



# LUKENOTES

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## CASE STUDY

### "Sister Helen" • Post-Traumatic Stress Disorder

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Sr. Helen, is a 38-year old woman religious with a long-standing problem managing anger. When she feels hurt and rejected by the words or behaviors of others, she reacts by becoming argumentative. At other times, she withdraws from the community and either stays in her room or ignores sisters for several days.

When Sr. Helen is having a good day, she is energetic and seems to enjoy life. At these times, she generously shares with her community, is attentive to the needs of others, and her colleagues describe her as joyful, hardworking and fun-filled. These pleasant times can easily turn ugly, when individuals disagree with her, or when Sr. Helen feels put down by others, or freezes in fear when someone raises her voice.

Because Sr. Helen did not understand or like her behavior, she agreed to an evaluation and subsequently to residential treatment at SLI.

During the initial stages of therapy, Sr. Helen realized that she had grown up in a family filled with tension and conflict. Her father traveled frequently and her mother, with limited resources, cared alone for the children. Her mother frequently took out her frustrations on Sr. Helen, often with physical threats and verbal humiliations. At times, her life was threatened, and frequently she was deprived of the basic necessities of life. In order to survive the mistreatment, Sr. Helen developed a pattern of behaviors and distinct coping mechanisms. Hurt, lonely and frightened, she would retreat to her room and cry.

#### **Post-Traumatic Stress Disorder**

Sr. Helen is suffering from Post-Traumatic Stress Disorder (PTSD) as a result of repeated traumatic events in her past. It is clear that if victims of a trauma do not address the impact at the time it occurs, they are at a high risk for developing Post-Traumatic Stress Disorder. Prior to coming to SLI, Sr. Helen did not receive the help necessary to deal with her trauma. The memories of her physical and emotional abuse remained from childhood and affected her ability to function as an adult. In particular, the emotional scars from her abuse prevented her from accepting and loving herself and others. Internally, Sr. Helen felt small and weak while at the same time she appeared defensive and harsh.

Sr. Helen's behaviors are not uncommon for victims of trauma. Without help, the minds and bodies of victims protect themselves through withdrawal, isolation, numbness and depression. Frequently, these individuals do not trust others and experience adjustment problems. The consequences of abuse, especially fear of humiliation and abandonment, may be experienced throughout their lives. As adults, they may withdraw from their communities, have problems with authority, suffer from low self-esteem and neglect their emotional needs.

When her mother abused her, Sr. Helen learned that if she didn't cry or fight back, the beatings and humiliations stopped. Her sadness, fear and hurt intensified as she grew older and the abuse worsened. Because her sleep was disrupted by continuous nightmares, Sr. Helen often awoke weak and with a headache. At other times, she would become very anxious and have difficulty falling asleep.

When Sr. Helen entered religious life, she brought her past history and present pattern of coping behaviors. She often reacted strongly to loud voices and took disagreements as personal criticisms and rejections. Unable to control her anger, she engaged in heated arguments.

Over several months of treatment, Sr. Helen experienced the necessary steps identified by Raymond Flannery, Ph.D., for victims of trauma to reach a level of normal functioning. These steps include establishing safety, maintaining healthy relationships, sustaining low levels of arousal and grieving past trauma.

Sr. Helen's first goal was to feel safe. This process began by building a trusting relationship with her individual therapist. In group therapies, she learned to trust her fellow group members and gradually shared her history of trauma with them. As she rubbed shoulders with other residents, her old pattern of behaviors emerged and she once again experienced conflict. In time, she realized that her strong reactions were related to the earlier clashes with her mother. As treatment progressed, she developed skills to maintain a level of safety.

When conflict emerged in her group therapy sessions, Sr. Helen learned to stay in the present by employing grounding strategies that helped her focus on being in the present moment, as an adult, rather than re-experiencing the past. With time, these new behaviors became habits and she found herself engaging in them automatically. Sr. Helen's self-confidence grew with each success.

Living in a therapeutic community provided Sr. Helen with the opportunity to develop relationships with other residents and practice interpersonal effectiveness skills. She learned to identify and ask for her needs and also gained the skills and ability to say "no." When beginning to feel overwhelmed with emotion, Sr. Helen learned to ask for and accept help from a variety of people. With the help of Eye Movement Desensitization and Reprocessing (EMDR) therapy and medication, her nightmares decreased in intensity and frequency. An exercise program and distress tolerance skills helped Sr. Helen develop tools to manage crisis

situations and reduce her stress. She also learned to be more accepting of herself and her limitations.

One of the most challenging aspects of Sr. Helen's recovery was exploring her relationship with her mother and grieving a love she never had. With the support of her therapist, small group and her new skills, she faced her pain and worked towards acceptance. Gradually, she made peace with her past as she continued to work on managing her feelings and finding meaning in her life. As her confidence grew, Sr. Helen began to feel better and more hopeful about herself and her world.

In preparation for her reentry into community, Sr. Helen identified probable problematic situations and the techniques that would help her face them successfully. When she returned home, she briefly shared with her community what she had learned in order to help the sisters to better understand and support her. She also utilized a support group and an individual therapist as she readjusted to community life and employed the skills that she had learned during treatment.

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