

APPENDIX A

Schedule for the Trauma Information Group

This group consists of 10 self-contained, topic-oriented sessions, with the goal of providing the members with a greater understanding of trauma, the psychological aftermath of victimization, and the process of recovery. The emphasis will be on providing a framework for understanding trauma so that members can achieve some mastery of their therapeutic work. We will utilize worksheets and handouts, which members may later bring to their individual therapy for further exploration and individual processing.

The group will meet on _____ from _____ to _____.

Session 1	The Impact of Trauma: Posttraumatic Stress Reactions
Session 2	Safety and Self-Care
Session 3	Trust
Session 4	Remembering
Session 5	Shame and Self-Blame
Session 6	Compassion
Session 7	Anger
Session 8	Self-Image/Body Image
Session 9	Relationships with and Connections to Others
Session 10	Meaning Making of the Past and the Process of Recovery

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APPENDIX B

Guidelines for the Trauma Information Group

1. Group members are encouraged to attend every group. If you are unable to attend a group, please let us know in advance so other members will not worry. You can leave a message for us at _____.
2. There is no food allowed in the group. Food can be a distraction, as well as a sensitive issue for other group members. Water and nonalcoholic drinks are okay.
3. It is very important to maintain confidentiality in the group. We want you to talk in general terms about the group with family and friends. Care should be taken not to refer to anyone by name.
4. If you know or encounter group members outside of the group, we ask that you not discuss either the group or your trauma histories.
5. In order to maintain membership in the group, individuals need to be in safe living situations, be able to commit to a safety plan, and be able to maintain sobriety. If you are struggling with these issues, we will check with you to evaluate the advisability of remaining in the group.
6. This group focuses on the ways in which traumatic experiences have impacted and continue to impact your lives, how you cope with these effects, and your progress in recovering from them. Our goal is to help people develop a cognitive framework for understanding their experience in a setting that offers support and challenges feelings of isolation. The content and specifics of people's trauma histories will not be a focus of the group. In addition, this is not a group that focuses on the reactions of members to each other. We ask that you bring these issues to individual therapy or to your other supports.

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APPENDIX C

Trauma Information Group Handouts and Worksheets

Session 1. The Impact of Trauma: Posttraumatic Stress Reactions	107
Session 2. Safety and Self-Care	111
Safety and Self-Care Diary	113
Session 3. Trust	116
Session 4. Remembering	119
Session 5. Shame and Self-Blame	123
Session 6. Compassion	127
Session 7. Anger	130
Session 8. Self-Image/Body Image	132
Session 9. Relationships with and Connections to Others	134
Session 10. Making Meaning of the Past and the Process of Recovery	137

Session 1. The Impact of Trauma: Posttraumatic Stress Reactions

What Is a Traumatic Event?

Traumatic events are events that cause or threaten to cause physical, emotional, and psychological harm. They include rape, child abuse, battering, and other threats to one's life and/or physical or emotional integrity. They may also include natural disasters, accidents, domestic terrorism, or wartime experiences, which are not the focus of this group.

Traumatic events overwhelm a person's coping capacities and result in feeling out of control and experiencing intense fear and helplessness. Traumatic events are often experienced by survivors as incomprehensible and senseless.

What Are Typical (Understandable, Expected) Reactions?

People respond to traumatic experiences in a variety of ways. Different people may respond differently to the same traumatic event. Some will have immediate responses, while others will have responses that are delayed. Delayed responses can occur even years after the original event because people may "run out of steam" for their initial ways of coping, such as avoidance, hard work, or alcohol or substance abuse, or they may be stopped in their tracks by some new loss or even a physical injury. At such times, they can feel that the impact of trauma "catches up" with them.

An individual does not have to experience the trauma directly to be affected. Eyewitnesses, loved ones, and caregivers can be affected as a result of having seen or heard about frightening and/or incomprehensible violence.

Although each person reacts differently according to his or her personality, past experiences, connection to the event, the response of others, and the meaning given to the event, there are common feelings and reactions that frequently occur after a person has been involved in or witnessed a traumatic or violent event(s).

How Do People Respond to Traumatic Events?

Experiencing trauma can affect almost every aspect of one's life: how one thinks, feels emotionally and physically, acts, and relates to others, as well as one's spiritual faith or beliefs about the world and people. The following table is a list of common reactions. Any combination of these or similar reactions can be considered a "normal" response to a traumatic event or series of events.

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Session 1. The Impact of Trauma: Posttraumatic Stress Reactions (page 2 of 4)

<p>How One Thinks difficulty remembering difficulty making decisions confusion time distortion too many thoughts at once slowed-down thinking feeling that the world is not safe thinking about dying flashbacks—reexperiencing the event intrusive images—replaying the event sense of foreshortened future</p>	<p>How One Acts abusing drugs, alcohol, medication withdrawing from others impatience irritability easily “swamped” strong reactions to small changes clinging to people inability to perform skills once easily accomplished disruption of daily routine</p>	<p>One’s Beliefs or Spirituality loss of faith spiritual doubts withdrawal from religious community questioning old beliefs sense of the world being changed despair life feels meaningless</p>
<p>How One Feels Emotionally helpless, hopeless, powerless grief numbness dread/fear/safety concerns guilt feeling vulnerable/dependent anger/rage emotional roller coaster nightmares feeling worthless feeling alone feeling a lack of a sense of control over one’s life feeling of uncleanness fear of what other people might think fear of ongoing victimization</p>	<p>How One Feels Physically fatigue changes in sleep eating/appetite problems stomach problems vomiting/diarrhea sweating/rapid pulse chest pains dizziness/headaches easily catch colds/feel sick back/neck pain</p>	<p>How One Relates to Others difficulty trusting people at all trusting too much, too soon changes in sexual activity distorted generalizations about others doubts about relationships choosing partners who turn out to be controlling or abusive or reenact trauma dynamics feeling critical of others alienation from family/friends who don’t understand sense of aloneness/feeling “not human” fear of ongoing victimization</p>

How Do People Recover from Trauma?

Recovery from trauma is a complicated process that takes time. Throughout this group, we will be exploring different aspects of recovery. As you go through this group, remember that there may be times when you feel more in control of your emotions and times when you might feel more out of control. It is important to take good care of yourself and to recognize that recovery is hard work. Paying attention to your physical, spiritual, and emotional needs can help you feel more in control of your life and reduce the stress involved in recovery. Listed below are basic aspects of daily life to which we encourage you to pay attention. After each one, space is provided for you to write down your strategies for self-care.

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Session 1. The Impact of Trauma: Posttraumatic Stress Reactions (page 3 of 4)

Diet

In the aftermath of stressful situations people often eat more sugar and drink caffeine to give them a boost. Though these ways of coping initially seem to provide energy, they actually increase overall stress levels. Alcohol and drug use may numb some feelings at the time of use, but they too make feelings worse with time. Think about your diet and how it might be affecting your stress level.

Physical Activity

One of the best ways to reduce stress is to exercise. Exercise is not just fun, it is a very effective way to cope with stress and anxious feelings. Think about your daily routine and how you can begin to include some regular exercise into it.

Rest and Relaxation

Learning to find ways to calm yourself down and to be restful and quiet are other options for counteracting stress. Deep breathing exercises, some forms of meditation, and quiet walks are ways that many people soothe themselves. How do you quiet yourself down?

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Session 1. The Impact of Trauma: Posttraumatic Stress Reactions (page 4 of 4)

Social Contacts and Support Systems

One of the effects of trauma is that it often leads to isolation. Sometimes people keep to themselves because they are afraid that expressing strong or painful feelings will drive others away. Whatever the reason, isolation usually intensifies these feelings. Finding other people to talk to who can listen to how you feel, and who understand something about what you have been through, can be very helpful. Who can you talk to about how you feel?

Session 2. Safety and Self-Care

For many people who have had traumatic experiences, finding ways to keep themselves safe and taking better care of themselves are the first steps in recovery. In this worksheet, we discuss the ways in which trauma impacts an individual's feeling of safety in the world and how trauma can hinder self-care. Our goal is to focus on how trauma survivors can develop a sense of safety and learn new ways to care for themselves.

Safety

Feeling safe in our world is a complicated task. There are ways in which the world is really not a safe place, and of course, some people and places are safer than others. However, in spite of the uncertainties that surround us, we all need to go through our daily lives without living in fear of immediate danger or bodily harm.

Safety is the experience of feeling cared for and protected from harm. Young children are most likely to develop a sense of safety when the people in the world around them are attentive to their needs, comfort them when they are frightened, and teach them about the many ways to protect themselves. If this nurturing occurs early in life, children have a greater chance of growing into adults who know how to ask for help, how to avoid dangerous situations, and how to judge whether other people are trustworthy. We would say that these people have a basic sense of security in the world.

Traumatic experiences have a profound impact upon our sense of safety. This is true both for survivors who were traumatized as young children and for those who were traumatized as adults. For survivors who were traumatized as children, trust issues are often central in adulthood. This certainly makes sense—if young children are unable to trust those people who should have protected and nurtured them, but were instead repeatedly exposed to harm, they learn that people are not trustworthy. Unprotected children also learn that their safety is not important—that they don't matter enough to be cared for.

If the adults in a child's life were unpredictable—sometimes loving and sometimes hurtful or neglectful—the child may become confused. In such a “hot-and-cold” emotional setting, feelings of safety, fearfulness, aloneness, and panic may have become mixed together. As this child grows up, the words *safety* or *trust* may not make any sense to her. For her, all relationships may revive the confusing and painful mixture of feelings she experienced earlier in her life.

Some survivors learn to protect themselves from painful feelings by “numbing out” or “dissociating.” When these survival patterns continue into adulthood, the survivor remains in a state of disconnection. She may feel empty inside or incomplete. Some kinds of feelings—anger, for example—may be completely unavailable, even when they would be appropriate. Life does not seem to make sense.

Other survivors may protect themselves from painful feelings by seeking out ways to alter their awareness through alcohol, drugs, risky sexual encounters, or other forms of self-harm. These ways of coping may make survivors feel more in control of what happens to them. They might seek out harm as self-punishment. They might end promising new relationships, assuming they will be hurt in the end, so they take control of *when* to end them. Or they may use childhood coping skills of “numbing out” or not thinking about danger when they should. In all these ways, the means of self-protection developed in childhood may make survivors less safe in the present.

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Session 2. Safety and Self-Care (page 2 of 2)

For survivors who were traumatized as adults, safety and self-care issues can also be prominent. Many rape survivors describe limiting their contacts with the outside world in an effort to feel safer and, as a result, may lead very restricted lives. Women who have been battered may close themselves off from others in fear or shame, feeling that being isolated is safest. But people do not heal in isolation. It is vitally important to have a social world. The challenge is how to find safe ways to do it.

Establishing safety means creating a way of life that minimizes your risk of harming yourself or of being harmed by others.

A few of the ways a survivor may compromise her safety include:

- Living in unsafe housing
- Abusing drugs and alcohol
- Entering into abusive relationships
- Not going to the doctor when necessary
- Spending too much money

Self-Care

When a child's sense of self has been violated and her trust betrayed, she learns to hide her feelings and to deny what she needs. She may also feel she does not deserve to care for herself. This behavior can continue into adulthood. She may wear only a sweater in the cold of winter. She may eat only when she is alone, forget to eat altogether, or perhaps eat only junk food. She may sleep only 3 hours a night or perhaps 14. She may live with someone who is abusive to her, or get an apartment where she can't afford to pay the rent. In all of these situations, she is not safe emotionally or physically.

To many survivors, the concept of self-care is as foreign as the concept of safety. Self-care means paying attention to your basic needs and respecting those needs as important and as your right. Self-care starts with your body. It means establishing a structure in your life, with predictable rhythms of sleeping, eating, and activity. It means going to the doctor for medical problems and engaging in therapy, maintaining sobriety if substance abuse has been a problem, and practicing safe sex if you are sexually active. Self-care also extends to your immediate environment and current relationships. It means being able to provide for your basic survival needs. It means making sure that your current living situation is safe and that in your current relationships you are free from intimidation or exploitation.

Practicing self-care builds self-respect and self-confidence. As you begin to feel that you have a right to care, it will become easier to develop new relationships based on mutual support and respect. Learning to use social supports and to reach out to others is another part of the recovery process that can begin once you are practicing good self-care.

Sometimes, despite your best efforts, it can be hard to think of ways to take care of yourself. At these times your emotional pain may be so great that resorting to drugs, drinking, hurting yourself, or withdrawing from others may seem to be the only options you have. But they bring relief only in the short run, while in the long run they isolate you even more. It is important to remember that you do have other options. As you connect more with other people that you can trust (an AA sponsor might be one example), and with nondestructive things that comfort you, your need for self-destructive or self-harming activities will slowly diminish until one day it disappears.

Once you learn to establish safety and self-care in your present life, the work of understanding the past can begin.

Safety and Self-Care Diary

Please fill this out at home and take it to your individual therapy session if it would be helpful.

I do not take care of myself when . . .	Ways in which I do not take care of myself	I take good care of myself when . . .	Ways in which I take good care of myself	Supports in my life	New ways I can take care of myself
<i>[example]</i> I visit my family	Isolating	I talk to my friends	Exercising	My best friend	Join a therapy group

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Safety and Self-Care Diary *(page 2 of 3)*

The following questions and statements may help you think of ways to foster safety in your life and to care for yourself.

1. Have you ever felt safe? When?

2. If I imagined feeling safe, I would imagine . . .

3. The ways I take care of myself now include . . .

4. The ways I don't take good enough care of myself include . . .

(continued)

Safety and Self-Care Diary *(page 3 of 3)*

5. I take better care of myself when I am feeling . . .

6. I fail to take care of myself when I am feeling . . .

7. People I do feel secure with and whom I consider using as supports are . . .

8. How would I ask one of those people if he or she could be there for me?

Session 3. Trust

In this worksheet, we are going to talk about how traumatic experiences affect the survivor's ability to trust herself, others, and the world around her. We also discuss the relationship between trust and self-blame and about the role that trust plays in recovery.

Trust is a basic human emotion. We grow up having to depend on and trust others from the day we are born. As infants, we are totally dependent on others to fulfill all of our basic needs. Being regularly and consistently attended to as infants and children instills a sense of trust in ourselves and our world. It allows us to feel that there is predictability and safety. When caregivers are able to provide this feeling *enough of the time*, the foundation is laid for a secure self and worldview. As we get older and become more competent, we can begin to do things for ourselves. The consistency and safety that we have already experienced in the world around us provide the basis for a growing sense of trust in ourselves and in other people.

When we encounter violence and cruelty, that sense of trust is betrayed. This is especially true if the people who hurt us are people whom we depended on for care and protection. If abuse began very early in your life, problems with trust may be very deeply felt. You may have learned that you could not trust the important people in your life to have your own best interests at heart. You may also have been told things like: "You don't deserve to be treated any better than this"; "This is the way to show love"; or "It is your fault that this is happening." Messages like these erode your ability to trust others and yourself.

If you were an adult when the violence occurred, your sense of security and trust in the world and your core beliefs that other people are safe can be shattered. You may no longer feel that it is safe to meet new people or to go out with friends. Alternatively, you may trust others too quickly and rush into relationships because being alone feels too overwhelming and frightening. Being too trusting can increase your risk of being hurt again.

Judgment and self-blame serve a purpose for many survivors. If you are an adult woman who was raped, self-blame may in some way help you feel more in control and give you the illusion of being able to prevent being raped in the future. If you were a child when you were abused, blaming yourself may have allowed you to stay connected to people you depended on or to feel that you could stop the abuse by behaving differently. Blaming yourself, therefore, can feel temporarily helpful. Over time, however, self-blame can make you feel like a bad person and erode your ability to trust yourself.

A major task of healing is learning how to judge situations and how to trust yourself and others in appropriate ways. This is not an easy thing to do. Often, survivors say that there is a part of them that wants to trust people, but that there is also a part of them that is terrified of trusting others. Beginning to trust others means opening yourself up to being disappointed or hurt. Letting others in may be a reminder that you didn't have the trusting relationships you deserved earlier in your life. You may never have admitted this to yourself before. It is a sad reality and very hard to accept. If you have been repeatedly betrayed by others, how can you risk trusting again? How can you tell if you can trust someone?

In order to build trust with others, it is important to take your time developing relationships and to take care of yourself in the process. For example, if you want to share something about yourself with a new friend, you could try saying, "I had a difficult childhood, and this sometimes affects how I feel today," without going into the details of your experience. You can then see how your friend reacts. Do

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Session 3. Trust (page 2 of 3)

you feel supported? Ignored? Understood? Dismissed? Did her reaction make you feel safer or more vulnerable? By taking your time and thinking about how the other person responds to you, you can get an idea of how much you can really trust this person. You can then decide how much you want to trust her in the future.

For many survivors, therapy provides a safe place where they can learn how to trust another person. Groups can be particularly helpful in developing trust, and perhaps that is partly why you are all here today. Slowly, you may find yourself trusting your therapist with more of the details and complexities of your life. You may develop a deeper and more compassionate understanding about why you don't always trust yourself. You can work with your therapist on rebuilding connections, gradually developing greater trust in others and in yourself. The following are statements that you can work on at home or bring to your therapist, as you continue to think about the issue of trust.

1. I think I can trust my ability to make good decisions when I (listen to my own needs, think through my decisions, etc.) . . .

2. I can trust myself at these times because I feel . . .

3. I think I make bad decisions when I . . .

(continued)

Session 3. Trust (page 3 of 3)

4. I might be able to trust myself more if I asked myself (to slow down, do a “reality check,” etc.) . . .

5. I might be able to trust others more if I . . .

6. This week I will try to take better care of myself by . . .

Session 4. Remembering

In this worksheet, we are going to talk about the way in which traumatic experiences are stored in memory and the role of memory in the recovery process. Depending on your experience with remembering the traumatic events in your life, this worksheet may stir up some anxiety for you. We have found that remembering traumatic experiences is a difficult topic because it is often associated with an increase in posttraumatic stress symptoms. We want to reassure you that if these symptoms are triggered, it doesn't mean that you are "going crazy." Part of the purpose of today's worksheet is to explain why remembering is often associated with increased symptoms.

Memory is stored in many different ways. A young child who does not yet have the use of language stores memory through the senses of smell, touch, sight, and sound. Therefore, as adults, we may have no specific words for an early childhood memory, only a physical sensation that is vaguely associated with the past. As a child develops language, sensory memories become embedded in language and come to be stored and expressed in words. As adults, we retrieve and retell our memories as stories. A normal memory brings together the facts of the event, the emotions connected with the event, and the ways in which the event is part of one's larger life narrative. Ordinary memories evolve with time. As our sense of who we are in the world grows and changes, we may remember different aspects of the past, and the way we make sense of our experiences may grow and change as well.

Traumatic events disrupt normal memory. In moments of terror, people go into different states of consciousness that affect how the events are perceived and how they are stored in memory. There are two psychological concepts that are important to the understanding of traumatic memory and the impact of these memories on survivors: *flashbacks* and *dissociation*. Some people spontaneously go into a state of "fight or flight," while others enter a numbed state we call "dissociation." If during the trauma you felt your heart racing and your muscles tense, ready for "fight or flight," when you remember the event it may feel as though it is happening all over again. You may recall the sounds, the smells, or the imagery with an intensity that is similar to how you felt during the original trauma. This type of remembering is called a *flashback*. It can sometimes feel like a video or tape you can't shut off.

If, on the other hand, you reacted to the trauma by spontaneously going numb, or "spacing out," sometimes later on you may recall the facts without any emotion, as though they didn't really happen to you. Or you may be unable to remember part or all of the event in what is called *dissociative amnesia*. Some people experience this more than others.

At a later time, dissociated memories may be recalled in a splintered fashion. Memories of a traumatic experience may suddenly be "triggered" by a reminder of the original event. Sometimes we can tell why a memory is returning. You may be exposed to something that is obviously related to the traumatic experience: a smell, a place, or a person. At other times, the trigger is much less clear, everything in your life may seem to be going well—and, "out of nowhere," memories return. In fact, "things going well," including new relationships or new jobs, can be risky times for trauma survivors, who may unconsciously expect that they will get hurt again.

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Session 4. Remembering (page 2 of 4)

The process of remembering traumatic experiences is often described as “confusing” or “crazy making.” Survivors have said that remembering the past is like putting together a jigsaw puzzle: individual pieces don’t mean much, but as they are slowly pieced together the picture begins to make sense. The feelings involved in remembering can be equally distressing. You may have the same feelings you had at the time of the experience, with an intensity that seems overwhelming. Similarly, many different feelings that were present at the time of the event can be reexperienced. These may include helplessness, powerlessness, rage, sadness, shame, and grief, to name a few. On the other hand, it may be very upsetting to some survivors to remember a traumatic experience in detail without any feeling whatsoever, and it may be frightening to be unable to remember part or all of the traumatic experience.

For some of you, remembering may have caused chaos in your life. Memories of traumatic events may intrude upon you at times when you least expect them and can make it hard to feel in control of your current responsibilities, such as work, parenting, and relationships. Emotions may be all out of proportion to what is going on in your present life. It is important to remind yourself when you are in the middle of the remembering process that it will pass. Eventually, the process can even be a valuable way for you to make new meaning out of your present-day life—which is, after all, why you are here in this group in the first place.

It is important to learn new ways to help yourself be more in control of the remembering process. Take flashbacks, for example. It may be helpful to remind yourself that a flashback is a piece of your history that is intruding from the past to the present. During a flashback, you may find it helpful to do things that make you feel less helpless. Remind yourself that you are not alone now and reach out to someone whom you can talk with, or just be with. Remind yourself that you are safe now; you are in the present and not in the past. Describe your present surroundings to yourself out loud. Press your feet against the floor or hold on to something that is comforting to you. Tighten and relax your fists or other muscles and focus on your breathing. Take three deep breaths. You have control over your body and can change the way it feels. Stand up. Turn on the light. Go for a walk. Get a hot cup of tea. Allow yourself to leave the memory alone until you are with someone with whom you can share your story. That person could be a close friend, an intimate partner, or possibly a therapist. When you can share your memories, you will feel less alone with them and can begin to work on making more sense of them.

Remembering is an ongoing process. It involves looking back and putting the pieces of one's life together, looking at what you already know in a different way, and starting to connect old feelings and images with words of your own. The healing process does not require remembering everything. What is most important is to understand the nature and impact of the trauma, in general, as well as the individual ways in which you learned to cope. You need a secure environment and new coping skills to start to recall things, both good and bad, that may have been forgotten for survival's sake. By working through the remembering process, you will come to develop a narrative for your life that feels cohesive and is meaningful to you. The following are questions and statements you can try to answer at home and bring to your individual therapist, if you wish.

(continued)

Session 4. Remembering (page 3 of 4)

1. When I am under stress or feel overwhelmed I tend to (become confused, feel numb, get angry, etc.) . . .

2. When people ask me to talk about myself and my past, I realize that my memory starts at age _____. Other time spans that are sketchy include . . .

3. I am aware that certain situations or interactions make me uncomfortable, such as . . .

Until I understand the nature of this discomfort, I will minimize my involvement in these situations or seek support from others.

(continued)

Session 4. Remembering (page 4 of 4)

4. I feel most comfortable when I am . . .

5. If I begin to have a flashback, I can help myself through it by (reminding myself that it is a memory, locating myself in my present immediate surroundings, exercising control over my body by tightening and relaxing muscles, etc.) . . .

6. If I have a new memory and there is no one to share it with immediately, I can . . .

Session 5. Shame and Self-Blame

Shame is a normal human feeling. We all feel ashamed at some time or other. We have all had moments of acute embarrassment when we feel foolish or self-conscious. Ordinary shame is a normal part of life. Though we've all felt acute shame at times, we learn that we can get over it because we know that there are other people who care for us and respect us. When we feel normal shame, it is a temporary feeling and allows us to feel that we can still be a good person, despite feeling silly or exposed.

Shame is different from guilt. Guilt is related to an action: we feel guilty when we've done something wrong. The way to relieve guilt is to take corrective action: to apologize and to make amends. But shame is about *who we are*. It is a very physical feeling that our bodies and our entire being are just wrong. Shame is a signal that something is not right in a relationship. It happens when we feel exposed, ridiculed, disrespected, or excluded. It is an intense feeling that makes us want to hide, "sink through the floor," or "crawl in a hole and die." The best way to relieve shame is to resist the impulse to hide and instead to connect with people who care about us. Shared, spontaneous laughter is the best antidote to shame. It signals to us that we are accepted for *who we are*, that we belong.

How we grow up influences how we develop and manage feelings of shame. When adults correct the behavior of a child without blaming the child for who he or she is, the child can learn to behave differently without losing his or her sense of self. But if we have grown up without that secure feeling of being cared for and respected, we can develop destructive shame. When adults treat children abusively, children begin to identify with a feeling of inner "badness." Instead of experiencing transient feelings of self-consciousness or embarrassment, children develop chronic feelings of self-loathing. They come to feel dirty, humiliated, and defiled.

Self-blame also develops in situations in which abused or neglected children begin to feel responsible for the actions of others. An abused child will often say to him- or herself, "I am bad. That must be why my parents hurt me." There are a number of reasons why a child might develop this belief. Sometimes the parent actually blames the child directly, saying, "This is your fault." Sometimes blame may be implied in more subtle and nonverbal ways. Self-blame is also a way for the child to make sense out of something that is otherwise difficult, if not impossible, to understand. For example, it is easier to think "If I wasn't so terrible, my parents wouldn't get so angry and hurt me" than to wonder "What's wrong with my parents that they get so angry and lose control?"

Taking responsibility may also seem to give a sense of control, although that control is only an illusion. Blaming oneself for the inexcusable behavior of others deepens feelings of shame. These feelings often last long into adulthood.

Destructive shame may also develop when the child believes that he or she has encouraged or participated in hurtful behavior. Even though the child is being hurt or violated, he or she may feel a special connection to the abusive adult. An abusive encounter may have been the only time that child receives what seemed like positive attention, rather than being ignored or yelled at. Or perhaps the child's body physiologically responded to how he or she was being touched. Sometimes a child is violated repeatedly before he or she realizes that what is happening is wrong.

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Session 5. Shame and Self-Blame (page 2 of 4)

Adult victims of sexual assault may also feel destructive shame and self-blame, especially when they are ostracized and shamed by the people who matter to them. They may be regarded as “sluts” because of what they wore when they were out in public or because they were drinking. Even survivors of rape in wartime may sometimes be shunned by their own communities, regarded as “dirty” or “damaged goods,” and suspected of allowing what happened or not fighting hard enough. When this happens, it is all too easy for survivors themselves to feel “dirty.”

Regardless of the circumstances, **it is never the victim’s fault that she or he was hurt or violated.** Letting go of self-blame allows survivors to begin the grieving process that is so essential to the development of a healthy sense of self-respect. This grieving process allows survivors to feel the sadness of their lives without reliving it or denying it. By accepting the sadness and hurt as parts of their past, survivors no longer have the need to protect themselves from the crippling effects of self-blame.

You can let go of destructive shame. Recognize when you are feeling it, and learn how to protect yourself from it. Find someone trustworthy to talk to and get support. Your confidant could be a family member, friend, partner, or therapist. The important point is that you have come to trust that this is a person who cares for you and respects you. It always feels risky to talk about things you feel ashamed of. You may fear that your confidant will be disgusted by you, think less of you, or even abandon you. But as you share more and discover that this doesn’t happen, you may be surprised at how much better you feel.

There are many benefits to talking about feelings of shame and self-blame. You may feel less separate from people, improve your relationships, and become more self-compassionate. Sometimes survivors feel that only the abuser knows her “inner badness,” and talking about this may reduce your shameful “bond” with the person who abused you (Cloitre et al., 2006). You can find a trusted person who will accept you as you are, with all of your shameful secrets. This can begin with your individual therapist or with another person who has been consistently trustworthy and supportive. Remember to be compassionate to yourself and recognize your own courage as you begin throwing off the burden of shame.

Please fill out this worksheet at home and take it to your individual therapist if it would be helpful.

1. When thinking about shame you have experienced, which experiences have reflected ordinary shame (↑) and which have reflected destructive shame (↓)?

(continued)

Session 5. Shame and Self-Blame (page 3 of 4)

2. Remember that when feeling destructive shame, people are often judging and blaming themselves for the actions of others who were more powerful. In the left column, think of words you have used in the past to judge and blame yourself. On the right, think of new ways to understand what happened to you in the past.

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Session 6. Compassion

Since you have joined this group, you have all focused on the complexity of your emotions and on the difficulty in understanding why certain feelings are evoked in particular situations. You have also focused on how similar many of your emotional experiences are, particularly in the areas of shame and self-blame. Throughout the course of the group you have expressed feelings of compassion toward other group members and offered them support and encouragement. Many of you have observed how hard it is to feel these same compassionate feelings about yourselves.

The word *compassion* comes from the Latin word for suffering. It means “deep awareness of the suffering of another or of oneself, along with a desire to alleviate it.” When you feel compassion for another person, you experience caring and empathy for the other person’s pain. Turning this compassionate lens toward yourself can feel like a real challenge. However, having compassion for yourself is not really all that different from having compassion for others. When one can be self-compassionate, feelings of shame are eased and they can slowly change into kindness toward the self. Self-compassion reminds us that we are all human and helps us be less judgmental about our perceived defects.

When someone is suffering, we do not, as a rule, tell them that they need to be perfect or make their suffering worse by criticizing them. Ask yourself why you believe that you do not deserve the same tolerance and understanding that you give to others. It is hard to have self-compassion if you believe that you should be perfect. For people who have grown up in abusive settings, it is not uncommon to feel defective, unlovable, and deserving of mistreatment. Sometimes we imagine that if we had only been better we might have been loved and cared for, and we blame ourselves harshly for failing to live up to impossible standards of perfection. We tell ourselves things like “I’m so stupid” or “I should have known better.” One way to help improve self-esteem and increase compassion for ourselves is to notice this kind of negative self-talk and to try replacing it with a more balanced perspective. We can take pride in our strengths and forgive our weaknesses, accepting the fact that we are only human. In this way, we may begin to move away from impossible expectations of perfection and move toward accepting ourselves as we are.

Survivors may also cope with feeling helpless by wanting to “do something.” Action can at times feel satisfying, whether that action is healthy or not. At times action can relieve pain in a productive way. For example, an action as simple as taking a walk can soothe anxiety and help reestablish a more grounded feeling. Other actions, however, although initially soothing, can be harmful later on. Substance abuse and other forms of self-destructive behavior are common examples. Many survivors also describe themselves as wanting to “do something” for others. They may characterize themselves as “people pleasers,” wanting to make things better for others. Although compassion can involve action, it does not necessarily have to. Compassion often means simply being present: sitting, listening, and accepting the person in her pain without trying to fix it. As you offer compassion to others, you will learn that just being there can help. Self-compassion requires a similar acceptance of yourself and your pain. A harsh stance never helps anyone to grow and heal. Learning to have a compassionate perspective is an important part of healing and recovery.

During your time in the group you have come to know each other and feel respect and compassion for each other. Can you offer this compassion to yourself as well?

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Session 7. Anger

Anger is often thought of as a negative emotion. Women in particular are taught to shy away from anger and its expression. As women, we have been taught that anger is “unattractive” and “unladylike.” There are some injustices, however, that make all of us angry, and it is important to redefine anger as a useful and at times a positive emotion.

Anger is a natural response to being victimized and abused. If you do not allow yourself to be aware of your anger, you may turn it inward or misdirect it against others. Anger turned inward can manifest in many unhealthy ways, including depression, substance abuse, self-injurious behaviors, self-hatred, or even physical illness. Anger turned outward can be expressed by intense or misdirected rage at people who are not the true source of your distress. Sometimes survivors describe with sadness that it is the safe and loving people in their lives who are the recipients of their anger. Other survivors describe not having an “intensity dial” as it relates to anger, but having only an on-and-off switch. They report that when they feel their anger, it is always with the same intensity, regardless of the situation.

Many trauma survivors are fearful about allowing themselves to recognize and explore their anger. It is not uncommon to hear survivors say that they are afraid that once they open that floodgate they will be unable to close it. Some fear that, if they become angry, they would be as bad as the people who abused them. Survivors may share that they have never seen a healthy expression of anger.

One way to make angry feelings less frightening is to remember that anger is just a feeling, and is not necessarily something that needs to be acted upon. The fantasy of how you would choose to express your anger can be just that—a fantasy, not an action plan. When you allow yourself to imagine taking revenge on the people who harmed you, killing them, hurting them, or exposing them, these are only thoughts, not rageful behaviors. Allowing these thoughts in can help you direct your anger away from yourself and toward the aggressor, where it belongs.

It is also important to recognize that there is a big difference between helpless rage and righteous indignation. Rage is what people feel when they are powerless to protect themselves against violence and domination. Righteous indignation can be a source of positive action to protect yourself and others. It can be a powerful antidote to the misery of helpless rage.

Allowing oneself to explore one’s anger requires self-confidence. Being angry means recognizing that you are worth something and did not deserve the treatment that you received. It holds the abusive person responsible for his actions and frees you to live with less self-hatred and self-blame. Being angry can also motivate you to help others who are similarly hurt. When you join with others to resist and repair injustice, you become part of a group dedicated to making a better world. We call this a “survivor mission.”

A concept related to anger is forgiveness. Oftentimes victims of injustice are told that they must “let go” of their anger so that they can forgive the perpetrator. However, there is no evidence that this is necessary for all survivors. Forgiving the people who harmed you is not a requirement of healing.

Forgiveness often occurs spontaneously when perpetrators acknowledge the harm they have done, express sincere remorse, and offer to try to make amends. It is a beautiful thing when this happens, but unfortunately it happens only rarely. In the absence of a sincere apology, it is difficult for survivors to transcend righteous anger.

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Session 7. Anger (page 2 of 2)

The only forgiveness necessary in the healing process is forgiveness for yourself, for all the ways that you may have mistakenly held yourself responsible for the abuse. Having compassion for ourselves can best occur when we can better identify and explore our anger.

Anger Homework Exercises

1. Things that make me angry include . . .

2. When I feel angry, I . . .

3. Unhealthy ways I express my anger include . . .

4. New ways I can imagine expressing my anger include . . .

Session 8. Self-Image/Body Image

Newborn infants are full of movement. Through bodily motion, infants explore their world and express their first emotions. Through physical contact with a soothing person, they learn to go from a state of excitement or fear to one of calm. As children grow, their relationship with their bodies develops according to their physical health and what they learn from their family and the wider society they live in.

In our society, a great deal of attention is paid to how we look. TV ads and magazines bombard women with images of perfect hair, flawless complexions, and slender, shapely figures dressed so as to appeal to men and to a certain ideal. Men are bombarded with ads defining product-driven sex appeal with images of rippling muscles and implied strength. When self-esteem begins to be based on having or getting these supposedly ideal physical attributes, it is difficult not to feel inadequate, self-conscious, or unsure of oneself. An antidote to this constant cultural messaging is for children, early in their lives, to experience steady affection and appreciation for who they are. Later in life, such nurturing will help these children be less vulnerable to basing self-esteem on physical appearance.

However, when children's bodies have been violated, exposed to the threat of harm, or exploited sexually, the physical self often becomes an object of fear or disgust. Survivors may feel that their bodies are bad or unclean. They may either try to ignore their bodies, at one extreme, or become preoccupied with their internal bodily sensations at the other. Some survivors avoid getting needed dental or medical care; others may seek medical attention repeatedly for symptoms that don't seem to have a medical explanation. Survivors may feel asexual and try to minimize their sexual identity by dressing in clothing that hides their shape. They might withdraw from interpersonal relationships that involve physical intimacy. Other reactions can be quite the opposite. Some survivors may become flirtatious, provocative, or even sexually promiscuous as a way of feeling powerful. Others may use their sexuality to obtain a brief respite from feeling alone and unloved.

If survivors have felt that their bodies have betrayed them, they may also exert great efforts to control them. They might groom themselves obsessively. They may feel safe only when feeling in complete control of what goes in and out of their bodies through restrictive dieting or bingeing and purging of food. They may also feel that through self-induced physical pain, such as cutting, they might have increased control over their feelings and emotions.

A fear of being in one's body affects health care, relatedness to others, self-esteem, and self-confidence. Many assault survivors have reported struggles with disordered eating and a dislike or hatred for their bodies. These issues create symptoms often needing medical care, but leave the survivor hesitant to seek it out. Some survivors have shared that they have found it helpful to let medical providers know how difficult it can feel to allow another person to touch them or to see them undressed.

Fear of being in the body can also extend to feelings about pregnancy, childbirth, and child care. Body changes in pregnancy can evoke strong fears of one's body being out of control. Caring for children can evoke intensely emotional and physical memories of one's own childhood. It is important to have safe places to talk about the impacts of trauma on all aspects of self-image and body image.

An important task in the healing process is the establishment of a positive regard for one's physical self. The following are statements and questions to consider in order to become more familiar

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Session 8. Self-Image/Body Image *(page 2 of 2)*

with messages you received about your body as a child and the ways in which you can begin to establish a healing relationship with your body as an adult.

1. When I was a child, I enjoyed the following physical activities:

2. As a child, the messages I learned about my body were:

3. I take care of my physical self in these ways:

4. I could take better care of myself if I . . .

5. A list of questions I would like to ask my doctor includes:

Session 9. Relationships with and Connections to Others

As much as we might like to think of ourselves as self-sufficient, we depend on others in every aspect of our lives. We are social beings from birth. As infants and young children, we are totally dependent on our caregivers. If those caregivers were predictable and trustworthy and treated us with loving care, we develop what psychologists call *secure attachment*. Our caregivers provide us with a “safe base” from which we can gradually learn to explore the larger world. Secure attachment in early life becomes the foundation for mutually trustworthy and satisfying relationships in adult life.

However, for people whose trust has been repeatedly betrayed, relationships with others can be quite difficult and complicated. Abuse survivors, as adults, are likely to bring expectations from what they learned in their earliest relationships to their current relationships, even in everyday social interactions. Survivors may expect to be mistreated and may react as if the very same things that happened in the past were happening in the present. Sometimes just a slight similarity to someone from the past—a tone of voice, a scent, a habit of some sort—can cause a survivor to have such a reaction.

We all need people in our lives, for validation, support, and companionship. Risking connection is complicated and leaves open the possibility of disappointment and heartache, but the other option, to stay in total disconnect, is painful as well. If children have grown up with terrible secrets, they may fear letting anyone get to know them very well, and so may continue leading a very constricted personal life into adulthood. Many survivors, who have participated in past groups, have cited loneliness as one of the most painful effects of their trauma histories. They have expressed a great fear of letting others get to know them well. If they have taken risks and been disappointed, these survivors often blamed themselves.

If personal boundaries were poorly defined or frequently violated in childhood, adult survivors may find it hard to separate their own feelings from those of others. For example, one parent might have inappropriately confided in the child about problems with the other parent, such as emotional difficulties or financial troubles. Such neediness in caregivers can overwhelm and confuse a child or make the child feel that the only way to *get* any care is to try and *give* care to the adult. Such “care” given by a child might have included participating in sexual intimacy. In adulthood, the pattern of exchanging emotional support and/or sex for some sense of protection or security may persist, even if the survivor does not really want to be with a partner or is being mistreated by that partner.

When abuse goes unrecognized by others, children can learn to minimize, deny, or confuse their experience. They might learn to do this so completely that in later relationships, even in ones that really are safe, they experience their own true emotions as threatening.

Many adult survivors of childhood abuse find themselves repeatedly entering into relationships with abusive partners for many reasons. One is that survivors have not learned the skills they need in order to tell whether a potential partner is safe. Some survivors wonder whether their vulnerability can somehow be sensed by others. Others wonder whether a relationship in which they are controlled or victimized is somehow the only kind of relationship they know how to have or feel that they deserve.

When you have been traumatized, it is important to learn to identify what is safe and worthy of your time and attention. In relationships this can be done by **asking questions and clarifying intent**—finding out, for example, what another person means by a facial expression, a gesture, or a

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Session 10. Making Meaning of the Past and the Process of Recovery

Traumatized people are likely to feel unsafe in their day-to-day lives as a result of what they have experienced in their past. As we have seen throughout these sessions, some of the behaviors survivors use to cope (avoidance, clinging to others, risk taking of various kinds, self-harm, alcohol or drug use, eating disorders) can develop into sources of embarrassment, as can emotional reactions such as fearfulness, numbness, dissociation, and explosive anger. These aftereffects can contribute to feeling abnormal or out of control.

As we have discussed, the first priority in any recovery process is to restore a sense of safety and control. Take a close look at your everyday life and pay attention to any of the ways that your personal and emotional safety is at risk. Present-day safety must be established before trying to think too deeply about the traumas of the past. If one is using drugs or alcohol to control feelings, it is important to get clean and sober and to learn to cope in ways that are not self-destructive. The same is true for self-harming (e.g., cutting or burning), reckless driving, eating poorly, binge eating and/or purging, or being in relationships that place one in physical or emotional danger. Healthy regulation of bodily functions, such as sleep and exercise, are essential as well. Not to be overlooked are financial and housing security. Many survivors say that they get useful help from support groups, 12-step programs, and group and individual psychotherapies.

Finding healthy coping strategies that help you relax and clear your mind is an important part of recovery. Such strategies often include focusing attention on one or more of the senses in the present moment and might include deep breathing exercises, visualization, or other forms of meditation. Sometimes psychiatric medications, appropriately prescribed, can also be a great help in restoring an inner sense of control over symptoms.

The focus on establishing safety allows time for trust to build within therapy relationships, as well as within outside relationships. This is a time when one can be developing a new or renewed sense of competency, mastery, and increased self-esteem. One can work on becoming more practiced in talking about oneself, learning to control one's feelings, and experiencing them in the middle ranges rather than in the "all-or-nothing" extremes.

As healthy strategies for coping and problem solving in the present become more reliably established, talking about past traumatic experiences can begin at a pace that is safe—and not retraumatizing—for each individual person. In this way, survivors can begin to reconnect feelings to events, place them in context, and give them meaning.

Within a trusting relationship, survivors can break their silence and share their secrets. For many, this may be the first time they are able to share parts of their history without feeling either numb and emotionally constricted or overwhelmed. Sharing one's history allows for a more complete understanding of the past. This understanding can bring with it deep sadness, as you begin to appreciate all that you have been through. Growth occurs as you realize that while you can never change the past, you do have the ability to change the present and to take more control of your life. As you do this, the effects of the past will lessen. Over time, the current impact of the trauma diminishes, so that it no longer feels like the center of your life.

With this understanding comes the capacity to think about the future, to make plans, and to realize ambitions. This is often a time to reconnect with others, as you realize that you have something

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Session 10. Making Meaning of the Past and the Process of Recovery (page 2 of 3)

to offer them. Many survivors choose to be sponsors in 12-step programs, to become politically active, or to volunteer services to those less fortunate. Others contribute in less visible, but equally important, ways. Although we have talked in these sessions about all the ways in which survivors may *not* see the world clearly, there are other ways in which it is very hard to fool them. This may be a unique strength belonging to the survivors of all injustices.

Making Meaning of the Past

Making meaning of a traumatic experience is a very complicated challenge and something that takes time. We give meaning to events to make them comprehensible, and the way we do this is often based on how we view ourselves and the world. Is this a world in which bad things happen to good people? Or do we believe bad things happen because we deserve them? Do you believe in God or have a spiritual faith? Is there some greater connection between events, or is each event separate and only related to other events by coincidence? Whatever your belief system is, it provides a context with which to understand your life.

Our belief systems, and how we answer such questions, usually have a lot to do with the belief system we grew up with. As we have seen, we take what we have learned in the past into the rest of our lives, often unconsciously expecting the same kinds of events and relationships even in very new and potentially different circumstances. Sometimes these expectations have a way of making the familiar patterns repeat themselves.

Recovery and meaning making evolve over time. Making meaning of the past involves understanding the world of the child from a new perspective—your perspective as an adult standing outside the abusive situation. It often involves grieving for the past that actually happened, but also for the loss of the past that one wishes one had. Through development of compassion for one's past and present self, growth occurs. For every member of this group, we hope that this experience will help you with this process and with letting yourself have a more gentle and self-caring appreciation of yourself and the ways you have coped. Completing this group is an achievement and a further step in your recovery. Allow yourself to appreciate what you have accomplished, and know that you have the strength and resilience to continue this important and affirming work.

1. Some of the ways I have tried to protect myself from being hurt include . . .

(continued)

Session 10. Making Meaning of the Past and the Process of Recovery (page 3 of 3)

2. Some of the ways of self-protection that are actually harmful or place me at further risk include . . .

3. Ways I can begin to express a fuller range of feelings include . . .

4. Ways I can take action to change things for the better include . . .
