Saint Luke Institute

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Identifying and Treating Childhood Trauma in Women Religious

by Emily Ray, Ph.D.

Trauma refers to events, witnessed or experienced, that threaten our well-being and overwhelm our ability to cope. Traumatic events involve helplessness and fear and dramatically alter our sense of self, relationships and perception of the world.

Examples include physical sexual, and emotional abuse, accidents, loss, disaster, illness and domestic violence. Childhood trauma, in particular, can lead to significant disruptions in emotional regulation, impulse control, self-esteem and interpersonal relatedness.

Many women who come to Saint Luke Institute for treatment exhibit behavioral problems that are rooted in childhood trauma (most commonly physical, sexual and emotional abuse).

> A person abused as a child tends to react to innocuous stimuli as if it were threatening. Defenses become default behaviors.

These include depression, anxiety disorders, self-destructive behaviors, addictive and compulsive behaviors, and chronic medical conditions. Childhood abuse is often a complex trauma because it is repetitive or prolonged and can involve harm or neglect by caregivers. Unlike singular traumatic events, complex traumas require long-term treatment for lasting change.

Abuse and Community Life

A person abused as a child tends to react to innocuous stimuli as if it were threatening. Defenses, over time, become default behaviors. When childhood trauma remains unresolved, it gets played out in community life.

For instance, a woman may be referred for treatment because she is overly sensitive, easily upset and defensive when offered constructive feedback. She may show a lack of self-care and overly needy or controlling behaviors, quit jobs or relationships without negotiation, have difficulty standing up for herself and appear anxious, particularly around authority figures. These behaviors may have developed as self-protection. Many of these women function effectively early in religious life, with trauma symptoms causing the most impairment later.

Some traumatized women have difficulty identifying feelings and particularly struggle with anger, guilt, fear and shame. Fear of losing emotional and behavioral control is common. Some women are apologetic when their emotional responses belie the image of a "good" religious. They believe they should be able to "handle it" or be "over it" when feelings about past abuse emerge. They may employ emotional numbing, dissociation, distraction and denial to avoid their feelings. At other times, they may be emotionally overwhelmed and preoccupied with details of their abuse, experiencing intrusive thoughts, nightmares, flashbacks and emotional outbursts. They may engage in maladaptive behaviors to reduce tension and stress, which over time become problems of their own (e.g., substance abuse).

Childhood abuse disrupts identity formation and damages self-esteem. Abused persons often feel unlovable and undeserving of happiness, internalizing the erroneous belief that the abuse was their fault. Abuse can lead a woman to feel bad because of who she is, although she tries hard to do the "right" thing. Relationships also may be disrupted. Wary of getting hurt, persons with abuse histories have difficulty trusting others, asking for and accepting help, and managing relational conflict. They feel like outsiders and worry about "messing up" the therapeutic relationship, fearing rejection from the therapist.

Treating Childhood Trauma

At Saint Luke Institute, the goal of the initial phase of treatment is to help these women feel safe enough to engage

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Case Study **Sr. Rachel**

by Emily Ray, Ph.D.

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At the time Sister Rachel entered the Talitha-Life residential program, it had been two years since the death of her youngest brother. Following this loss, she had become depressed, had difficulty sleeping and was beset by feelings of guilt. Her fibromyalgia worsened, resulting in absences from her hospital ministry. She also was anxious about her new supervisor at work. Whenever he asked to speak with her, she became fearful and assumed she did something wrong. She avoided him and her performance at work suffered.

Community members expressed concern that Sr. Rachel seemed irritable, withdrawn and was gaining weight. Although she had been in the community for years, the sisters felt they did not really know her anymore.

Initially, Sr. Rachel was ambivalent about treatment. She wanted to improve her mood and work through her grief, but was reluctant to speak about the past, preferring to focus on her physical ailments. She agreed to meet with the psychiatrist and began taking medication for depression. As her symptoms diminished, she was better able to engage the therapy process.

She came to understand how current attitudes and behaviors are shaped by the past.

Starting Therapy

In individual therapy, Sr. Rachel was encouraged to become more aware of her feelings and associated bodily sensations. She learned that constricted breathing signals fear. As her breath awareness increased, she was able to identify times when she habitually held her breath. She came to understand these situations as triggers for her anxiety and developed ways to help herself in these situations. She learned techniques to stay focused in the present moment, rather than being preoccupied with the past or worried about the future. She was challenged to consider that anger is a normal human emotion that can be expressed without violence.

As she became more comfortable, Sr. Rachel began to tell her childhood story. She began depicting these experiences in art therapy, noting how imagery helped her find the words to talk about the past. She was the oldest child in a family with a verbally and physically abusive father. Her mother, who died when Sr. Rachel was 10 years old, urged her to assume responsibility for the other children and told her not to speak of the abuse, fearing the children would be separated. She looked after her siblings, often taking responsibility for their mistakes to spare them from her father. She told no one about the abuse and did her best to suppress these memories.

Finding Acceptance

Group therapy also helped offset her fear of betraying the family by speaking of the abuse. Her openness to others deepened as she heard other women share their stories. For the first time she felt that she was not alone. While she empathized with these women, she continued to have difficulty finding empathy for herself as a child. Acceptance by the group challenged her to confront her belief that she was damaged. As she became aware in the group setting of her tendency to take care of others, she took risks to be more vulnerable, develop more mutuality in relationships and assert her needs.

As treatment progressed, she came to understand how current attitudes and behaviors are shaped by the past. Her guilt over her brother's death diminished when she recognized she was reenacting the overly responsible role she developed as a child. Similarly, she

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Sr. Rachel, *continued*

saw she was responding to her supervisor at work as if he were her father. She came to understand how her lack of self-care, including overeating and lack of physical activity, stemmed from her belief that she was unworthy. She became motivated to take better care of herself and improve her relationships.

She worked with a dietician to develop a healthy eating plan and began participating in Overeaters Anonymous (OA). She developed an exercise plan with the physical therapist and began to lose weight. She participated in biofeedback and massage to improve body awareness and relaxation skills. In psychodrama, she explored ways to embody her hidden strengths, while also remaining connected with others. She developed true friendships with peers as she risked allowing others to get to know her. Her faith deepened as she participated in spiritual integration and began bringing her experiences to God in prayer. She began to accept the multiplicity of human emotions. Her fear that something bad was looming diminished as she looked to the future with a greater sense of hope and excitement.

She described her experience in the program as life changing, citing a newfound sense of freedom and self-confidence, and saw treatment as the process of finding her own voice and learning how to use it. While she recognized her need for ongoing therapy and made arrangements for appropriate outpatient services, she returned to her community confident that she, with the support of loved ones, could face the challenges ahead.

Emily Ray, Ph.D., is a psychologist in the residential program at Saint Luke Institute.

Childhood Trauma, *continued*
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in psychotherapy and to instill a sense of hope that healing is possible. Treatment focuses on helping them tolerate and accept their emotions, develop supportive relationships and stabilize other conditions (e.g., depression). Treatment is carefully paced to gradually build skills to contain traumatic material before going into detail about the trauma.

Clients learn techniques to identify and manage emotions by noticing the manifestation of feelings in their bodies. They come to understand their emotional triggers and develop more effective coping strategies (e.g., journaling, mindfulness, relaxation, cognitive reframing). They learn how trauma affects the neurobiology of the brain, thus relieving the distorted belief that the trauma was their fault. They realize they are not weak or crazy for reacting the way they have and that their once protective symptoms are no longer adaptive.

As clients develop skills to regulate emotions, they are better able to focus on their feelings without becoming overwhelmed or shutting down. They become curious about their experiences without self-judgment, understanding that emotions ebb and flow and that negative emotions dissipate more quickly with acceptance. Clients learn to observe memories and reactions associated with trauma rather than reliving them. Grief, mourning and anger may surface as they encounter the truth of their experiences.

Treatment helps clients increase their emotional range, enhancing their capacity to experience positive feelings. Problem-solving and decision-making skills improve. They learn to establish authentic relationships with appropriate boundaries. They replace distorted beliefs with more accurate ones. Their spiritual lives also deepen. While the treatment of complex trauma takes time and courage, it can empower clients to develop a life beyond the trauma that surpasses their wildest imagination.

Emily Ray, Ph.D., is a psychologist in the residential program at Saint Luke Institute.

Healing from Childhood Trauma

Treatment helps increase one's emotional range, improve problem-solving and decision-making, and establish authentic relationships.

- Learn techniques to identify and manage emotions
- Understand emotional triggers and develop coping strategies
- Learn how trauma impacts the neurobiology of the brain

Bridge to Christ webinar series starts in January

The *Bridge to Christ* monthly webinar series begins Jan. 24 at SLIconnect.org.

Dr. Emily Cash, Director of Saint Luke Center in Louisville, Kentucky, will present "Navigating Challenging Personalities: Strategies for Success."

A different webinar will be offered the third Thursday of the month throughout 2013. Each webinar is designed to provide practical tools for healthy life and ministry and to support individual skill-building and group learning and discussion. Topics include growing in relationship with God; managing emotions; authentic celibate chastity; boundaries and ministerial effectiveness; and more.

In addition, Fr. Hugh Lagan, SMA, Psy.D., will continue his *Strength Journey* webinar series on Jan. 31 with "Continuing Your Strength Journey: From Vulnerability to Opportunity."

Details and registration are online at SLIconnect.org. Group pricing is available; contact SLIconnect@sli.org.

SLIconnect
Connect. Grow. Renew.

Msgr. Arsenault is presenter at German Bishops' conference

Msgr. Edward Arsenault, President/CEO of Saint Luke Institute, was invited by the Catholic bishops of Germany to present at a national conference on child protection, Nov. 16, 2012 in Cologne, Germany. His talk focused on how the Church can effectively respond to those who have abused, especially through the use of after-care plans and risk assessments.

Support our ministry

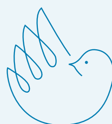
"My residential treatment at SLI and the continuing care visits have made me a better person and therefore a better servant as a Catholic priest." - *former client*

Please consider making a gift in honor of a priest, consecrated sister or brother who made a positive difference in your life. Donate online at www.sli.org.

$3.3 million gifts kick off renovation effort

Saint Luke Institute has received two generous gifts, totaling $3 million, to fund much-needed capital improvements at the Saint Luke Institute campus in Silver Spring, Maryland. The donors have requested to remain anonymous. Additional gifts of $300,000, including commitments for new gifts from current and past Board members, also have been raised toward the goal.

"I thank these 'invisible heroes,' and invite others to be inspired by their generosity. In the coming months, we hope to raise an additional $1 million to complete these renovations and to further fund our charity care of priests and sisters," said Msgr. Edward Arsenault, who announced the gifts at the 2012 Saint Luke Institute Annual Benefit, which was held in mid-October.



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