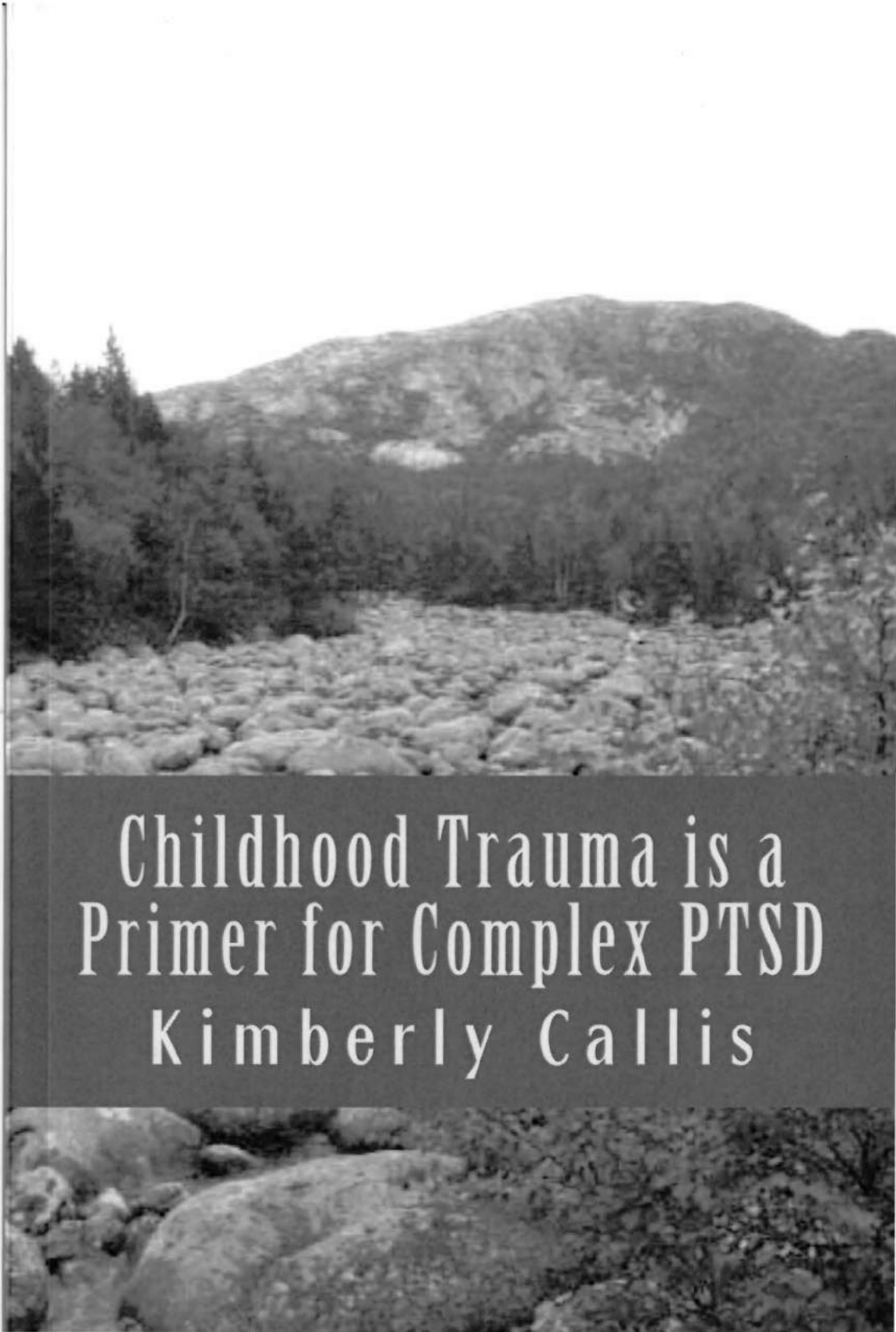

Childhood Trauma is a Primer for Complex PTSD

Kimberly Callis

Stoning Demons

An Informed Patient's Perspective on Complex PTSD

Book 1, Childhood Trauma is a Primer for Complex PTSD

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By Kimberly Callis

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About The Stoning Demon Series

This work is focused on Complex Post-Traumatic Stress Disorder (C-PTSD) as it relates to developmental trauma, with an emphasis on childhood sexual abuse by a parent and its lifelong impacts on the health and psychology of the victim. I use my experience as an informed C-PTSD patient to address the many therapies and treatments available, especially marijuana as a conscientiously-managed treatment.

In this series, I will share some of the core research I have discovered on C-PTSD, developmental trauma and marijuana-supported therapy. I have provided references to materials that I have found helpful in better understanding my own condition.

The material also covers the related physical health impacts that developmental trauma and early life PTSD can have. I share my history, which involves chronic disease and disability, all likely stemming from childhood abuse and neglect. There are ample resources to support this conclusion, which I also share.

Throughout the series, I openly discuss my use of marijuana as self-medication and support for my recovery process and maintenance. I have made it my personal ambition to address this topic openly, clearly, without shame or judgment, in ways that will open the doors for better understanding and healing.

This work emphasizes the need for a holistic approach to recovery and looks at the effects of stress, nutrition and toxins. Once I made the connection between wellness and mental health, I started to find the stability I needed to address the psychological and developmental effects of my condition.

I find it encouraging that more information is becoming available and that more people are finding understanding, help, and hope. The challenge is that not all of this information is presented in clear, unbiased, readable terms and there are very few resources that offer a holistic view.

Learning about C-PTSD was important for me. Writing this book has helped me to pull together a clearer picture of my condition and to solidify my recovery. I hope this material will help others in their healing process.

Let me emphasize that I am not a medical doctor or psychology professional. I am a survivor, an informed patient. My perspective comes from personal experience, personal research and personal analysis. I do not claim any academic expertise, nor do I intend this book to serve as professional advice. I do hope that the reader will find inspiration for their own healing process and references that are useful.

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This e-book is dedicated to those remarkable, resilient people who endured persistent abuse and neglect in childhood and are now seeking understanding and acceptance. No matter where you are in your healing process... please know that recovery is possible.

You yourself, as much as anybody in the entire universe, deserve your love and affection.

Buddha's enlightenment of self

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Acknowledgements

I am extremely grateful to my family and friends, those wonderful people who have helped me through the years it took to find a stable recovery.

I want to give my deepest love and gratitude to my sons, my mother, my sister and their lovely families. Your patient encouragement and understanding, especially in my most difficult moments has made this healing possible. I am most grateful for all the talks at my mother's kitchen table. We've come to a great place together.

A special thank you to my almost-family – my uncle, aunt and almost-siblings – for answering all my questions and helping me piece together parts of my history that were missing... or misunderstood. You helped me find a sense of belonging and welcome that I had missed for so very long.

And to my dearest friends... thank you for helping me to see the 'me' that was still in there, even when my illness changed almost everything. Your faith in me kept me going when I had none left in myself.

*****

Childhood Trauma is a Primer for Complex PTSD

"Traumatic events of the earliest years of infancy and childhood are not lost but, like a child's footprints in wet cement, are often preserved lifelong. Time does not heal the wounds that occur in those earliest years; time conceals them. They are not lost; they are embodied."

VJ Felitti

Long before I developed Complex PTSD, I had a personal theory that the abuse and trauma I had experienced in childhood had a direct impact on my health and psychology as an adult. What I found out through my reading after my diagnosis confirmed that the abuse had a direct effect on the development of my personality, my inner voice, my self-perception and even my physiology.

I was self-aware enough to know my childhood issues came up every time I went through extreme stress or had a trauma to deal with as an adult. After my last major trauma, my regression was obvious not only to me, but also to my therapist and my family. It became part of the focus of my therapy. In order for me to recover, I was going to need to come to terms with the past. As I took over management of my therapy and incorporated more self-therapy in my program, working on the old issues became a quest. For more on this, see *Self-Managed Therapy* in Book 5.

I found the study of developmental psychology extremely helpful for understanding the deeper effects of my C-PTSD. Reading about it helped me in surprising ways. I stumbled onto the topic while I was researching dysfunctional families. Getting to some level of understanding of the topic has led me to look at childhood and its foundation for development of emotional, relational, self-regulatory and self-image imprints into adulthood in a clearer, less emotional way. It helped me detach a bit from experiencing my pain, to understanding it.

By understanding what a typical, healthy development path is, I was able to pick apart the areas where things had gone wrong for me. I could see, just a bit better, where my deeper issues were... issues of trust, problems with boundaries, complications with my self-perception... all became a little more understandable. It was a step toward helping myself.

Wikipedia defines developmental psychology as:

> *The scientific study of changes that occur in human beings over the course of their life. Originally concerned with infants and children, the field has expanded to include adolescence, adult development, aging, and the entire lifespan. Developmental psychology examines change across a broad range of topics including motor skills and other psycho-physiological processes; cognitive development involving areas such as problem solving, moral understanding, and conceptual understanding; language acquisition; social, personality, and emotional development; and self-concept and identity formation.*

Developmental psychology is one way of laying out what childhood is supposed to be. It is setting up the skills for adult life, establishing a pattern of functioning, beliefs, perceptions and self-image. It lays the foundation for how the person relates to themselves and the world.

Of all the constructs for developmental psychology that I have read, Erik Erikson's Stages of Psychosocial Development was the one that resonated best with me. Erikson defines eight stages through which a healthy, developing person should pass.

Erikson's stage theory characterizes a psychosocial crisis of two conflicting forces at each stage. If an individual successfully reconciles these forces, they can successfully achieve the developmental goal. At each stage, the person confronts new challenges and there is question to be answered from those challenges. Each builds upon the earlier stages.

Erikson's Stages of Psychological Development

Age	Conflict	Question
Birth-2 years	Trust vs. Mistrust	Can I trust the world?
2-4 years	Autonomy vs. Shame & Doubt	Is it okay to be me?
4-5 years	Initiative vs. Guilt	Is it okay for me to do, move and act?
5-12 years	Industry vs. Inferiority	Can I make it in the world of people and things?
13-19 years	Identity vs. Role Confusion	Who am I? What can I be?
20-39 years	Intimacy vs. Isolation	Can I love?
25-64 years	Generativity vs. Stagnation	Can I make my life count?
65+ years	Ego Integrity vs. Despair	Is it okay to have been me?

However, Erikson states that achieving a developmental goal is not required for the next stage of development, even though it can have an impact. If goals are not met in one stage of development, they are missed and development in the net stage can be negatively affected.

I like this way of looking at development. It gives me a frame of reference for my issues and my recovery goals. In fact, readdressing them became a key part of my recovery work. I used these questions to assess I how I felt during my therapy and as a guide to help pinpoint the age or stage where certain parts of my development went off track.

I still ask myself these questions as a way of gauging how I am feeling.
See Inventories in Book 5.

Childhood trauma, especially interpersonal trauma within key care giving roles, like parents, can have a lasting impact on how the child perceives the world and themselves. Dorothy Law Nolte explained it so well in her poem, Children Learn What They Live.

Children Learn What They Live By Dorothy Law Nolte, Ph.D.

If children live with criticism, they learn to condemn. If children live with hostility, they learn to fight. If children live with fear, they learn to be apprehensive. If children live with pity, they learn to feel sorry for themselves. If children live with ridicule, they learn to feel shy. If children live with jealousy, they learn to feel envy. If children live with shame, they learn to feel guilty. If children live with encouragement, they learn confidence. If children live with tolerance, they learn patience. If children live with praise, they learn appreciation. If children live with acceptance, they learn to love. If children live with approval, they learn to like themselves. If children live with recognition, they learn it is good to have a goal. If children live with sharing, they learn generosity. If children live with honesty, they learn truthfulness. If children live with fairness, they learn justice. If children live with kindness and consideration, they learn respect. If children live with security, they learn to have faith in themselves and in those about them. If children live with friendliness, they learn the world is a nice place in which to live. If children live with neglect, they do not learn to nurture themselves. If children are abandoned, they must fend for themselves as best they can. If children live with abuse, they learn how not to feel. If children live with conditional love, they learn they are never good enough. If children live with condemnation, they believe they have no power over their fate.

What is Developmental Trauma?

Adversity in childhood is known to have lifelong effects. Abuse disrupts the path of normal development, leading to a wide range of psychological and physiological conditions. Some of these complications may emerge later in life, but they have their origins in the early family environment.

Cloitre et al in their article A Developmental Approach to Complex PTSD, define developmental trauma as:

> *Exposure to multiple traumas, particularly in childhood, has been proposed to result in a complex of symptoms that includes post-traumatic stress disorder (PTSD) as well as a constrained, but variable group of symptoms that highlight self-regulatory disturbances.*

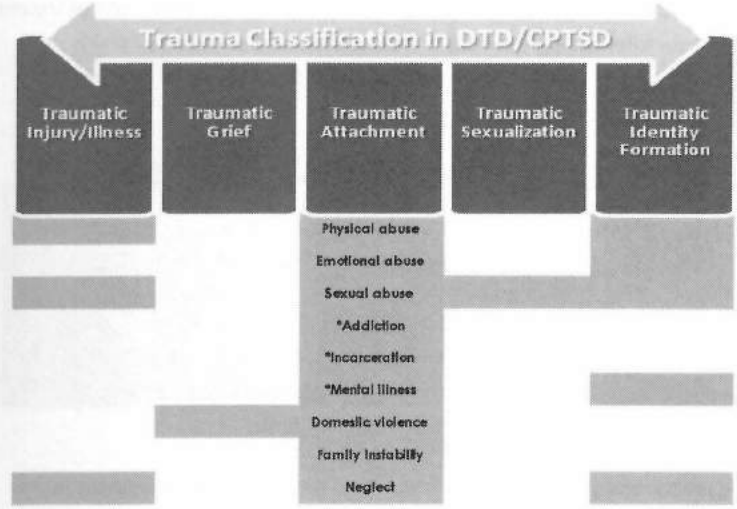
Felitti's research shows that there is a clear relationship between accumulated exposure to different types of traumatic events and symptom complexity (different types of co-morbid symptoms) in adults. The ACE (Adverse Childhood Experiences) Study shows the correlation of multiple traumas in childhood with poor health in adult life. Nine specific types of experiences were analyzed in this work:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Addiction (of caregiver)
- Incarceration/hospitalization (of caregiver)
- Mental illness(of caregiver)
- Domestic violence
- Inconsistent family structure
- Neglect

The ACE Study scores experience categories for a rough profile of developmental trauma, which could be used to correlate system complexity in those with C-PTSD. Reading this study was quite helpful for me, clarifying the scope of issues I needed to deal with in my recovery. Of the nine categories, I experienced seven during my childhood.

I found it helpful to outline a classification of traumas related to Developmental Trauma Disorder (DTD) and C-PTSD, stemming from traumas experienced in childhood and compounded in adulthood. The model I used focused on the nature of the trauma and its impact on psychobiology.

Trauma Types and Classifications in DTD/C-PTSD



As I worked on my recovery, much of my self-therapy focused on childhood events. During my therapy, I developed a trauma inventory using these trauma classifications to guide my developmental trauma work. This ultimately led me to look at the symptoms I remember from my childhood, hoping to find some understanding of particularly difficult years and my own behaviors at the time.

I found the definition of symptoms for Developmental Trauma Disorder (DTD) to be a helpful reference for my self-evaluation. I realized that many of the symptoms from childhood had carried over into my adult life. In their Proposal to Include a Developmental Trauma Disorder Diagnosis for Children and Adolescents in DSM-V to the American Psychiatric Association, van der Kolk et al define a set of criteria for diagnosis of DTD.

Fight-or-Flight Response

Understanding the flight-or-flight response is necessary to gain a full understanding of developmental trauma and C-PTSD.

The very heart of C-PTSD is the human response to fear... fight-or-flight... also known as the stress response. Reading studies on the effect of long-term stress and recurring traumas helped me understand how the effects of trauma can be cumulative. A great deal of research has been conducted and is continuing to look at the psychobiological processes involved in traumatic stress.

Wikipedia defines the flight-or-flight response as:

> *The fight-or-flight response is a physiological reaction that occurs in response to a perceived harmful event, attack, or threat to survival.*

The fight-or-flight response is a normal biological response that occurs in all people — children and adults. It's easy for a child to feel intense fear and helplessness. Trauma and neglect activate a child's stress response... most commonly expressed as the fight-or-flight response.

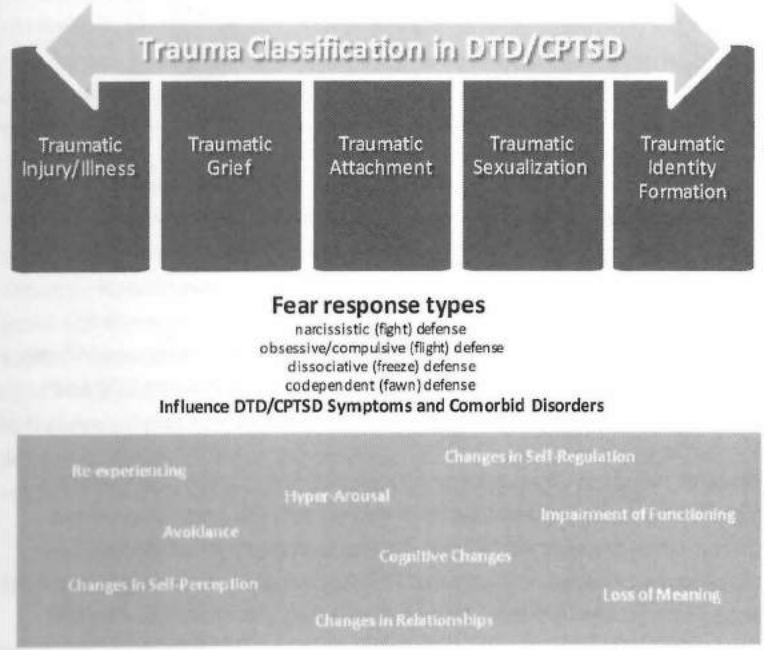
The reaction begins in the amygdala, which triggers a neural response in the hypothalamus. This activates the pituitary gland and secretion of ACTH. The adrenal gland releases epinephrine. These chemical messengers cause production of cortisol, which suppresses the immune system, and increases blood pressure and blood sugar, allowing a boost of energy to fuel fight... or flight. Muscles throughout the body are prepared for response.

A cascade of reactions is triggered solely by this natural response to threats, including:

- increased heart rate
- paling or flushing
- slowed or stalled digestion
- dilation of pupils
- loss of hearing
- tunnel vision
- shaking

Some researchers studying childhood traumas add other dimensions to the fear response: freeze and fawn. Pete Walker explains the 4Fs in his paper, *The 4Fs: A Trauma Typology in Complex PTSD*. Fear response types can vary from person to person. A person with multiple trauma experience can display any or all of the response approaches. There is a strong correlation between fear response types and symptoms of Developmental Trauma Disorder and Complex PTSD.

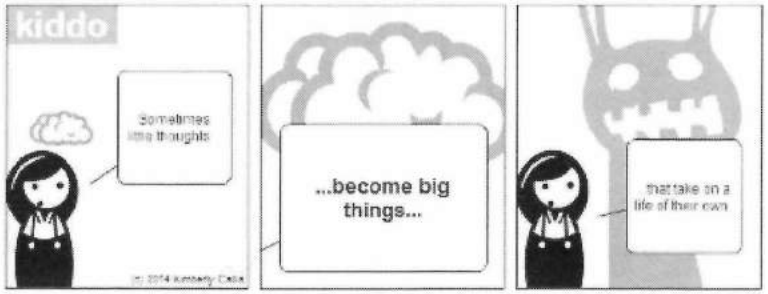
Fear response influences DTD/PTSD Symptoms



The cumulative effects of triggering this response, through abuse or neglect in childhood can lead to a multitude of health and psychological issues throughout a person's lifetime.

Effects of Childhood Trauma

Abuse disrupts the path of normal development during childhood, leading to a wide range of psychological and physical conditions. Stress-related disease can arise later in life, yet have its origins in the family environment.



Over the last three decades, there have been numerous studies which have documented the effects of interpersonal trauma and disruption of care giving systems on psychological development. Findings have shown impacts on affect regulation, attention, cognition, perception, and interpersonal relationships well into adult life. One of the drivers for research is the increasing evidence of the effects of adverse childhood experiences on brain development and immunology, with clear associations between DTD and chronic illness.

Research has shown that childhood traumatization can lead to a significantly higher risk of suffering secondary traumas in adult life. When trauma and chronic stress are experienced at critical periods of growth, it can have tremendous influence over personal and psychological development and most importantly on the individual's sense of who they are. Trust is broken or skewed, dependency issues — whether in the form of addictions or continuing the patterns of abuse and neglect— become reinforcing patterns that affect the lives of victims well beyond childhood.

Traumatic Illness/Injury

Children who suffer a serious injury or illness experience a unique form of trauma. Hospitalization is an experience that is overwhelming for a child, especially if their situation changes them in any way... physically or socially. Terrifying procedures, coldly clinical environments, strangers who are permitted to do strange things, restriction and isolation leave a child fearful, often without comforting.

Children who are otherwise safe and protected at home will still feel fear and stress in such a situation. If a child doesn't have a strong support system or is otherwise a victim of abuse or neglect outside the hospital, the experience of having so much attention, no matter how painful or intrusive, may have a completely different response. Some children may attach quickly to hospital caregivers, or may become stoic: overly brave during difficult experiences, some may show little response to pain... or an over-reaction to it. Any of these signs are indications that the child is having an advanced traumatic stress response.

When a child is seriously ill or severely injured they are especially vulnerable. Attachments are tested as they need more comforting and assurance, a closer bond with trusted caregivers. Fears are augmented and the ability to self-sooth or be soothed by others can be compromised to the point that the child's only psychologically-viable option is to dissociate. Some develop a need to feel control that can lead to obsessive behaviors. Individual responses depend on the child's situation and personality; however, all of these reactions are known outcomes of health-related childhood trauma.

Journal excerpt: Working through my traumas....

I had a major accident with head and facial injuries when I was 11. I remember waking up with a water hose running over my mouth and people standing over me. I was choking and couldn't say anything to make them stop. Someone picked me up and put me in the back of a car with a bunch of other kids. My stepmother was in the front seat. I was bleeding, holding a towel over my mouth.

I was taken to the hospital emergency room and brought into a curtained area by myself. My stepmother left me there to go take care of the other kids. I wandered around on my own and found the bathroom. I remember looking in the mirror at my mangled face, then waking up back on the gurney. I was told to stay put and left alone again.

My father was in rehab when it happened. My mother was in Florida. The doctors decided that I needed to be treated at a trauma center two counties away. I was signed over temporarily as a ward of the state, but still not given any real treatment or anything for the pain. I was transported by ambulance to another hospital where I waited for hours for someone to come to the hospital and sign papers for the surgery I needed. It was about 2 o'clock in the morning before my aunt and uncle showed up, taking over my care and giving the hospital permission to treat me.

After the surgery, I had four days of respiratory therapy for the blood that had collected in my lungs. I had a concussion and still needed reconstruction for the damage done to my facial bones and teeth. My mother showed up at the hospital, angry. She checked me out and we made the nine hundred mile drive back to her place. The pain I had after the medications wore off was intense. I remember lying on the sofa, with my little sister bringing me drinks and sandwiches cut up in tiny little squares that I could fit through the wires in my jaw.

I healed, but I didn't get the dental work I needed for another two years. From the summer I was 11 until I was 13, I had to walk around with broken, missing front teeth. I was teased at school. I lost friends and spent a lot of time alone. I hated how I looked. My mother was beautiful and my older sister was coming into her own, but I was a disfigured tomboy. From then on, I would always see myself as ugly and put my hand in front of my face when I laughed.

I was hyper-vigilant about being sick or in pain after this. I would talk about how I felt quite a lot, with anyone who would listen. I had a bit of an obsession with health and biology. I was often called a hypochondriac, but I felt my symptoms were all very real. I wanted to know what was going on with me. Later in life, I would seek out doctors the minute I didn't feel well. In reality, I had quite a lot of health problems: heart valve defects, scoliosis, endometriosis, digestive disorders, hypoglycemia, and migraines... my list of health problems grew... so did my use of the healthcare system and medications.

My last major trauma was medical. It was from that point that I developed severe Complex PTSD symptoms. I had always had underlying psychological symptoms and physical ailments, but this trauma severely impacted my ability to function.

*

Writing this journal entry helped me make a clear link between my medical traumas and psychological symptoms. The way my injury was handled had an effect on me, too. I realized in writing this that I felt abandoned when my accident happened. I reacted by dissociating and isolating myself. I also developed obsessive behavior regarding my health and biology.

I recreated my abandonment during my last major surgery in 2003. It was perhaps one of the reasons my problems were so hard to diagnose then. As I became sicker, I became more dissociated, putting on the face of the stoic patient and zoning out. I didn't express my pain openly and didn't share all of my symptoms with the doctors. I just laid there. Pain medication helped me avoid the reality of my situation.

One of the more interesting findings I read in my research is that studies have shown that trauma itself can affect the brain, similar to the effects of a concussion. Concussive injury — also known as Traumatic Brain Injury (TBI) — is shown to have downstream neurological and psychological repercussions. There is a reinforcing, compounding effect of multiple traumas on brain structure, chemistry and functioning. This is one of the reasons early life injuries and illness can result in Complex PTSD later in life, if successive, cumulative effects are experienced.

Traumatic Grief

My brother died when he was three years old and I was thirteen. It was a terrible time for the whole family. He was such a joyous little guy and none of us really knew how to deal with him dying so suddenly. I knew I carried a lot of emotion about his death, so I made this event part of my trauma inventory and worked on it.

I looked at how grief would normally affect a child and looked at how professionals approach helping a child deal with death. I let myself finally express how I felt about losing him, even though it was more than 30 years late.

Journal Excerpt: Why did this happen?

My brother died, drowned on 30 November 1980. Just after Thanksgiving... when everything is moving full on toward Christmas. My sisters and I spent that Thanksgiving with Mom. That's where we were all living. My baby

brother was living with my father and my stepmother. All we knew was that they were in central Florida.

Mom answered the phone. I remember it ringing. That is where my memory of this starts, with the ringing of the phone. Perhaps I remember because Mom got that tone of voice she saved just for him. My father was on the phone and they were talking, then Mom said, "Oh, no... ". It seemed like forever before she put down the phone. She called us girls together and ... things are a bit patchy from here ... I remember going outside on the breezeway and looking out through the other buildings. I was crying,

I remember feeling like it just couldn't be true. I remember at some point, I suppose I was cried out, but at some point I just stopped feeling much of anything... I just did what I was told; we packed for the drive to central Florida. Things are patchy in my memory. I don't remember the drive there... I just remember arriving in a town, driving to a funeral home, and parking the car. I remember family members, aunts and uncles, my grandmother and grandfather, being there in the parking lot. I remember seeing my brother lying on a table that had some velvet cloth over it. In my memory, the table wasn't completely covered, Brian had a blanket over him and he looked like he was sleeping.

At the time my brother died, my father, stepmother and he were living in a van. Not a nice van, a sort of a hippy van without the style. It was dirty and cramped, certainly not the way they should have been living. My father had hit bottom again. Drank his way out of a job or some such thing. He was so deep in the bottle that he took a job as a painter. Yep, that's what drink will do to a person.

On the afternoon that my brother drowned, my father had been sitting in the van. He didn't say it, but no doubt this meant he had been drinking since early morning. My stepmother was working at the time, so he was in charge of my brother and was letting him play outside around the apartment complex.

The story was told so. My father was in the van. He could see my brother playing, running between the buildings. At one point, he ran behind one side of a building and didn't come out the other side. After a minute or so (who knows?)... my father went to look for him. Time has no meaning, the sequence of events is someone else's memory told to those who were not there. He did get my brother out... he did perform CPR... he did keep him going until the paramedics arrived... but, my brother died in hospital.

I felt compassion for my father and stepmother. When my mom said it was time to go home, I decided to stay. I thought I was doing the right thing, but I sort of set myself up to bear the brunt of a lot of pain from both of them.

There's still more. Why did I go to school there? For how long? What was the school? Why can't I remember how long I was there? I remember having terrible headaches, really awful. I remember living in a cabin at a tourist park. I remember wearing my stepmother's clothes to school. I don't remember when or how I got home to Mom, but somehow I did.

*

Death is a terribly difficult event for a child to understand. Younger children may not have the ability to express their feelings. Older children may not have a firm understanding of death and loss. Loss of a close family member, especially a caregiver is a tragedy that unfolds over the child's development long after they are gone. Attachments are affected to some degree, regardless of how well the child was supported at the time. Sudden, tragic death comes with questions that a child is unable to answer for themselves. *Why did it happen? Why couldn't anyone do anything about it? What happens to me now?*

If there is no one to help the child process the loss, these questions may not be answered in healthy ways. Fear and insecurity, attachment and self-regulation may be negatively impacted, with effects that impact adult relationships and self-care. Greater risks arise for those who lose family members through domestic violence, who carry the risk of abusing or being abused into adult relationships.

Traumatic Attachment

Attachment theory, originally developed by John Bowlby, focuses on the importance of open, intimate, emotionally meaningful relationships in childhood development. Attachment is described as a system that evolved to ensure survival. A child who is threatened or stressed will move toward caregivers who create a sense of security. Attachment is formed on body contact and familiarity.

Bowlby identifies four attachment styles between the child and their caregivers:

- ***Secure***: a healthy attachment, characterized by trust
- ***Anxious-avoidant***: an insecure attachment, characterized by indifference

- ***Anxious-resistant***: an insecure attachment, characterized by separation anxiety and anger when reunited
- ***Disorganized (or disinhibited)***: an attachment style without a consistent pattern of responses, extended to other people beyond appropriate caregiver roles

A child can be hindered in its natural tendency to form attachments. Neglect and abuse directly impact the child's ability to form healthy, secure attachments. Short-term effects include anger, despair, detachment, and functional impairment in intellectual development. Long-term effects include increasing DTD symptoms, increased aggression, clinging behavior, detachment, behavioral issues and somatic disorders.

Attachment disorder is defined in Wikipedia as:

> *Attachment disorder is a broad term intended to describe disorders of mood, behavior, and social relationships arising from a failure to form normal attachments to primary care giving figures in early childhood, resulting in problematic social expectations and behaviors. Such a failure would result from unusual early experiences of neglect, abuse, abrupt separation from caregivers after about 6 months of age but before about three years of age, frequent change of caregivers or excessive numbers of caregivers, or lack of caregiver responsiveness to child communicative efforts. A problematic history of social relationships occurring after about age three may be distressing to a child, but does not result in attachment disorder.*

The specific issues a person develops depend on their age and the nature of their relationships with their primary caregivers. A child's attachment behaviors may vary with different caregivers. Developmental trauma can lead to attachment disorders and result in lifelong issues with relationships. It is important to note that attachment disorder generally develops in an environment of family dysfunction.

My early childhood was not a stable time for my family. I did not have the level of bonding with my mother that I needed. There was a lot of disruption. I learned that I had family fosters. I learned that I was in the hospital during my first year. I discovered that I was left on my own, lying in bed or in a child seat much of the time... evidenced by a flat spot on the back of my skull... a sign many children who are ill or neglected show. I developed a disinhibited attachment style, which meant that I bonded with almost anyone who would give me some attention.

I have read quite a bit on attachment disorder, which helped me understand my issues with forming appropriate, secure relationships. As part of writing for my narrative therapy and answering my questions, I worked with my family to put together a personal history, reconstructing my shifting family environment as best I could.

One of the primary issues I found in my attachment style was a general feeling of betrayal. or the threat of betrayal by people I was supposed to trust. This is one of the key themes of my abuse recovery, betrayal. Listening to my inner voice and expressing my memories in my journals helped me see that at the heart of everything, I felt betrayed.

Betrayal is felt by the child regarding both the perpetrator, who has destroyed her trust, or the mother or other adult who was did not protect them. Abuse by a family member understandably results in the greatest sense of betrayal a person can feel. In my case, I told people what had happened to me, what my father had been doing. No one protected me. I think that was the hardest betrayal of all. And the cycle of abuse can become even more entrenched... this form of betrayal often results in depression, anger, a reduced ability to trust, and an increased vulnerability to future abuse.

Adult relationships are impacted by childhood attachment experiences. When attachment is associated with specific traumatic events, care giving roles are compromised and a person's ability to trust can be affected for life. Survivors of childhood abuse and neglect often find they repeat patterns of negative attachment in their romantic relationships, relationships with their children and even in friendships.

Because C-PTSD has its roots in abuse and neglect during critical stages of psychological development and is rooted in our most important interpersonal relationships, one of the primary complications is that of a fractured, damaged self-image. Because the norm for an abused, neglected child creates and reinforces a pattern of non-acceptance, non-care, punishment and exploitation, the self-image of that person is damaged. I didn't realize how deeply this damage went in my own psyche for a very long time. I failed to see that part of myself, even though so much of my thinking was actually based on a concept of self-hatred.

It was through conscious observation of my thoughts that I discovered, bit by bit — much as one would discover the nuances of any chronic illness — that my self-image was riddled with 'disease'. There were many cancers of self-perception that needed to be discovered and healed. I take the position that discovery is a vital part of healing. But healing C-PTSD must be founded in caring, not in excision.

Along my journey of recovery from the incestuous abuse of my childhood, I discovered I had a particular strangeness that had been a part of my functioning for decades. Crushes, hopeless longing for men who were in some way wrong for me, dominated my thinking... especially during those years that I repressed the effects of the abuse. I wrote this piece while I was examining the reasons for my crushes and the effect that they have had on my life.

Journal Excerpt: Crushes and My Strangeness of Mind...

I had a crush. Actually, I have had many, but one was particularly consuming. In my mind, he was idealized and perfect, handsome in his way of dreaming and thinking, of finding threads of a lovely intellect and spinning them into treasures of his mind. He was a strange longing... a wanting that I couldn't corrupt, couldn't lose and couldn't embrace. I could not have reality wipe its ugly stain on this perfection. He was flesh and bone, a real person, and in the light of most days I kept out of my dreamy head and worked alongside him. But, I would catch myself slipping into admiration and on those nights away from the clutter of our working world, my dreams of him in a half-woken mind were perfect, sensual and divine.

There was always a barrier in the cold light of day. Whether he lacked the same desire for me or shared it was irrelevant. I fooled myself with all matter of possibilities and impossibilities. Perhaps I frightened him; perhaps my life was too cluttered and full of burdens that he couldn't share. Perhaps I wasn't attractive enough or submissive enough or bold enough or...something? I tortured myself with it. I felt shame at the possession of these feelings. I was shamed at the loss of those dreaming energies on someone who would never be a part of my life. I just could not understand what it meant, why my head stirred my heart and crippled me into dreaming of men I would never have. Understanding was repressed for me for several years, waiting or growing or perhaps unfolding somewhere deep in my subconscious.

When my mind broke, the torture of losing my hold on sanity gave way to the long process of fighting to come back to myself. I found myself once again fighting a crush. I wondered about these old feelings and their role in my mental health. Introspection gave way to a shocking revelation — a lesson learned from a different man, another person who consumed my affections for a time. The revelation came one morning when I awoke with the start of an answer. It was simple, but profound in its power to release me from a double-sided pain. My crushes were the remnant of an attachment that had done so much damage to my mind and heart, a legacy of my wretched childhood. They were a reflection of my childish love for an idealized version of my father.

My mind sought a pure and safe way of loving and my heart sought out the characteristics of my own father that were both good and bad. When I found them in other men, I was often hopelessly smitten and paralyzed at the same time.

I had never consciously associated my crushes with my father before, but it was as clear as the sun rising that morning. Leaving emotion aside, I started research on this phenomenon and found numerous references to Stockholm Syndrome as the condition closest to what I had gone through, but did not find much about the lasting effects once the abuse has ended.

Extending my personal evaluation of Stockholm Syndrome-like behaviors in myself involved a cold review of my relationships as well as my crushes. There is a clear pattern of seeking men who are manipulative, dominant and somewhat hyper-sexual. I could see the pattern I was recreating time and time again. The attachment dysfunction stemming from an environment of abuse and neglect, combined with Stockholm Syndrome I attribute to the incestuous abuse, created a deeply-embedded dysfunction.

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Knowing all of this –or at least thinking that I understand it — does help. I don't really know what it will take to resolve this for myself in terms of future relationships, but at least the issue of losing myself in unhealthy romantic fantasies is resolved. It doesn't happen anymore. I have conquered one part of this and for that I am exceptionally grateful.

There will be more work in unraveling some of the deeper issues in my perception of intimacy and control, but I can take some confidence in this process. The slow, careful work of healing is so worthwhile. It is challenging to allow yourself to critically observe your own thoughts and behaviors. It is exceptionally confronting to address the strangeness in your own mind and very hard to change it. It takes a great deal of self-caring, openness to truths that are difficult to face, and a steadfast commitment to the change you seek within yourself.

Traumatic Sexualization

Sexual abuse in childhood is one of the most heinous abuses a person can suffer. Childhood sexual abuse (CSA) is often experienced with other forms of abuse and neglect, creating a complex imprint of psychological conditioning, conflict and injury. Childhood sexual abuse is a form of traumatic sexualization.

> *Traumatic sexualization is the malicious shaping of sexual feelings and attitudes in a child in a manner that is inappropriate for the child's level of development. Traumatic sexualization may be perpetrated by a stranger or by a person in a trusted relationship with the child.*

Sexual abuse has the added complication of early sexualization and age-inappropriate sexual behavior. Rather than encouraging intervention to help the child, they are often criticized and shamed for their precociousness or promiscuity. The abuse I experienced at home meant I was subjected to more sexual assaults from others. The neglect in protecting me and the stigma of being a 'bad girl' meant I never felt empowered to report any of it.

Traumatic sexualization can cause a person to question their sexual identity, not only from a gender-attraction standpoint, but more commonly from the perspective of the role they play in sexual experiences. If a child is introduced to sexual concepts or involved in sexual behaviors, the experience is not benign. Sexual awakening can happen before the child is psychologically or biologically prepared to deal with the consequences, leading to immediate and long-term problems.

Many CSA survivors have issues with sexual dysfunction in some form. For me, I had issues with sexual violence and authority. I never truly felt that I had the authority to say no. I was fearful, yet obsessed with sexual violence. I had terribly unhealthy thoughts and fantasies about sex. It was only later in my therapy that I realized I was reinforcing the effects of traumatic sexualization.

I had let the abuse shape my attitudes about sex, so much that I never truly felt empowered to say no or yes to sex. I had a deep-set confusion about sexual matters, which carried over into relationship problems for the whole of my life. My perspective on sexuality was skewed. I had the unreasonable belief that women had to be sexually attractive to have value, while I secretly hated the attention I received from men because I flaunted my sexuality.

The signs of traumatic sexualization helped me understand just how much my thinking and behavior had been shaped by the abuse. The signs, which mostly reflected my confusion, are:

- Irrationally associating rewards or punishments for sexual behaviors
- Unhealthy focus on certain body parts
- Confusion about sexual behavior and morality
- Fear of sex, avoidance
- Sexual acting-out, promiscuity
- Sexually abusive (or self-abusive) behaviors
- Sexually-based name-calling, self-identification

It is often difficult for anyone who did not experience traumatic sexualization to understand how a child can tolerate sexual abuse. For those who have gone through it, there is often a feeling of guilt and shame that they put up with what was being done to them. Later in life, survivors often feel that they were somehow responsible for the abuse... or at least a party to it.

Childhood sexual abuse accommodation syndrome is defined as a syndrome developed by Roland C. Summit in 1983 to describe how he believed sexually abused children responded to ongoing sexual abuse. He described how children try to resolve the experience of sexual abuse in relation to the effects of disclosure in real life. Summit posited five stages:

- Secrecy
- Helplessness
- Entrapment and accommodation
- Delayed disclosure
- Retraction

Dr. Summit's paper is worth reading for anyone who has experienced childhood sexual abuse. He explains the situation well.

> *"Child victims of sexual abuse face secondary trauma in the crisis of discovery. Their attempts to reconcile their private experiences with the realities of the outer world are assaulted by the disbelief, blame and rejection they experience from adults. The normal coping behavior of the child contradicts the entrenched beliefs and*

expectations typically held by adults, stigmatizing the child with charges of lying, manipulating or imagining from parents, courts and clinicians. Such abandonment by the very adults most crucial to the child's protection and recovery drives the child deeper into self-blame, self-hate, alienation and re-victimization. In contrast, the advocacy of an empathic clinician within a supportive treatment network can provide vital credibility and endorsement for the child."

CSA creates ongoing adversity that begins in childhood and escalates as a consuming, persistent inner conflict that continues to re-traumatize long into adulthood. This leaves the victim vulnerable to increased stress response throughout life and has a direct correlation to quality of life and longevity.

Incestuous abuse in particular leaves survivors with deep psychological conflicts that are difficult to resolve. The effects on identity, self-esteem, personality, behavior, health, relationships and happiness are extensive.

One of the key findings for me in researching this topic is that there is a general lack of scientific work done on this topic. No doubt, sexuality can be a difficult topic for anyone, especially those with a history of abuse or sexual violence. For the survivor, issues of shame, guilt and fear of experiencing triggers can severely inhibit healing and recovery. It is a topic often avoided by patient and therapist in the recovery process.

More research, better therapies and a more open acceptance of the discussion are needed.

Traumatic Identity Formation

Identity formation is defined as the development of the distinct personality of an individual. Wikipedia clarifies identity formation as:

The process defines individuals to others and to themselves. Pieces of the person's actual identity include a sense of continuity, a sense of uniqueness from others, and a sense of affiliation. Identity formation leads to a number of issues of personal identity and an identity where the individual has some sort of comprehension of him or herself as a discrete and separate entity.

Identity formation generally solidifies in adolescence, building upon the child's experiences up to that point as well upon their perception of their role in their environment. Developmental trauma at any point of a child's life will shape their identity to some degree. A child who has experienced abuse or neglect will incorporate the self-perception that they are bad, guilty, or responsible for the abuse.

The influential relationship of the perpetrator to the child can create and reinforce negative self-concept, sometimes embedding within their inner-voice as self-shaming and self-blaming comments. The abuser's behaviors, bribes, and rewards reinforce the ability in the person to self-stigmatize, contributing to traumatic identity formation. Self-image and self-worth are distorted and destroyed.

With sexual abuse in particular, social stigma and unacceptable identities are reinforced at almost every turn. Sexual topics are taboo. People who engage in inappropriate sexual behaviors are labeled, shamelessly. Abusers often use these insults against their victims as a means of shaming them out of telling the truth. Powerless that influences a person's identity — often showing up first in adolescence — can manifest as nightmares, depression, running away, delinquency, defiance or aggression.

The abused child is invaded psychologically, emotionally, and physically. They are trapped and helpless, which influences how they perceive themselves. If force and violence are involved, the sense of powerlessness increases. This results in the person feeling they have no control over his life, forming a victim-identity. My father was openly critical of who I was. He would always call me stupid and knock me on the top of the head. He told me I would grow up to be a whore. He violated my privacy and innocence and shattered my dignity.

It took a lot of time and work to come to understand and work on my identity issues. Not only did I have to work on how my father's treatment had impacted me, I had to work on issues with my mother as well. I had to look at how my relationship with each of them affected my sense of self worth and my self-image. I did some deep work examining their treatment of me, their labels for me and their interest in me. It was hard to accept, but I realized that neither of them cared about me just for my own sake. My mother and I have done a lot of work on this together. I discussed most of my deeper issues with her, but I am not confident that we really changed anything. The bond I missed with her was not something we could really change between us. Seeing that her own experiences in childhood had left her with little sense of

empathy, but a strong sense of herself, I can understand why she is who she is. I accept her for who she is, but it is still sometimes hard to accept that her protective narcissism keeps her from really connecting with me on any real level.

I still feel the competitiveness, the judgment and the disappointment from her when we don't agree or I don't live up to her expectations. I try not to let it get to me, but I fall back into that old view of myself as clumsy, ugly and uninteresting next to my mother. Having a beautiful, busy mother who is more interested in everything else and seems to always be annoyed with who you are will go a long way to skewing your vision of yourself. Having to compete for her attention, having her purposely ignore my needs, affected me deeply. I never felt that I was good enough for her. I still feel worthless when I am with her.

I'm amazed at the power that parents have over the healthy development of their child's personality. So much of who we believe we are... our sense of self, our perception of our own value, the form and characteristics of our identity, what we call ourselves and how empowered we feel... is wrapped up in what our parents instilled in us. Abuse and neglect carries a heavy impact. That critical voice in our heads is shaped by our parents' behavior toward us; their words can haunt us for a lifetime.

Understanding DTD Symptoms Experienced in Childhood

Studies of both child and adult populations have shown that most traumatic stress which occurs in childhood occurs in combination with other, often chronic, types of victimization and negative experiences. This was definitely true in my case.

Their findings show that most traumatic experiences by children and adolescents occur in their immediate environment. Families with a high degree of dysfunction where children are neglected, maltreated, or abused carry additional risk for the development of psychological disorders. Where there are mental disorders in parents, poverty, cramped living conditions, or social isolation, there can be a higher instance of child maltreatment.

Schmidt et al, explain the impact of developmental trauma and its influence on development of DTD and other psychological disorders. For a child, there is seldom any choice available except to simply suffer through abuse. Abuse carried out by a trusted person... a parent, a sibling, a teacher or member of the clergy... betrays the foundation of trust for a lifetime, unless the hard work is done to build an entirely new foundation.

People who have been repeatedly traumatized tend to exhibit a typical pattern of successive disorders, such as regulatory disorders, attachment disorders, hyperactive conduct disorders, or combined conduct and emotional disorders at any point during early childhood through to adolescence. I could find examples of this in my own childhood, using the DSM-IV criteria for Developmental Trauma Disorder (DTD) to guide my self-evaluation and inventory.

I used the DSM criteria to support a self-evaluation and to help me identify what symptoms I remember experiencing in childhood and to determine which may have carried over into my adult life. This evaluation supported the child work I did as part of my therapy.

Affective and Physiological Dysregulation

What is affected:

being in control,
responding appropriately to the environment around you

Proposed DSM Definition:

The child exhibits impaired normative developmental competencies related to arousal regulation, including at least two of the following:

- *Inability to modulate, tolerate, or recover from extreme affect states (e.g. fear, anger, shame), including prolonged and extreme tantrums, or immobilization,*
- *Disturbances in regulation of bodily functions (e.g. persistent disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; disorganization during routine transitions),*
- *Diminished awareness/dissociation of sensations, emotions, and bodily states,*
- *Impaired capacity to describe emotions or bodily states.*

As a younger child, I would throw tantrums. What I let out in my fits and thrashes and screaming was so ugly, but eventually I learned that fits didn't do anything to change my situation. My last tantrum was around the age of 13, shortly before my brother's death. My father had been living near us and I was raging about what he was doing to me. I remember being left to thrash about on my bed, probably the best approach my mother could have taken. I wanted her to talk to me, but that didn't happen.

As for irritability and outbursts of anger, my temper is now deeply internalized. I have had issues (and sometimes still do) with rage, but it is mostly turned inward. I also note alternating often between a general lack of emotional control or daydreaming and zoning out, not just in childhood.

Attentional and Behavioral Dysregulation

What is affected:

being present, paying attention,
appropriate understanding of the environment around you,
behaving within expected norms

Proposed DSM Definition

The child exhibits impaired normative developmental competencies related to sustained attention, learning, or coping with stress, including at least three of the following:

- *Preoccupation with threat or impaired capacity to perceive threat, including misreading of safety and danger cues,*
- *Impaired capacity for self-protection, including extreme risk-taking or thrill-seeking,*
- *Maladaptive attempts at self-soothing,*
- *Habitual (intentional or automatic) or reactive self-harm,*
- *Inability to initiate or sustain goal-directed behavior.*

From my teens onward, my rage was mostly directed at myself and quite self-destructive. I remember incidents where I purposely hurt myself or got into some sort of trouble because I was angry. I can now understand what was going on in my head better.

There was a background of self-hating thoughts behind almost everything I did. I daydreamed self-harm fantasies, too. I worked out scenes, anticipated reactions, and imagined emotions as I was working out exactly how I would hurt myself. I sabotaged myself in school and with friends. Sometimes, I pushed myself toward some goal, neglecting my own needs but seeing some measure of success as a result.

Self and Relational Deregulation

What is affected:

healthy attachment,
healthy self-image,
appropriate social behavior

Proposed DSM Definition

The child exhibits impaired normative developmental competencies in his/her sense of personal identity and involvement in relationships, including at least three of the following:

- *Intense preoccupation with safety of the caregiver or other loved ones (including precocious care giving) or difficulty tolerating reunion with them after separation,*
- *Persistent negative sense of self, including self-loathing, helplessness, worthlessness, ineffectiveness, or defectiveness,*
- *Extreme and persistent distrust, defiance or lack of reciprocal behavior in close relationships with adults or peers,*
- *Reactive physical or verbal aggression toward peers, caregivers, or other adults,*
- *Inappropriate (excessive or promiscuous) attempts to achieve intimate contact (including but not limited to sexual or physical intimacy), or excessive reliance on peers or adults for safety and reassurance,*
- *Impaired capacity to regulate empathic arousal as evidenced by lack of empathy for, or intolerance of, expressions of distress of others, or excessive responsiveness to the distress of others.*

As my understanding of my abuse has clarified, I have had to deal with this deep-seated anger. I have also had to face a deeper rage that colored so much of my behavior and reactions in my most important relationships. I discovered a general distrust of people, both men and women, even though all of my abusers were men. This distrust came out in passive rage, as a strangely conflicted blend of misandry and misogyny, dependency and avoidance.

Functional Impairment

What is affected:

achievement of age-appropriate objectives and behaviors

Proposed DSM Definition

The disturbance causes clinically significant distress or impairment in at least two of the following areas of functioning:

- ***Scholastic**: under-performance, non-attendance, disciplinary problems, drop-out, failure to complete credentials, conflict with school personnel, learning disabilities, or intellectual impairment that cannot be accounted for by neurological or other factors,*
- ***Familial**: conflict, avoidance/passivity, running away, detachment and surrogate replacements, attempts to physically or emotionally hurt family members, non-fulfillment of responsibilities within the family,*
- ***Peer group**: isolation, deviant affiliations, persistent physical or emotional conflict, avoidance/passivity, involvement in violence or unsafe acts, age-inappropriate affiliations or style of interaction,*
- ***Legal**: arrests/recidivism, detention, convictions, incarceration, violation of probation or other court orders, increasingly severe offenses, crimes against other persons, disregard or contempt for the law or conventional standards,*
- ***Health**: physical illness or problems that cannot be fully accounted for, physical injury or degeneration, involving the digestive, neurological (including conversion symptoms and analgesia), sexual, immune, cardiopulmonary, proprioceptive, or sensory systems, severe headache (including migraine), or chronic pain or fatigue.*

I had a pattern during my teen years. I would start off doing really well in school, but not with many friends. When things were going well, I had some successes... awards, making the varsity cheerleading squad, going to national competition for DECA after placing 2nd at state. I was friendly and strange and hid behind a smile.

I would always turn to marijuana. My grades would start slipping and I'd start cutting classes. Whatever was going on, I became defiant and rebellious and downright dared anyone to make me do anything I didn't want to. I know now that I was dissociating and acting out because of what was going on at home. The exact memories are still gone.

Legacies

As I worked through my recovery, I asked a lot of questions about my family, especially about my parents. I had some memories, but a lot of what I knew about them was superficial. I wanted to know who they really were and what made them who they are.

I knew that my mother had been abused. She shared some of her stories with me. I think it helped me understand her more and see her as a person, not just as my mother. I could see how her traumas had impacted her life and her personality. There is a strength about her, but it hides a deep vulnerability.

She has limits on how far she lets anyone in, but she really tries to show she cares. We have been able to talk about a lot of things that are painful, but she has let me ask questions and I think she's been as open with me as she can be.

I have found forgiveness with her, but that forgiveness meant that I had to let go a little. I had to let go of the idea of the fantasy-mother. The perfected concept of motherhood that I had in mind was something that she was never going to live up to in reality. I had to love my mom for who she is, flaws and all. In the end, I think being able to do that helped me find more love for myself and helped me take on guardianship of myself.

Finding out more about my father was difficult, mostly because I would not go to him for answers to anything. There is no contact between us, so I had to get information from other people. What I learned was shocking and I have to keep it private so others will not be hurt. It was enough for me to realize two important things.... firstly, that he wasn't 'born evil' or some such stupid thing. He had his own bad experiences that must have introduced him to sex and control at a young age. At one point he was innocent, but things changed and -- at first -- it wasn't his fault.

But, I also learned that he has been who he is for a very long time, before I was born. I was not the first child he molested and I wasn't the last. I was vulnerable from the day I was born. Understanding this helped me let go of the ridiculous notion that I had made him do what he did. The spell was broken.

As I dug a bit deeper on the family legacies I had inherited from both sides, one thing became very clear. There was a clear dysfunction in both my mother's and my father's families of origin. There was neglect, either outright abusive neglect or neglect by disinterested, narcissistic parents. There was abuse; physical, emotional and sexual abuse history on both sides. Narcissistic mothers and heavy-handed fathers were everywhere. Looking at the roles that seemed to be played out by great-grandparents, grandparents, and parents, everything seemed to fit the definition of dysfunction.

Mental illness, suicide and addiction pop up in every remembered generation on both sides as well. Not everyone in the family suffered in the same way, so the effects of abuse are fading somewhat. In some cases, wise and caring people have come through their experiences and broken the cycle for their children. They are the bright spots in the family, the heart of what keeps some of us together.

One of the most difficult after-effects of abuse is the divisions it creates in the family. Abuse survivors should seek no contact with their abusers, for their own sake. This division is clear, but from there it gets cloudy. Rifts can break families into factions. As a survivor in recovery, especially if you suffer C-PTSD, you have to protect yourself. If family members are not supportive, you may have to choose to keep them at a distance.

Those who were fooled by the abuser may choose to keep their relationships with them. They may invite them to family functions and ignore the no contact rule of the survivor. There will be family members who even accuse the survivor of making it up or making too much of things, minimizing the victim's experience. Some will continue to label the survivor, scapegoating instead of appropriately addressing the issue.

I had to learn to live with what I have and to be strong enough to draw the line with my family. Through this long process, I not only had to accept that this is where I come from... this family is my family. I carry these genes that make me prone to be susceptible to stress and prone to mental illness. I have inherited tendencies that sometimes make me overly analytical, even obsessive. I can live with that part of the legacy.

But, while I accept where I come from, I don't have to continue to let abusive, dysfunctional people be a part of my life just because we are related. I am happy enough with the divisions now.

How I Came to Be Here

"For in every adult there dwells the child that was, and in every child there lies the adult that will be."

John Connolly

There's really nothing special about my story. I'm just another one of those people who had a tough childhood. I've had some challenges in life and some successes. Life was good at times. Sometimes, I was knocked down but I picked myself up and moved on, over and over again... until I just couldn't do it anymore.

I can pinpoint the exact moment when I woke up "broken". I could no longer cope, couldn't myself together anymore. The downward spiral started from there... there was no turning back, no well of inner resilience I could tap into that would take me back to my life as it was before. I couldn't sleep. I couldn't think. I had panic attacks. I developed anxiety so consuming that I couldn't be around people, much less work and function as a 'normal' person. My perspective was altered. I was sick.

That trauma was my tipping point. PTSD, the complex, multiple trauma kind, set in. I fell into heavy daily use of marijuana to cope with all the symptoms and my life was irreversibly changed. Looking back, I know that I have had similar, less debilitating episodes like this at other points in my life. Each one was worse than the last. This particular battle, my zero point, was beyond any coping mechanism I had.

I regressed, lashing out like a child. I followed the chaos of my head into a dark little rabbit hole of memories and lived them all over again. The truth is that the memories were always there, I had just lost my ability to push them aside and carry on.

It took a long time to get to this point and several secondary traumas. I have to admire the strength that held me together... and the denial. I had spent so much energy avoiding the truth, avoiding the acknowledgement of what was going on inside my head, and ignoring the effect that it had on me. When my reserve was gone, it was completely gone. I had no strength left. There was no energy remaining to keep the chaos under control. I collapsed under the weight of it.

My father was an alcoholic and he sexually abused me. He was a bitter, selfish, manipulative person, with a temper that exploded at whoever was around that would take it. In public, he was charming and generous, as sociopaths can often be. He was deceptively intelligent, with a mind I actually admired, despite his other failings. Whatever he was, there was a time when I was his little girl and I loved him, but he hurt me more than anyone else in my life.

My earliest memory of sexual abuse by my father is at about three or four years old. The details of that experience are burned into my brain, along with many other experiences through the years. The abuse continued until I was 16 and left his house for good.

My father was the principal abuser, but there were others. I believe that what he did to me made me more vulnerable to the approaches of other men. For so many years, I had no understanding of what was really going on. My realization of the wrongness of it happened slowly; hurting more as I grew older and my awareness and understanding grew. It was a shame that became harder and harder to hide from myself.

My mother divorced him and they each remarried when I was nine. We lived in poverty most of the time, moving far too often between trailer parks and housing projects, chased away by debts or lured by a job to replace the last one that was lost. There was no stable parenting in my life; the chaos of shuffling back-and-forth between my parents meant that much of what I needed as a child was neglected. I missed out on proper parenting and always felt I had missed out on love.

With all of the chaos, I went to 27 schools in eight states through high school. Being the new kid all the time left me vulnerable to bullying; reinforcing a sense of isolation that still keeps me somewhat distant from people.

Beyond this, there were other traumas. I had an accident when I was 11 with a concussion and facial injuries, which made me feel disfigured and ashamed and neglected even more. When I was 13, we lost my youngest brother to drowning – another case of outrageous neglect. He was only three years old.

Everything turned upside down after that. I started using marijuana. It helped me mask a lot of the emotions and deal with my situation and remained a part of my life from then on, until I had my children.

My first son was born when I was 18. My second came when I was 20, the same year as my divorce. Even though no-one really showed they believed in me, I knew I was capable of being a good mother. I pushed myself to make a good life for my children, to be a good parent, to somehow get beyond the addictions and poverty that had been such an issue for me. I found real happiness.

Life was more than just struggling, it was fun! My catch phrase in my 20's was "Just watch me!" I had a chip on my shoulder to prove myself. I worked two jobs when I needed the money. I did night classes, exemption testing, internships, TV classes, whatever I could do to improve my credentials... all the while supporting my little family. Somehow I balanced it all.

I started my first business when I was 25. I took my last paycheck from the CPA firm I was working for and started a consulting assignment with an Information Technology company. I was young and often passed over for formal roles, but I always had a good paycheck from then on.

I moved my family to Australia at 30. Not bad for a kid from the trailer park with no degree. I started my best venture, a management consulting company, when I was 33. I went on to live in three more countries and travelled all over the world.

Then I got sick and everything came crashing down.

A surgical mistake in 2003 resulted in secondary trauma that triggered Complex Post Traumatic Stress Disorder. I found myself in Intensive Care, numb to what was really going on, doped up on morphine and falling in upon myself. As I struggled to cope with the effects of that trauma, I couldn't push aside the thoughts and memories of my childhood. I couldn't silence my inner critic and couldn't handle the emotions that took over my life from there.

I took whatever prescriptions I was given and self-medicated with marijuana just so I could get through my days. I became numb. I tried to cope, but that became increasingly difficult as my anxieties worsened and my depression deepened.

Five years later, everything was unraveling. I was in a full-blown depressive episode, lying in bed and slowly starving myself to death. I had given up on living. My symptoms compounded, feeding a cycle of stress, metabolic dysfunction and mental unwellness until I simply couldn't function in the real world anymore.

The part of me that had strength was gone. All that was left was the dysfunctional little child I once was. I mourned myself. It was a death within a life. All I was left with was the shell of something I once was and I had no idea how to fill it with anything meaningful again.

When I became ill with C-PTSD, it took me quite some time to understand that what was dealing with was an illness. I didn't have any real understanding of psychology... or psychobiology. I thought my emotions were character flaws and that my mixed-up comprehension was a short-circuit in my brain, or something like that.

The diagnosis of mental illness was confronting. I felt like I was being punished for being a bad person. I thought I was doomed. I hated that I was suddenly crazy... or maybe I was always crazy and now everyone would know it. I labeled myself with the same social stigma that keeps true compassion out of mental illness care. I fostered my own sense of shame.

It took time, but the more I learned about C-PTSD, the more I understood that attaching shame to any condition makes it nearly impossible to find the hope needed to fight it. I had to work on my perspective in order to recover.

I learned that my condition is a natural human response to abnormal conditions of prolonged stress and recurrent trauma. In every person, trauma invokes response. This is a natural process. Stress also invokes response. Recurrent trauma and chronic stress turn these responses into a pattern of conditioned functioning that can either place a person on continual high-alert or routinely suppress cognitive awareness. Childhood traumas and stress cause even deeper issues, both biologically and psychologically... problems that can compound throughout a lifetime and eventually exhaust a person's ability to cope.

I found that everything I learned helped me to ultimately build a lasting foundation for my recovery. Understanding what I can about human psychobiology has enabled me to let go of a lot of the shame, blame and hopelessness of this condition. Now, I feel empowered in every small action I take toward healing myself.

Complex PTSD has certainly changed the course my life. Deciding to give my recovery priority meant that I had to give up my career. I thought I lost a valuable career because of my mental illness. I felt robbed of a meaningful and successful life by the man who allowed this, who caused all this and made me vulnerable to others who would exploit and abuse me. Decades after leaving my father's house, what he did to me was once again destroying my life.

On the early parts of this journey, I confronted so much loss. I was angry about everything, the loss of my prosperity, the loss of my health, the loss of my joy...

That has all faded as I've drawn perspective. For one, the career did not fit with my personal beliefs any longer. The more I discovered, the more I realized that I was fortunate to leave that work behind. Becoming more aware of the preciousness of life and the human experience has led me to a dramatically changed perspective of myself and others, a much healthier one that I have ever had.

I had no idea where it would lead me.

As I worked through my process, I wanted to understand why the problems I had as a kid were still affecting me. In the past, I had been told to just get over it, that it was all in the past and it shouldn't matter anymore. But I just didn't, I just couldn't get over it. It was impacting my life every single day. It was impacting the relationships I had, or tried to have. It was impacting everything. I couldn't trust, I couldn't sleep and I couldn't stand to be alone. I was scared and anxious more than I ever let on. I couldn't show weakness or sadness or anger because those were things that people could use against me.

But I knew. I knew that what was going on in my head had everything to do with the old traumas... as much as it did with the new ones. It was a pattern, one I was reliving every day. I was stuck and it was hurting me. The pain just got deeper and for a long while I felt lost.... Just like I did sometimes when I was a child.

I had tried getting to some understanding with my father. I had given him the opportunity to get it out and on the table. I wanted to understand his side of it. I wanted to understand what would make a father see his child like that. I wanted to know why.

But the answers I needed wouldn't come from him directly. In fact, what I was really looking for in all of this was an understanding of what I had done wrong, why it had happened to me. I wanted to know what was wrong with me... more than I wanted to know what had been wrong about me that he would want to do those things to me.

I stopped all my medications, except for marijuana. I let the process behind my C-PTSD happen naturally and used it to finally heal those old wounds. I journalled and inventoried and narrated my history and my dreams for myself. I looked at my life more forgivingly and found acceptance. What I have gained from this process is beyond what I expected. I expected to find a place for my memories and lay them to rest, which has been the case so far. What I didn't expect was to grow so well beyond them, to find a gratitude for the whole of my life and to find a special love for myself as a result.

I have come a far way from being a victim to being a survivor... to something for which I have no term that fits. I am more than a survivor; I am more complete that I have ever been as a person. I feel more love, appreciation and gratitude for my life than I may ever have had without the experiences, traumatic as they may have been. Through this process, I have defined and reinforced values and life lessons I missed in my early development, which have impacted my view of myself and others.

Everything in my life has changed a great deal and it has taken time to accept those changes. I cannot go back to the way I used to live. I can't work in the high pressure environment that gave me so many opportunities and so much satisfaction before. But, focusing on what I can't do hasn't really led me to anything more than depression. I've had to move beyond this and find meaning in what I have and what I can still do.

I will continue to deal with chronic health issues. I have had to accept that I will likely need the support of marijuana for the rest of my life. For me, it is a better option than any pharmaceutical treatment and I no longer find this as a point of shame either.

I have also opted for a single life, a simple domesticity without a partner. Too many of my triggers are rooted in home life and interpersonal conflict. I would love to say that I have moved past them all, but some conditioning is too deeply set. I am happy getting to know and love myself for probably the first time in my life.

When I started on this journey, I couldn't fathom the deep changes that I needed to go through or that the result would ultimately be so peaceful... so expansive. Nor did I realize that I wouldn't find the glowing full recovery that I had hoped for. I am in remission, but I know that I have to continually manage my stress and try to minimize triggers. I also have to maintain my health and avoid anything that might complicate my symptoms. This means managing my blood sugar, keeping up with my fitness and avoiding toxins as much as possible.

I thought about delaying this book a bit longer, hoping that I would have something miraculous to share, but the truth is that C-PTSD has changed my life and the way I live. It just took some time, effort and understanding to appreciate those changes and accept them. I am happy to say that I feel that I've tackled the most challenging part of the process.

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Stoning Demons is an informed patient's perspective on Complex Post-Traumatic Stress Disorder, Developmental Trauma and Marijuana-Supported Therapy.

This work is focused on Complex PTSD as it relates to childhood trauma and its lifelong impacts on the health and psychology of the victim. Book 1 of the Stoning Demons Series explains how trauma experienced in childhood can prime a person for development of Complex Post-Traumatic Stress Disorder later in life.

Understanding developmental psychology has led me to look at childhood and its foundation for development of emotional, relational, self-regulatory and self-image imprints into adulthood in a clearer, less emotional way. It helped me detach a bit from experiencing my pain, to understanding it. My hope is that this series will help others who struggle with Complex Post-traumatic Stress Disorder.

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