

LISA FERENTZ

# Letting Go of Self-Destructive Behaviors

A WORKBOOK OF HOPE AND HEALING



## LETTING GO OF SELF-DESTRUCTIVE BEHAVIORS

*Letting Go of Self-Destructive Behaviors* offers inspiring, hopeful, creative resources for the millions of male and female adolescents and adults who struggle with eating disorders, addictions, or any form of self-mutilation. It is also a workbook for the clinicians who treat them. Using journaling exercises, drawing and collaging prompts, guided imagery, visualizations, and other behavioral techniques, readers will learn how to understand, compassionately work with, and heal from their behaviors rather than distracting from or fighting against them, which can dramatically reduce internal conflict and instill genuine hope. Techniques are provided in easy-to-follow exercises that focus on calming the body, containing overwhelming emotions, managing negative and distorted thoughts, re-grounding from flashbacks, addressing tension and anxiety, decreasing a sense of vulnerability, strengthening assertiveness and communication skills, and accessing inner wisdom.

This workbook can be used in conjunction with *Treating Self-Destructive Behaviors in Trauma Survivors, Second Edition*, also by Lisa Ferentz, to allow therapists and their clients to approach the behaviors from the same strengths-based perspective. Workbook exercises can be completed as homework assignments or as part of a therapy session. In either case, the client is given the opportunity to process their work and share their insights with a compassionate witness and trained professional, making the healing journey even safer and more rewarding.

**Lisa Ferentz, LCSW-C**, is the president and founder of the Institute for Advanced Psychotherapy Training and Education, which provides continuing education to mental health professionals. She was named “Social Worker of the Year” by the Maryland Society for Clinical Social Work in 2009 and has been in solo private practice specializing in trauma for 30 years.

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SELF-DESTRUCTIVE  
BEHAVIORS

A Workbook of Hope and Healing

*Lisa Ferentz*

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*For my beautiful grandmother, Fay Berkelhammer, 99 years young: Your love, wisdom, creativity, and extraordinary insights have been and will continue to be a source of inspiration and healing for generations to come.*

*For Kevin: We really are holding hands and reaching for the stars together.*

*And for all of my clients past and present: Thank you for teaching me, inspiring me, and always reminding me of the courage, creativity, and resiliency of the human spirit.*

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## FOREWORD

“Hurt people, hurt people.” Most of us know this to be true. Unfortunately, hurt people very often hurt themselves. Many of these “hurt people” are ones who would never think of hurting another. However, they see nothing wrong with hurting themselves by cutting, burning themselves, drinking too much, eating too much, not eating, drugging, or doing other compulsive, addictive behaviors that are self-destructive. This book was written to help you understand the origins of your hurt and the *why* of your self-harming behavior.

One of the hardest things to do is to take that first step and admit that you need help. Then what? How do you find someone who can help you? Who do you call? What do you say? What questions do you even ask? After all, the therapist you are calling could be the one to help save your life! Finding someone to help is no easy task, especially when you may be depressed, scared, anxious, and feel you have nowhere to turn. Not to mention the shame you may be experiencing.

What you need to know, however, is that the therapist you choose must be trained in trauma therapy (emotional, physical, or sexual). Even if you think you grew up with the perfect family, somewhere you were hurt by someone who took your power away. It could have happened when you were a child, teenager, or even as an adult. Because you are hurting yourself, what you need most is the patience, care, and concern of a specially trained therapist who can help you understand the origins of your hurt and the reason for your self-harming behavior.

I’d like to explain a little of my story so that you can hear from a “real” person, who has “been there, done that.” I was fortunate that I had a physician in whom I confided who gave me the name of a therapist. This was many years ago and self-harming behavior, especially cutting, was always looked at as a suicide attempt. Very long story short—I had childhood/teenage sexual abuse in my life as well as emotional neglect by my parents. I felt like I wanted to die. The only relief I could find was by hurting myself and drinking. Dissociation (zoning-out or going away in my head) was my way of life most days. I just figured I was crazy and wouldn’t live very long. I was 38, had a great husband, two beautiful kids, a good job, nice house—but I wanted to die. Being crazy was my deepest, darkest secret. Finally, I had hit rock bottom and basically fell apart. Not only was I hurting myself but my actions were deeply hurting the people who loved me. I needed help.

I was very, very lucky. I found Lisa Ferentz, who was willing to listen to anything with care and concern and always with a helpful self-care suggestion rather than the usual, “how did that make you feel” or eyes that “glazed over” when told something “weird.” You know what I mean!

Lisa didn’t know a lot about dissociation or self-harming behavior back then. She tried to get me to do a contract not to hurt myself. Well, I thought that was just the dumbest thing anyone could ask me to do and I refused. After all, it was my body, and I was going to do what *I* wanted to do to it. No one was EVER going to tell me what to do with it—my body was finally mine. If I wanted to hurt it, I would hurt it. To my surprise, she didn’t fire me or threaten to hospitalize me. Instead, Lisa treated me with respect and we worked in collaboration to get to the root of the problem.

She took workshops, extra courses, read everything she could get her hands on about self-harming behavior and even contacted experts in the area of dissociation to get help. The point is, her mind was always open to new ideas and she was willing to work for me and with me. I always felt safe and able to confide anything, no matter how embarrassing, crazy, or weird I thought it was.

So how do you find someone with these qualities and who knows how to help? You need to ask the right questions when you make the call or calls to find a therapist. Get a few names from a doctor or recommendations from a friend who has been through therapy. You can easily search the Internet for someone near you. Type in *therapist-trauma-PTSD and the abbreviation for your state*. You should get the names of local therapists with information on their website about the types of therapy offered. Almost all therapists will talk to you for a few minutes free of charge and some have an e-mail address on their website for you to contact them.

It is imperative to find someone who is trained in *PTSD* therapy (Post-traumatic Stress Disorder) and who works with *survivors of trauma*. These are the two most important “buzz” words to use when you call. If you can, tell them about hurting yourself and ask what they could do to help you. If you hear any negativity in their voice or the word “contract,” politely thank them and hang up.

Back when I began my journey in therapy, it took much longer than it does today to end my cycle of self-harming behavior. But thanks to Lisa and her work in this field, many new techniques have been introduced to therapists to help clients, and they work! No contracts, no hospitals (unless you are suicidal) and techniques that NEVER take away your power. YOU are the one to decide how, why, and when to begin to take care of yourself in a positive, self-caring way.

Have faith that you will find someone to help you. In the meantime, this book can go a long way in getting you started on the path of self-care rather than self-harm. I wish there had been a workbook such as this when I was hurting myself. There wasn’t much out there on the topic, and I know the more you can educate yourself the better off you’ll be. This book is full of information for you in every area that you are dealing with such as how to cope with triggers, unpleasant scary

feelings and most of all understanding the need to harm yourself. It will give you alternative ways to cope that will help you heal. In addition, this book is full of information on topics such as PTSD, abuse issues, dealing with others who don't understand what you are doing, and many, many more pieces of good advice.

Take it from me, I've been in your shoes. I couldn't imagine NOT hurting myself and thought Lisa was crazy to suggest I didn't have to! Now hurting myself is far from my mind and something I can't even imagine doing to myself. During my journey with Lisa I actually did most of the exercises in this book and I know they helped. In my opinion, Lisa's idea of using CARESS as a way to stop self-harming behavior is a breakthrough in trauma therapy.

Use this book at your own pace. It is best if you can use it with a therapist's help. But if you can't, at least you are taking a step in the right direction by arming yourself with knowledge and doing activities that will help you begin to cope in a healthy, powerful way. I will end by echoing Lisa's words, "You have what it takes to take care of yourself." And you do!

Good luck on your journey to wholeness and wellbeing. You can do it!

**Margaret H. Grimes**

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PART I  
TAPPING INTO YOUR CURIOSITY  
AND COURAGE



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## BEGINNING THE JOURNEY



"I know that hurting my body isn't really a good idea, but I feel like I can't stop."

"When I starve all day, I feel kind of powerful. Until I feel dizzy and out of control again."

"When I hook up with men I don't know why my friends get upset. They seem a lot more worried about it than I do!"

"Drinking is a way to cope. Why can't my family understand that?"

"If I had another way to feel better and stop the pain inside of me, I guess I'd try, but I don't feel like there is any other way."

"At least when I'm thinking about my cutting, I'm not thinking about other things in my life that have hurt me!"

Do you relate to any of those thoughts? Do you ever feel scared or upset by your behaviors yet struggle with the idea of stopping or changing them? Have you ever tried to give them up but found it too hard? Having spent many years working with people who do self-destructive or self-harming behaviors, I've learned that the healing journey often begins with two main qualities: courage and curiosity. It takes tremendous courage to say, "There may be a problem with what I'm doing," or "It's possible that what I've been doing isn't working for me anymore." Being courageous doesn't mean that you're not afraid. In fact, if any of us waited until we weren't afraid before taking a challenging new step, we might never consider moving ahead. You can be afraid and do it anyway. Whether that means trying out a new behavior, entertaining a new idea, or letting go of old thoughts and behaviors that are familiar but are also harmful to your physical or emotional safety and wellbeing.

Once you notice your courage and tap into it, you can allow yourself to be curious about other options. This moves you even further along in your recovery process. Being curious about new possibilities works best when you approach this with an open heart and an open mind. It may feel natural for you to quickly judge or rule out new options. Change can feel scary, even when you're sure change will make things better for you. It's ok to be scared or confused as you consider new ways of coping. It's natural to hesitate when you don't have other ways of getting relief. Give yourself permission to be curious in a compassionate and non-judgmental way. In order to grow, you have to be curious—otherwise, things stay the same. They may be predictable but they aren't really better. You have already taken a step in the right direction by giving yourself permission to be curious about this workbook!

Although reading this and participating in the journaling, drawing, and behavior exercises can be an important step in helping you let go of your self-destructive behaviors, it's important to state that *no one can make you stop whatever it is you are doing*. The decision to be free of those behaviors and to replace them with healthier ones has to come from *you*. And the truth is it's really hard to give up what you *do* know—even if it seems to be creating problems for you—and replace it with behaviors you *don't* know—even if they appear to be in your best interest.

That's why the only thing you really need to get started is the willingness, the courage, to say, "Maybe there's a better way to get my needs met," and the curiosity to say, "I'm willing to listen and learn." In the end, the decision will be yours. The great news is there *are* other safer behaviors that allow you to achieve the temporary, positive results that you get from self-destructive behaviors. The difference is these new options will give you results that last, and won't create the same negative side effects that you are probably experiencing such as guilt, shame, fear, loss of control, or unwanted physical pain.

It's important to realize that there are positive benefits from your behaviors. You wouldn't be doing them if you didn't get something from them! It takes courage to admit that there are powerful negative outcomes as well. Together, we will explore the common positive and negative consequences of hurting the body or doing addictive behaviors. Understanding the "pay-off" can reduce the confusion and shame associated with why you keep going back to the behaviors. Understanding the very real downsides to your actions gives you the opportunity to re-think whether or not it would be in your best interest to learn other ways of coping and feeling better.

If you are like most people who abuse substances, have an eating disorder, engage in other addictive behaviors, or injure your body through acts of self-harm or self-mutilation, you have spent a lot of energy trying to explain the importance of your behaviors to loved ones, or attempting to downplay the negative consequences of your actions. This makes sense when those behaviors feel like the only helpful way to soothe or be numb, distract from other painful feelings or memories, or even feel alive in some way. Anyone who got that kind of relief would stay

deeply invested in continuing the behaviors. They become an important resource for coping. And when you get relief in the short term, it makes it more likely that you will repeat the same behaviors in the future. Even when your loved ones or a therapist try to convince you that what you're doing is "bad for you," the behavior may be the only coping strategy you know and trust, and you will want to cling to it like a lifeline.

It's also confusing and complicated when well-meaning people in your life ask you to explain why you are doing something destructive. Many people who struggle with these behaviors can't explain to others why they feel the need to hurt themselves. This can create feelings of guilt, shame, and a self-diagnosis of being "weird" or "crazy." It also fuels a reaction of frustration, fear, or anger in others when there are no answers. Twenty-three-year-old Stephanie illustrates this when she says:

My parents caught me throwing up—again—and this time they got really angry. They demanded to know why I keep doing this to myself. And the more they pushed, the more I realized I had no answer. That actually scared me a lot and made me realize how out of control this had become for me.

That's where this workbook can be helpful to you. Together we will explore—without judgment—the most common reasons why people do self-destructive behaviors. We will connect the behaviors to several specific experiences. It may relate to the challenges and changes that come with adolescence. It might be the result of having witnessed or experienced trauma, abuse, or neglect. Or it might be the byproduct of having an upsetting story to tell from life events or stressful experiences that haven't been resolved. I often refer to this as a "pain narrative." Connecting what you have been doing to the difficulties that go with being a teenager is useful because the beginning of adolescence is often associated with the start of self-destructive behaviors. That's not to say that only teenagers do these behaviors, or that it only begins in adolescence. Many people stumble upon self-destructive behaviors that seem to help them when they are much younger. And many people keep doing these behaviors well into older adulthood. But as you'll see, adolescence can be a particularly vulnerable time, partly because we are willing to take greater risks, so self-harm is often discovered around this age. Or there is an increase in existing destructive behaviors as teens attempt to cope with the additional stress that comes with being an adolescent.

Fifteen-year-old Artie has an alcoholic father and a mother who copes by "pretending Dad doesn't really have a problem." He helps us make the connection between self-destructive behavior and adolescence. You may relate to this if you are a teenager, or if you once felt this way when you were younger.

When I was a kid I think it was easier to go along with my Mom's strategy. We downplayed my Dad's drinking and looked the other way so it didn't seem so bad. We tried to focus on the "good times" with Dad and ignored the bad times. But when I turned 13, I started to

feel so stressed by school. I felt insecure and thought that girls didn't like me. The added pressure made it harder and harder to ignore stuff at home. I needed another way to tune it out and not deal with it. I had experimented with pot when I was 11, but by the time I was 14 I was getting high everyday. It seemed like a better solution. When I was stoned nothing mattered, which was fine with me, because letting it matter hurt too much.

Later on we will explore in more detail the specific challenges of adolescence and how they often serve as “tipping points,” causing teens to turn to self-destructive behaviors or up the ante with existing ones. It is certainly true that not everyone who has a problem with drugs, alcohol, eating, cutting, or sexual addictions has been abused or neglected in childhood. However, it is reasonable to assume that anyone who does those behaviors has an upsetting story to tell about something they experienced or witnessed that made them feel unsafe or betrayed their sense of trust. Typically this is an experience that cannot be expressed with words. And yet the person still needs to be comforted in some way. When something has interfered with their ability to self-soothe in healthy ways, they turn to destructive behaviors.

Traumatic experiences affect people in different ways, and some people can function at higher levels than others even with the effects of trauma. But anyone who has been through physical, emotional, psychological, verbal, or sexual abuse or some form of neglect pays a price and often suffers silently. There can be a big difference between an outer appearance of confidence and competence and inner feelings of inadequacy and shame. Sometimes trying to manage those opposite feelings creates more pain that needs to be soothed. Sometimes the resurfacing of painful or old memories and feelings needs to be pushed aside or comforted. Self-destructive acts can feel like a way to manage the leftover pain from these past traumatic or distressing experiences. Fifty-year-old Mary shows us this when she says:

I was a very successful businesswoman, who seemingly had it all! Everyone thought I had it together and probably would have been shocked and horrified to know that I was bingeing and purging almost nightly, and then crying myself to sleep. I felt haunted by memories of my grandfather inappropriately touching me. I felt dirty and damaged. It didn't matter how pretty or accomplished I was, that almost made it worse, because no one saw how much I was hurting or believed I could have such intense pain.

Future chapters will help you understand the importance of exploring the possible connection between self-destructive behaviors and prior traumatic or painful experiences. Identifying, working through, and resolving these “pain narratives” or painful life experiences, will eventually make the need to engage in self-destructive acts unnecessary for you.

One of the most important ideas I hope you get from this workbook is *what you have been doing makes sense given what you have experienced in the past*. We will look at

these behaviors through a strengths-based, “de-stigmatized” lens. This means we will not look at these acts as signs of “mental illness” or “weakness.” My belief is that these behaviors are creative coping strategies in response to very real emotional and psychological pain. Sometimes, they are the inevitable end result of that pain. This is especially true if you did not have any resources for comfort, love, and support. If no one was there to soothe you, you never learned how to self-soothe. And without that skill you resorted to anything that would make you feel better, even if, ironically, it also caused you pain. We will talk more about how being able to trust and feel safe with caretakers allows you to learn the skill of self-care. And we will also look at why it’s so difficult to manage your emotions when you aren’t allowed to feel a secure attachment to your caretakers.

Since you will be introduced to ideas that might be new to you, there is a glossary at the back of the book that will serve as a quick guide. When you come across a word or a concept that isn’t familiar feel free to use the glossary to get a simple definition. Part of the healing journey is learning and embracing a new language that can put words to your experiences.

Another important part of this workbook relates to a “cycle” of self-destructive behavior and how that cycle repeats itself, making you do the behaviors over and over again. You’ll learn about the impact of external things like “triggers” (experiences that remind you of painful things from the past) and internal processes like negative thoughts and feelings, increased anxiety and dissociation or “zoning out.” You’ll begin to understand how your body becomes conditioned to respond to stressful things with impulsive and compulsive acts that are self-destructive. This means you do something painful over and over again without really thinking about it, so the behavior becomes automatic.

Once you understand the “domino effect” of getting triggered you can begin to stop the cycle with other coping strategies that accomplish what self-harm has accomplished for you. This will give you back a genuine sense of *power and control*: two words that feel very important to people who hurt themselves. Only in this case, you can have the power and control without the negative fall-out of guilt, shame, secret keeping, or feeling weird or like a failure. Your new choices for coping and self-soothing will not threaten your job, your relationships, or undermine your physical, emotional, or psychological wellbeing.

Does this sound too good to be true? Feeling uncertain or doubtful is understandable. If you’ve been doing your self-destructive behaviors long enough you might think there are no other options. Again, I remind you that all that’s needed to take this journey is courage and curiosity. And if you are still reading, you have both!

## YOU ARE NOT IN THIS ALONE



As you'll see, reading the chapters in this workbook is one way to gain new insights and understanding. In addition, since this is your own personal workbook, there will be many invitations to write, draw, try new behaviors, practice visualizations and guided imagery exercises. These are opportunities for you to work on a deeper level and to make the work more personal. As you find the courage to do so, you may find that different parts of the book bring up strong or overwhelming feelings for you. Therefore, after each exercise, it is very important that you take some time to comfort yourself and calm your body.

Although this workbook can be considered a resource for "self-help," I want to stress the value of doing this work with the support of a trained mental health professional. There are many reasons why working with a therapist, especially one who understands the impact of trauma, is really helpful and is strongly encouraged as you move forward in your healing journey.

Perhaps you have considered going to therapy but thought it wouldn't make a difference. Maybe you've had past experiences with mental health professionals and weren't happy with the results. Maybe your family, community, or cultural upbringing doesn't encourage reaching out for help or sharing your feelings with others. As you think about the idea of including therapy in your recovery plan, take a moment and respond to the following statements with your most honest thoughts and feelings. If you are currently seeing a therapist, address those statements as well.

**JOURNAL EXERCISE: UNDERSTANDING YOUR FEELINGS ABOUT THERAPY**

1) When I think about reaching out to a therapist for support and guidance, I think and feel:

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2) In general, my family's views about seeking outside help are:

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3) My culture's views about mental health and mental health professionals can be described as:

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4) If my family knew I was in therapy their reactions would be (or have been):

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5) Given my current or past experiences with therapy, my thoughts and feelings about working with a mental health professional include:

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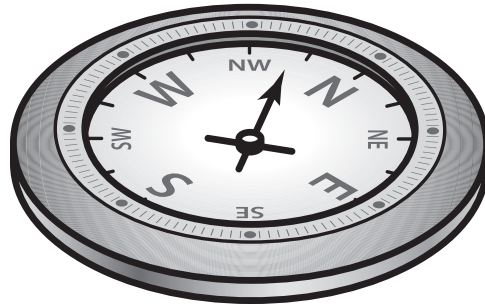


Take a moment and notice what you've written, and see if anything feels new for you. Allow yourself to observe, without judgment, how you feel about your responses. Regardless of how you have responded, read on. The next few pages will either strengthen your instinct that therapy is extremely helpful or offer some new ideas about the advantages of doing this work with the support of a qualified mental health professional. This means someone who can explore the connection between your behaviors and PTSD, trauma, neglect, or painful past experiences while offering you new coping strategies that can help you resolve those issues.

Should you decide to include a therapist in your healing journey, or if you are already working with a therapist you trust, I'd like to suggest that you invite that clinician to read the book I wrote as a companion to this one entitled *Treating Self-Destructive Behaviors in Trauma Survivors: A Clinician's Guide*. It will echo and support all the ideas presented in this workbook and increase the likelihood that you and your therapist will be on the same page in terms of a strengths-based, non-"mental illness" approach to your coping strategies. They will be instructed on how to incorporate creative, non-judgmental treatment that can help to move you forward in your work.

The following chapter will give you a list of reasons why working with a qualified mental health professional can be helpful. Take your time reading the list and notice your responses. Give yourself permission to have an open mind as you move forward.

## THE TOP TEN REASONS WHY A THERAPIST CAN HELP



### **1) Getting outside support breaks the cycle of handling pain alone**

One of the most common reasons why people resist getting outside support is because they are already so used to dealing with their feelings and their overwhelming experiences by themselves. If you relate to this you might have never even thought that reaching out to others could be helpful. It might not even occur to you to ask for help. You may have grown up feeling alone or “invisible,” because you were neglected, or you had overwhelmed, distracted, or unavailable caretakers who were unable to meet your needs. Maybe your needs and feelings were discounted, not valued, or ridiculed. At one point in time you may have tried to reach out, only to feel short-changed, misunderstood, not believed, or judged. As a result, you wisely stopped looking for outside help for comfort and support and recognized that you were “on your own.” This became “normal” for you. You didn’t want to go it alone—you simply had no choice. So you made the “best of it.”

The idea of seeking out therapy may feel unnatural because it challenges your core belief about having to handle pain and conflicts by yourself. When you do find the courage to let a safe person support and guide you in your healing journey, you are breaking free from a powerful cycle of neglect. You are deciding to no longer accept the idea that you don’t deserve help or that you must always go it alone. Managing life alone was never your idea in the first place, but it’s what you were forced to do. You learned to totally rely on yourself in order to survive. Now you can learn to get support from others in order to thrive! And once you experience the comfort of being helped by a nurturing, safe therapist who truly

“gets” what your self-destructive behaviors are about, you will be able to open your heart to the love and support of other safe people in your life as well.

Thirty-year-old Sara was an only child who grew up in a family with two very successful, high achieving parents. They often traveled for their jobs or spent hours away from home working with different community organizations. Sara struggled with depression and an eating disorder for most of her adolescence and adult life. Deciding to seek out treatment was a huge challenge for her.

I never thought of myself as “neglected.” We lived in a beautiful home, and I had every material thing I wanted. My parents were respected in the community. Everyone looked up to them and thought they were amazing people because they did so much to help others. It was “normal” for me to be home alone while they were out helping everyone else. If I had problems with school or boys I handled it myself. My parents loved me for being so self-sufficient. It never occurred to me to ask for help. When my eating disorder finally became unmanageable and I had to get help, it felt weird and foreign to reach out. I was actually proud of being self-sufficient until I realized it might not be normal to be totally self-sufficient as a kid. On a deeper level, I must have either assumed there would be no one around to help me, or that I didn’t deserve it in the first place.

## **2) Therapy helps you see yourself and your situation from a different angle**

The expression “you can’t see the forest for the trees” applies to anyone overcome with negative thoughts and feelings. A therapist is able to “stand back” from those thoughts and feelings and provide you with a more objective, clear, and often more accurate take on your situation as well as your progress. You may be like many other people who tend to downplay their accomplishments as not important and exaggerate the seriousness of their mistakes. This is common in people who experience depression, anxiety, or have a history of unresolved painful experiences.

Or you may have people in your life who have fed you false information about your accomplishments or missteps. Sometimes we can’t see ourselves in the same way that others see us because of self-esteem issues. If your siblings or parents felt threatened by your talents and strengths, they may have mocked you instead of encouraging your continued growth and healthy risk-taking. Oftentimes, people with low self-esteem feel threatened by another person’s success. They might try to boost their own egos by putting down the people around them. They could also have given you the message that it is “selfish and egotistical” to think well of yourself, and this makes it impossible for you to accept accurate compliments about your abilities. In fact, being able to comfortably receive compliments is necessary for building confidence and self-worth.

With all of these damaging messages, seeing the glass as “half empty” becomes an automatic response. But automatic responses are often rooted in the past and aren’t accurate reflections of current situations. An honest, objective therapist

can help you sort out your automatic assumptions, separating the past from the present. He or she can help you look at your experience from a different angle, often showing you that the way you are seeing a current situation, measuring your progress, or assigning self-blame, needs to be looked at from a more objective point of view.

Twenty-five-year-old Bill was working on recovering from a sexual addiction. His behavior “soothed and numbed him” in the short term, and left him feeling “guilty and ashamed” in the long run. He commented on the importance of having an “objective witness” in therapy when he said:

I never realized how hard I was on myself until I came in here and listened to the way YOU talk about what I’m doing. I beat myself up when I make a mistake and you see it as progress when I can pick myself up and move on. Like my parents, I focus on the fact that I fell down. But you focus on the fact that I got back up. We definitely see the same thing very differently! But if I’m honest about it, it feels a whole lot better and more hopeful to see it YOUR way!

### **3) Getting outside support breaks the cycle of secrecy and shame**

If you are like so many people who use self-destructive behaviors to manage their distress, you know there is another exhausting and shaming part of the equation: trying to keep the behaviors hidden from everyone else in your life. This often results in having to invent and keep track of complicated lies, and lying only adds another layer of guilt. Keeping secrets adds fuel to the belief that there is something “wrong” with you or “bad” about you. Your lies may leave you feeling dishonest and fake, and that can lower your already fragile self-esteem. The ongoing fear of being “caught” or “found out” adds to your anxiety, which actually increases your “need” to soothe through destructive acts. Working with a therapist is a way to break the secrecy, and reduce the lying and guilty feelings.

It makes sense that you feel the need to lie and keep secrets as these are behaviors that get modeled and reinforced in dysfunctional families. Children are taught to keep secrets or lie about sexual abuse, domestic violence, addiction, and any other issue that is not being openly talked about within a family. Keeping secrets becomes a way to cope and survive and is “normalized” in families where grown-ups don’t take responsibility for their actions, or don’t want to deal with what’s really happening. This becomes such a way of life that you may even have the experience of lying when you don’t really have to: it just happens more automatically than telling the truth!

Forty-year-old Mary has been cutting her hands and arms for years. She never told anyone and spent most of her adult life trying to hide the behavior. Once she began therapy, she realized:

I've hated myself for two reasons—the fact that I cut myself and the fact that I lied about it. I've come up with every excuse you can think of, but I always feel cheap and dishonest. When I hear myself lying I hear my mother's voice. It's what she did my whole life. I don't think people actually believe my lies half the time. I have to say that it's starting to feel like a relief to not lie about my cutting in therapy. I can finally be honest and that helps to feel less guilty about it.

#### 4) Therapy gives you the “cheerleader” you deserve

This is an idea that may be hard for you to believe or relate to when you think about what you actually deserve. It's possible that you haven't had too many “cheerleaders” in your life up until this point. Yet, we all need support and encouragement with no strings attached, especially when we are having trouble feeling optimistic or hopeful on our own. Repeated negative, frightening, or painful experiences as well as repeated relapses may have made it more difficult for you to believe in yourself, or to believe things can actually get better. A supportive, non-judgmental therapist can maintain a level of hope for you until you are able to feel it for yourself and believe it! A good therapist is also able to point out your progress, including the baby steps. Even when this positive feedback feels uncomfortable, it's important for you to experience someone praising you and taking pride in your growth. Eventually, you will be able to hold these positive messages inside and learn how to be your own best cheerleader.

In childhood you naturally turned to the adults you trusted to be your cheerleaders. It was normal and natural for you to seek out the love, approval, and attention of those caretakers. When they let you down, had strings attached to their praise, or were inconsistent or negative, you slowly learned to stop asking for and trusting their encouraging words. Keep in mind that if having a personal cheerleader seems uncomfortable, it's probably because this is a new experience for you. So if it feels awkward or confusing it's because it's a *new* experience, not because it's *wrong* or you don't deserve it.

Nineteen-year-old Catherine had been suffering from depression and used food and alcohol to self-medicate. She came into therapy “feeling like a failure” after relapsing several times. She began therapy with me and said the following after six months of treatment:

I actually used to dread it when you complimented me or got excited about something positive I did in therapy. It felt really uncomfortable, and I guess I was suspicious of it because no one else was complimenting me in my life. I thought you were just “acting” for my sake or because I pay you for therapy. Everyone in my life was always focused on the times I screwed up. There were moments in therapy when I needed to look away from you, and actually wanted to tell you to stop complimenting me. But over time it got easier, and now I can feel good when you say something nice. I sort of look forward to it! I even say to you, “you'll be proud of what I did this week” because I want you to be proud of me. I know that I still have to become my own cheerleader—that's harder—but I