma lessons that I'm wisely going to take into consideration." The answer might not always be clear. And that's a good opportunity to pull back a bit, let time unfold, and trust what you see moving forward. If the red flags continue to fly high, you can excuse yourself from the relationship at any time, or put up additional boundaries.



And how they respond to those boundaries? Will tell you a lot about who they are, and how much vulnerability, intimacy, and trust they really deserve from you.

Juuuuust don't do the thing where you say "boundaries" but really mean "becoming aloof, cold, and emotionally detached" if you're looking for this relationship to continue.

Another hard line for us to toe, sometimes.

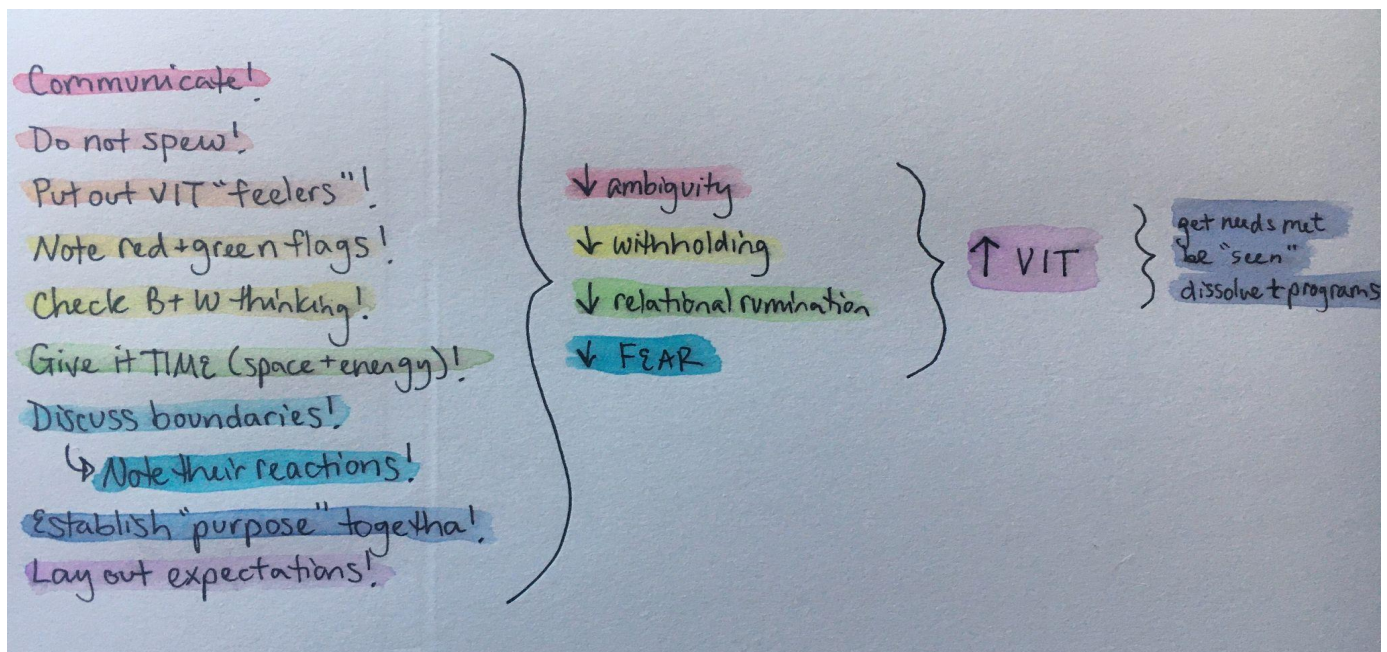
But, hey, at the end of the day... know that there are a lot of MFs out there, working on the same things. So, feel free to practice with us, as you feel comfortable. The great news is, we're all accustomed to hearing a lot of self-disclosure. And we actively encourage messages to be sent that read "this might just be my trauma talking right now, but..." or "I'm scared to reveal this right now because "trauma"... but I wanted to let someone know about this thing that's bugging me in our recent interaction."

It's normal in this community. And it's a great place to start practicing, for when you're looking for accepting relationships among the larger herd.

So. Intimacy, vulnerability, and trust? Have to be practiced. And I would say, also have to be fostered... *in your damn Self, before you bother extending them to others. If you can't relate healthily with your own internal system, there's no way you're going to do it with even riskier partners.*

Getcher damn parts in order, let them know that there's another way to relate. And then show them the reality of it, through careful practice.

And that's a wrap on the obstacles to close relationships and ending loneliness.



Reflection Q's

Have you felt “crazy” in the wake of abuse?

Ever feel as if you're bordering on paranoid, schizoid, and avoidant pathologies? How are those patterns related to cognitive distortions, suspiciousness, intimacy problems?

Have you experienced derealization, disassociation, and depersonalization in relationships? Outside of relationships, in the absence of human connection?

How have prior relationship experiences formed your consistent interpersonal strategies?

Did you feel as though post-abuse stigmatization pushed you into unhealthy relationship dynamics? (Either engaging with unhealthy people for safety or staying away from humans at all costs?)

Have your later-in-life relational abuses felt... a little too like home?

Did any adult relationships ping historical interpersonal thoughts, emotions, fears? Did they cement relational programs in your head that demand isolation and self-protection?

Have your negative relationship experiences had a “dose-dependent” effect on your survival strategies? Which ones really drove the point home? How severe were those experiences? How long did they last?

What negative self-beliefs stop you from engaging in healthy relationships?

Do you have a single person you can practice vulnerability, intimacy, and trust with?

Are you afraid of self-disclosure? What's the basis for this fear? Could you challenge it one step at a time?

Do you fear being “too much” or “too clingy” or “fundamentally misunderstood”? What experiences come to mind as lessons learned?

Can you reveal your story to yourself? If asked to narrate your life or explain your brain developments, can you explain them? Do you need to practice?

Have you engaged in support groups? Do you have children or animals that keep you accountable? How can you practice developing VIT in safe relationships?

What are your red flags for human relationships? What are the green ones? What are your signals for disclosing or hiding yourself?

Can you “go deeper” with anyone in your life, while maintaining safe boundaries? Do you know what those boundaries are?