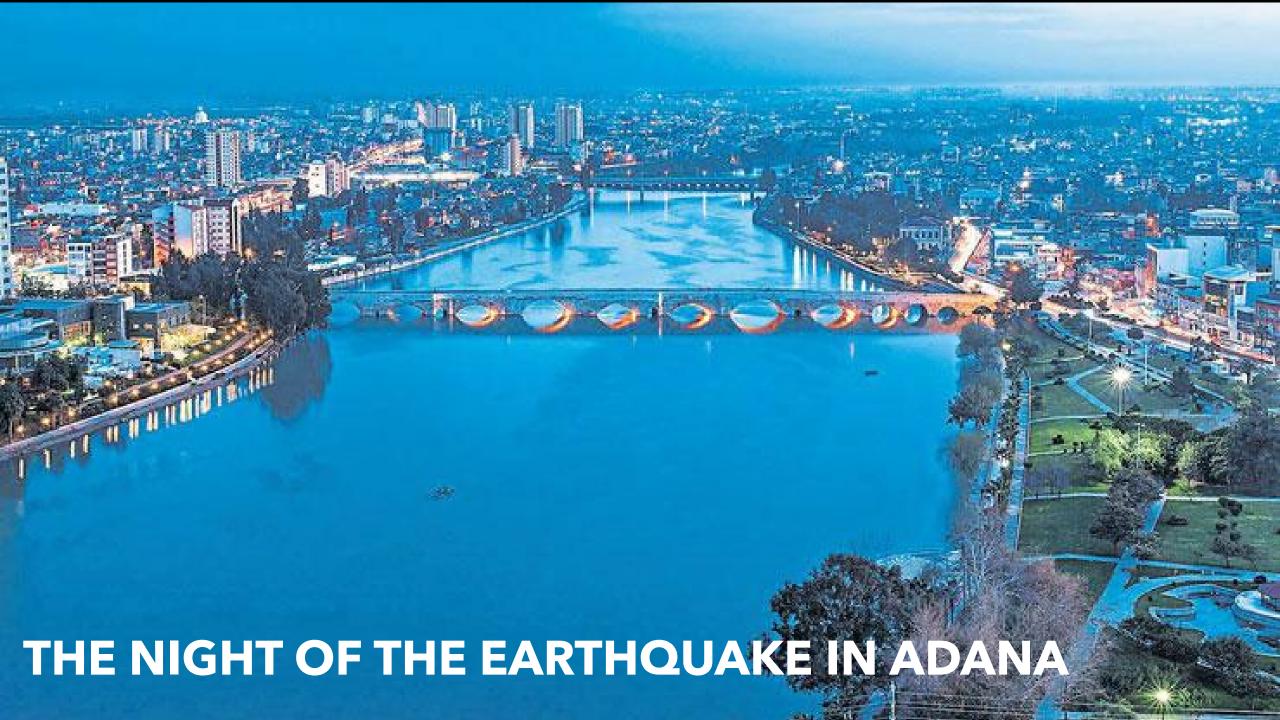
## ACCEPTANCE AND COMPASSION IN NATURAL DISASTERS

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### NATURAL DISASTERS

- Since 1995, over 4.4 billion people have been affected by natural disasters...
- Natural disasters are defined as rapid, sudden and extreme events occurring within the geophysical system that exceed the intervention and recovery capacity of the affected region, leading to material damage as well as injury and death among the inhabitants of the region.
- Early psychological symptoms arising after disasters should be considered as a normal reaction to an abnormal event.



# EMOTIONS AND PTSD

- There are several reasons for the low success rates in treating "PTSD".
- "PTSD" has been as an anxiety disorder for years. Do you think "anxiety" is the only emotion experienced in PTSD?"
- Fear, terror or anxiety are not the only emotions that arise after traumatic experiences. Guilt and shame are also common emotions that arise after trauma, and they are extremely important.
- Perhaps the main reason for our lack of success in dealing with PTSD is that we know how to work with fear and terror, but not enough with shame.

# SHAME AND TRAUMA

- 1. Shame refers to the emotional experience of feeling intrinsically flawed, socially undesirable, and inadequate.
- 2. Post-traumatic shame is common; for example, individuals who experienced physical abuse in childhood report higher levels of shame than non-abused individuals (Keene & Epps, 2016).
- 3. Among those with PTSD, 62% reported experiencing trauma-related shame, and shame emerged as a stronger predictor of PTSD than fear (Badour, Resnick, & Kilpatrick, 2015).



## SURVIVOR GUILT

- Some people involved in the disaster may also feel guilt that they survived, but their family members, friends, neighbors and people around them did not.
- Guilt can also get in the way of asking for help (e.g. «I don't deserve help» or «Others need it much more than I do»).
- Trauma survivors may also talk in a selfblaming manner as if they were responsible for the events and may say things like «It's all my fault», «I deserved this», or «I should have behaved differently».



## LONELINESS AND TRAUMA

- The research also suggests a correlational relation between feelings of loneliness and PTSD.
- For example, Zeligman, Bialo, Brack, and Kearney (2017) reported that loneliness is a potential barrier to recovery from trauma.
- The feelings of shame often result in social withdrawal among trauma survivors. This withdrawal often occurs due to the belief that others see them in the way they see themselves... "flawed" (Carona et al., 2017).
- The resultant shame can further perpetuate PTSD symptoms by fueling avoidant behaviors such as isolation.
- As social isolation is associated with the most detrimental outcome of PTSD, namely suicide; thus, enhancing social support for trauma survivors is vital (Panagioti et al., 2011).
- Social isolation, loneliness and self- blaming also suggest a need for further research on the relationship between PTSD and depression developing in the aftermath of PTSD.



## THE IMPORTANCE OF COMPASSION IN TRAUMA

- Neff defines self-compassion as a kindness towards oneself during times of hardships. This construct has been categorized into three key tenets: self-kindness, common humanity, and mindfulness.
- In terms of Neffs' referral to common humanity- If we are stressed or upset, it is always better to have kind, helpful, and supportive people around us rather than critical, rejecting, or uninterested ones.
- Furthermore, as shame and guilt appear as primary feelings causing inner pain following traumatic events, adopting this self- kindness aspect may become more challenging.
- People who are very self-critical tend to want to avoid their shame-filled memories—for good reason—because these memories cause them so much pain and distress.
- Sadly, the unintended consequence of this avoidance is that the trauma is not dealt with and the shame is not resolved.



#### ROLE OF SELF- COMPASSION

- Meta-analysis of studies conducted with adults showed that most compassion-based interventions resulted in reductions in PTSD symptomology (Winders et al., 2020), as well as broader improvements in a variety of outcomes
- While fear leads to perceived external threats (e.g., "the world is an unsafe place"), shame can fuel an internal sense of threat (e.g., seeing oneself as damaged, inadequate, incapable). Self-criticism appears to be a core issue for people with PTSD.
- Showing compassion to oneself is a self-soothing behavior. And activating one's soothing system fosters emotion regulation.
- The soothing system counteracts the threat system (e.g. anger, fear, shame; MacBeth and Gumley, 2012) triggered in people with PTSD.
- Compassion may reduce the fear-based reactivity that is a characteristic of PTSD and thus act as a buffer, reducing hyperarousal (Fredrickson et al., 2000; Lang et al., 2020).



# **AVOIDANCE & CONTROL**

- As you all know, avoidance from trauma or attempts to control it leads to increased suffering.
- In trauma, it is thought that the factor that causes blockage in the lives of our clients is their reliance on avoidance and control strategies, in other words, their reluctance to experience unwanted internal events.
- Substance use, rumination and dissociation are some of the avoidance and control strategies we frequently encounter in trauma.
- Avoiding both internal and external experiences related to trauma leads to clinically significant distress and dysfunction. It is believed to contribute to the etiology of comorbid disorders such as major depression (Walser & Hayes, 2006).



# ACCEPTANCE& MINDFULNESS

- The implementation of mindfulness and acceptance-based approaches in the treatment of PTSD develops the willingness to stay with these inner experiences.
- Mindfulness should be included in trauma treatments to facilitate addressing emotion dysregulation, awareness of private experiences and acceptance.
- Encouraging clients to participate in experiential practices of mindfulness and acceptance, enabling non-judgmental contact with the present moment, also increases engagement in exposure therapy (Walser & Hayes, 2006).
- The integration of mindfulness skills in treatments for PTSD could improve the effectiveness of exposure through increasing patients' ability to contact stimuli to which the exposure is occurring without engaging in avoidance strategies.



"I lost my mother, siblings, and nephews in the earthquake, but nothing compares to burying your own child. This pain is indescribable."





#### **SUMMING UP & IMPLICATIONS FOR PRACTICE**

- Although increased self-compassion has been found to lower avoidance from emotional discomfort, shame and self-criticism (Germer & Neff, 2013), its precise role in the relationship with exposure to trauma and trauma symptoms is unclear. This suggests that further research is needed to clarify this concept.
- The integration of mindfulness skills in exposure treatments for trauma could improve the effectiveness of exposure through increasing clients' abilities to contact stimuli without engaging in avoidance strategies. Most importantly, the process of noticing and contacting private experiences without judgment is a part of the path to self-acceptance, which is a fundamental issue for many trauma survivors.
- The integration of acceptance into trauma treatment, among many other benefits, improves compliance with exposure practices; while the use of compassion has an impact on shame and the critical mind and thus contributes to greater psychological flexibility.
- Finally, mindfulness practice also contributes to therapy by enhancing the therapist's ability to be fully present with the client and to pay attention not only to the client's symptoms but also to the therapeutic relationship. Given the importance of compassion in the treatment of trauma survivors, it is worth remembering that mindfulness is sometimes referred to as "heartfulness". Both client and therapist will be further enriched by a more profound moment by moment awareness that engages both the mind and the heart.



### References

- Au, T. M., Sauer-Zavala, S., King, M. W., Petrocchi, N., Barlow, D. H., & Litz, B. T. (2017). Compassion-based therapy for trauma-related shame and posttraumatic stress: Initial evaluation using a multiple baseline design. *Behavior Therapy*, 48(2), 207–221. https://doi.org/10.1016/j.beth.2016.11.012
- Follette, V., Palm, K. M., & Pearson, A. N. (2006). Mindfulness and trauma: Implications for treatment. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 24(1), 45–61. https://doi.org/10.1007/s10942-006-0025-2
- Lee, D., & James, S. (2013). The compassionate-mind guide to recovering from trauma and PTSD: Using compassion-focused therapy to overcome flashbacks, shame, guilt, and fear. New Harbinger Publications.
- Türkiye İş Bankası. (2024, February 5). Unutmadık, Unutamadık! *Youtube.Com*. Retrieved from https://www.youtube.com/watch?v=TPlpjTy2sc0.
- Winders, S., Murphy, O., Looney, K., & O'Reilly, G. (2020). Self-compassion, trauma, and Posttraumatic Stress Disorder: A systematic review. *Clinical Psychology & Psychotherapy*, 27(3), 300–329. https://doi.org/10.1002/cpp.2429