

# Trauma: challenging the myths

As a counselling psychologist, a woman who continues to suffer the effects of breast cancer, and a deeply grieving daughter, **Cordelia Galgut** argues that we need to be prepared to challenge our entrenched thinking about the psychological impact of trauma

I have been struck, since my breast cancer diagnosis in 2004, and again since my mother's death in 2011, by how different my lived experience of the emotional impact of both traumas has been from that which society seems to consider it should be. Academic and popular literature and the media also perpetuate views that deny the reality of how it is to live through these awful events. I would even argue that there's almost a conspiracy of silence about this reality, as if emotional anarchy would result if the silence were broken. Consequently, these myths are rarely challenged.

No matter what the trauma, those of us brought up in the UK, and many other countries, have been conditioned to believe that though these events are awful, it is neither normal to have an extreme emotional reaction to them, nor to have a prolonged period of emotional disturbance. The common perception of breast cancer, for example, is that you get diagnosed, treated with surgery, chemotherapy and radiotherapy, then, if it hasn't spread, you're OK and can and should get back to normal, despite all the evidence to the contrary from those of us who have personal experience of this disease. In my opinion there is very little understanding of the depth or intensity of the psychological trauma, to say nothing of the physical trauma, and the fact that it endures after such a diagnosis. Indeed, in some ways it can become worse over time.

Even more so when a loved one dies than with breast cancer, we are often expected to pull ourselves together quite soon after the death and carry on a normal life. People easily say, 'It's a normal and natural event if your mother dies at 80, when you're 55', as I was. However, the loss of my mother feels anything but normal 18 months on from her death, and I think that is probably the reality of how it is for most of us, judging by what

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people tell me. Equally, I have not progressed in a linear fashion through the five stages of grief, à la Kübler-Ross.<sup>1</sup> Indeed, I have experienced only elements of some of them, in no particular order.

So where do these myths come from and why does our society tend to deny people the right to extreme and enduring emotion? And, as therapists, do we sufficiently examine the extent to which we embody and promote these attitudes in our work with our clients? And if we do, are we not potentially adding to clients' emotional difficulties, rather than helping them cope with them?

#### Where do these myths come from?

When I posed myself this question, I had no coherent answers, so I embarked on a little research. This is obviously an extremely complex topic and my research is in no way exhaustive. However, I discovered a particularly interesting chapter in a book by GW Pigman III<sup>2</sup>, which seemed to throw some light on the origin of these myths. The author is trying to understand two lines that had perplexed him in Milton's pastoral elegy, *Lycidas* (1636): *And O ye Dolphins, waft the hapless youth. Weep no more, wofull shepherds, weep no more...*

He poses the following question: 'How can the speaker's voice change so abruptly and dramatically [from] plaintive helplessness to authoritative consolation?' His explanation is largely that mourning was considered unchristian in Milton's England, a throwback to the 1550s. In the early part of the 16th century, Pigman says, the English were 'acutely anxious about grief which they regard as subversive of the rule of reason and domestic and social order' and the bereaved were 'made to feel that their grief reveals their irrationality, weakness, inadequate self control and impiety'. Therefore, it should be



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suppressed. Although by the early 17th century attitudes to the bereaved had become less condemnatory, and a shift had taken place, especially in moral and theological tracts, this more sympathetic attitude did not replace the severe one. Indeed, throughout subsequent centuries, the dominant attitude towards the bereaved and the grieving remains the one outlined above.

Five hundred years later, these attitudes are still pervasive, having been passed down through generations. It is fascinating to me that still today the expression of deep feelings, especially those that endure, is often considered, as it was centuries ago, to be irrational, weak, an indulgence, maybe unchristian too and, often enough, abnormal behaviour. Moreover, I would argue that our own profession has much to answer for with regard to the ‘not a normal reaction beyond a certain point’ attitude to the impact of extreme trauma, both historically and currently, to the extent that we continue to perpetuate this belief in the face of many testimonies to the contrary. Again, the origin of this attitude is complex and I can do no more than give a flavour of why it might have arisen.

Starting with Freud’s writings 100 years ago, I think a clear link can be seen in his distinction between mourning and melancholia. Freud considered the latter to be a pathological state. For example, concerning the state of mourning, he asserts that ‘although mourning involves grave departures from the normal attitude to life, it never occurs to us to regard it as a pathological condition and to refer it to medical treatment. We rely on its being overcome after a certain lapse of time and we look upon any interference with it as useless or even harmful.’<sup>3</sup> However, he says, ‘in some people the same influences produce melancholia instead of mourning and we consequently suspect them of a pathological disposition’. Interestingly, pathological reactions to loss include lowered self-regard and an inability to, for example, let the lost loved one go.

Since Freud, a variety of other psychiatrists and psychologists have also talked in terms of simple and complicated grief, and only regarded depression as pathological, rather than a natural response to trauma. Always implicit in their writings is this concept of a normal and abnormal reaction to trauma, a distinction I would refute in

the light of my own experience and the reactions of others. Instead, I would suggest that varying degrees of profound psychological disturbance – eg markedly lowered self-esteem and self-confidence – are inevitable and normal after extreme trauma, whether we are consciously aware of them or not, and that this distinction between simple and complicated grief is often a false one.

Frequently this distress will express itself physically and, interestingly, many studies document this; for example, Murray Parkes’ research, which noted increased doctor’s visits after a death, presenting with symptoms such as abdominal pain and breathing difficulties.<sup>4</sup> I would also argue that prolonged grief and an inability to let a dead parent go is a normal emotional response to this kind of trauma. Indeed, might it not be preferable, from a psychological perspective, to recognise that we can never really get used to or ‘over’ the death of a loved one? Surely, the reality for most of us is that over time the loss gets more bearable, and sometimes it does not – indeed I have often heard people say it gets harder to bear the loss as time goes by, not easier.

The whole notion of stages of grief through which one passes after extreme trauma, for example Kübler-Ross’s 1960s stages model, whilst revolutionary at the time because it allowed there to be a protracted and natural process, has also reinforced the idea that the process should be linear and that there is something wrong with an individual who does not progress smoothly through each of the stages – denial, anger, bargaining, depression, and acceptance. As far as I’m aware, Kübler-Ross herself did not believe that it was necessary to go through every stage in a particular order, but this seems to be how her influential theory is often interpreted. However, implicit in it is the belief that a normal psychological reaction results in the individual emerging undisturbed and ‘over’ the trauma in time – a belief I would refute.

### What impact have these myths had on me?

Counter to the received wisdom about how I should react to breast cancer and my mother’s death, I have had, and continue to have, distinctly contrary experiences. Also, pressure from others to feel and react differently has made my process harder to

bear. Moreover, I too have been conditioned to believe that certain ways of reacting to trauma are normal and others not, and my own internal conflict has not and does not help me either. Part of me knows that there is nothing wrong with me if I have intense and enduring thoughts and feelings about what has happened to me, but another part of me mirrors conventional thinking.

After two diagnoses of breast cancer in 2004, I was on a kind of a numb hold through all the treatment, which was awful; the initial stage of which lasted almost a year. I was then on an adjuvant chemotherapy drug for five years, which had very unpleasant side effects.<sup>5</sup> I don’t think I emerged significantly from my shock response for about three years. When my numbness started to dissipate, I began to feel excessively anxious, mostly about fear of recurrence. Not that I hadn’t prior to that, but this anxiety gripped me very intensely at this point. Most of the people around me, not least some medical doctors, encouraged me to ‘get on with my life’, stop dwelling on things, and be more positive. Several times I was told I was ‘overanxious’ and that my reaction was abnormal. Part of the problem was that I would say I was anxious, rather than pretending I wasn’t, whereas others might have felt it, but kept it to themselves.

Other women in this predicament have confessed their own intense and enduring emotions to me, and their struggle to come to terms with what has happened to them, saying they wouldn’t tell anyone who hadn’t had breast cancer lest they were deemed irrational, crazy, not coping, etc. Interestingly, when I started being published about these aspects of breast cancer, I was overwhelmed by letters and emails from women, thanking me for normalising what they were feeling. Over and over again they’d say, ‘What a relief, I’m normal after all.’

When I reached the so-called five-year milestone and expressed the fact that I had still not ‘got over’ breast cancer, a fair few people showed their frustration with me in no uncertain terms. Now, eight years post diagnosis, when I say the same thing, people generally cannot compute this. When I say I don’t see how you can be ‘over’ it, because the effects of treatment endure and I’m reminded of it every day when I see my scars, plus the fear of recurrence never goes away, most people just stare blankly at me. For the most part, people don’t want to hear this version, though it is the reality for many of us, as is obvious when visiting Breast Cancer Care’s forums, for example. Moreover, the fear of recurrence can actually get worse as we gradually start to believe we might survive. Furthermore, many of us cannot bear the thought of more treatment.

Similarly, many have expected me to ‘get over’ my mother’s death fast. Even more so than with breast cancer, I have been expected to carry on with my life unaffected. And indeed, in many respects, I have. But I am far from unaffected.

I have been shocked by how much my mother’s death has rocked me to the core – in fact fractured my sense of self; but then, why wouldn’t it, when you think about it, no matter how old you are when your parent dies? And we still have a very active ‘little us’ inside, who emerges even more dominantly during traumatic times, to say nothing of the ever-present ‘adult us’, who is also grieving.

Nevertheless, I have been stunned by the extremity of my reactions. I have seen my mother in various forms. I have talked to her and felt suicidally low at the thought of living the rest of my life without her. I have also felt very young, helpless and unhinged, and as if I have lost my grip on things. I’ve also sometimes felt as though she and I were one – so overall, I’m certainly ‘diagnosable’, according to Freud!

Throughout, however, I have gained a growing awareness that this must be a normal reaction to the death of a parent, extreme and unaddressed though this reality is. My psychologically trained brain is also surprised by the reality of the emotional disruption I experience. This fractured sense of self that I have been grappling with in my personal therapy, is a state I am still struggling to understand. In essence it seems that I am no longer the me I was, because my mother is dead, so I am having to find a different way of being me, in much the way that I have had to through breast cancer. This has inevitably rocked my self-esteem and confidence. However, interestingly, the shifts I am having to make as a result of my mother’s death are on an even more profound level than those I have had to make as a result of breast cancer.

### Why do we perpetuate these myths?

This is clearly a complex question, to which I will offer up a few possible suggestions – I’m sure there are many more. Firstly, I think it takes a brave, perhaps foolish, individual to challenge such



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entrenched thinking in such an emotive area, so perhaps we are wary of doing so, for fear of public censure. I also think that to do so could be experienced as very threatening. Popular psychology, and indeed academia, have very set ideas about what constitutes a normal reaction to much of what we experience in life, and many fear being perceived as mad, unstable, overemotional, illogical, if they react in these ways. I would argue this is a legacy from the past, reinforced and relatively unchallenged in the present.

Furthermore, people can get very frightened by the intensity of their feelings. I have met people who deny any real emotional disturbance, though those same people will often talk about their physical symptoms and their anxiety about them, for example, gut disturbance, sore muscles, muscular-skeletal problems, without making any connection between the death of their loved one, or other extreme trauma in their lives and the onset or worsening of their symptoms. But then, most people don’t make links between their physical symptoms, their emotions and life events.

I can understand this fear of emotions getting out of control after an extreme trauma, and the need to reel them in. Sometimes I too have been frightened by the strength of my emotions and needed to control them to help me cope. However, this need to categorise, box off and oversimplify the impact of trauma, is so much a part of how we operate as a society and as a profession – too much so, in my opinion. I firmly believe, as both a practising counselling psychologist, a woman who continues to suffer the effects of breast cancer, and a deeply grieving daughter, that we perhaps make rods for our own backs by overprescribing how people should behave during and after these traumas. Perhaps it would help if we were able to ask if we have really got right the reality of how things are, psychologically, for people living through these major crises. And what we have got invested in denying this reality.

### What are the implications for practice?

There are a number of implications for clinical practice in what I present in this article, but there are two major ones, I think. First and foremost, I would argue that as mental health practitioners, we need to be prepared to challenge our own entrenched thinking about the psychological impact of trauma, even if this flies in the face of our training and the theoretical status quo. Perhaps we need to be open to listening differently to what clients tell us, to say nothing of what our own life experience tells us. Secondly, feedback from my clients tells me that anything we can do as therapists to normalise extreme and enduring reactions to traumas they experience, is helpful, including self-disclosure, in order to counter societal beliefs that such reactions are abnormal. The following are statements from clients of mine that address these areas:

### Holly, age 26

*‘It was incredibly useful to discuss my father’s death with someone who was experiencing similar emotions, as I knew Cordelia’s mother had also passed away recently. Cordelia had asked me whether I would like her to share some of her own feelings about her mother’s death and I am grateful that she did because it really helped me to understand and accept my emotions. I felt a great deal of guilt and responsibility, feeling I hadn’t done enough for my father in the latter stages. Cordelia not only helped me to reconcile myself to the fact that I couldn’t have done much more than I did, but to accept that you don’t just get over a big bereavement and that the deep feelings I still have are natural. Also knowing I wasn’t alone with my thoughts was reassuring and a great comfort.’*

### Louise, age 46

*‘It’s a year since my breast cancer diagnosis, and seven months since my surgery. I had imagined that once I was through that, there would be a sense of elation at having finished my treatment. Nothing was further from the truth. I was immensely depressed for weeks after my surgery and, while that utter blackness has passed, I am still living and thinking about what happened nearly all the time and am only just coming to terms with the idea that this will go on, and maybe never truly be over. As a result, I have become hugely wary of saying things like, “I feel better” or planning things for the future.’*

*‘It was reassuring to meet [Cordelia] and be told [she] thinks it is still early days for me. It feels like early days, but no one had really said that. Also, it was good to have someone use words like trauma and shock, which resonate with how I feel. My previous therapist was suggesting techniques and practices that I am just not ready for yet. There is still way too much going on in my head. I was beginning to feel quite stressed about my failure to make meditation-type practices work. Again, it was good to hear from [Cordelia] that the way I feel is perfectly reasonable.’*

### Ben, age 26

*‘With Cordelia’s help I have learnt that grieving and recovering from other traumatic experiences takes time and often these feelings will never be completely cancelled or forgotten. I now understand that human nature means there are no deadlines for emotional and psychological trauma. This has been very helpful and important to me in understanding and addressing my own trauma.’*