

Self-Nurturing



SUMMARY

Today's topic seeks to inspire patients to increase pleasurable activities. Safe self-nurturing is distinguished from unsafe self-nurturing (e.g., use of substances and other "cheap thrills").

ORIENTATION

The issue of pleasure is central for this population. Frequently, there is an impulsive and excessive search for pleasure that is ultimately self-destructive. Substance abuse is the most obvious example, but co-occurring areas may include binge eating, gambling, overspending, sexual addiction, and other impulse control problems. Simultaneously, there is often a lack of healthy pleasures, such as hobbies, sports, or outdoor activities. Thus today's topic asks patients to evaluate their current levels of both safe and unsafe pleasurable activities. The goal is to increase the former and decrease the latter.

In doing this work, many complex meanings of pleasure may arise. Substance abuse initially appears to be associated with seeking pleasure (albeit in a misguided way), while PTSD is associated with pain, and the two disorders become causally linked in an attempt to offset the pain with substances. This is the classic self-medication model, and it appears to hold true for the development of these disorders in many patients with this dual diagnosis. After a while, however, if the disorders are chronic, they may reverse their meaning. The substance abuse may become fraught with suffering (with the "high" no longer enjoyable but merely a desperate attempt to feel normal), and the suffering in PTSD may become so familiar that it is difficult to give up—there may be attachment to the identity of suffering, repeated reenactments, and a sense of deep familiarity with it. This does not mean that patients want to suffer, but just that suffering takes on a life of its own. Many other meanings are possible as well. Some patients with PTSD may have an aversion to pleasure, as it may be associated with someone's seeking pleasure at their expense (e.g., in sexual abuse or sadistic physical or emotional abuse). Some seemingly pleasurable events may also be triggers for them, such as a

warm bath, certain seasons of the year, or being alone in the outdoors. They may report that nothing at all gives them pleasure, or that they feel guilty taking care of their own needs because trauma taught them that their needs do not matter. Even adults with PTSD who are survivors of war or natural disasters may have difficulty seeking pleasure in their lives if they feel “survivor guilt” that others died while they did not. If patients with PTSD and substance abuse grew up without family members to teach healthy self-nurturing, they may have simply never learned it.

In working to improve such patients’ self-nurturing in treatment, therefore, a variety of approaches may be helpful. Such approaches include helping to increase awareness of self-nurturing patterns by assessing what patients are currently doing and not doing; discussing how self-nurturing deficits relate to PTSD and substance abuse; exploring feelings that may arise when patients try to improve their self-nurturing; providing a simple behavioral contract for self-nurturing activities (called *A Gift to Yourself*); and finding ways to give themselves permission to make changes in these areas.

In short, a relatively simple behavioral task—to increase safe daily pleasurable activities and to decrease those that are unsafe—may require concerted work by the therapist, and also the discovery of complex belief systems inherent in PTSD and substance abuse. The reward can be significant forward movement toward recovery.

Countertransference Issues

Exploring one’s own issues with self-nurturing may be helpful for today’s topic. For many people, it is an ongoing challenge to balance safe self-nurturing with other parts of their lives, and to fully avoid unsafe self-nurturing. Indeed, depending on where the therapist “lands” at the moment on these issues, there may be judgment or negative feelings toward patients’ excesses; jealousy of patients who have a lot of time or other resources for self-nurturing that may not be available to oneself; or arousal of the therapist’s own childhood deprivations, family excesses, or other family-of-origin issues. And, as with all of the behavioral topics in the treatment, developing a concrete plan with patients and following up on it in an organized way require notable therapist effort.

Acknowledgments

This topic draws from a module in Lewinsohn’s (1984) treatment manual for depression, which lists a variety of self-nurturing activities. Linehan’s (1993) skills training manual for borderline personality disorder has an extensive list as well.

SESSION FORMAT

1. **Check-in** (*up to 5 minutes per patient*). See Chapter 2.
2. **Quotation** (*briefly*). See page 341. Link the quotation to the session—for example, “Today we’ll focus on self-nurturing. Sometimes simple pleasures can bring much-needed perspective.”

3. **Relate the topic to patients' lives** (*in-depth, most of session*).
 - a. *Ask patients to look through the handouts, which can be used separately or together. Consider covering them in multiple sessions if you have the time. See "Session Content" (below) and Chapter 2 for suggestions.*
 Handout 1: Safe and Unsafe Self-Nurturing
 Handout 2: A Gift to Yourself
 - b. *Help patients relate the skill to current and specific problems in their lives. See "Session Content" (below) and Chapter 2 for suggestions.*
4. **Check-out** (*briefly*). See Chapter 2.

SESSION CONTENT

Goals

- ☐ Explore the concept of safe and unsafe self-nurturing (Handout 1).
- ☐ Help patients increase safe self-nurturing and decrease unsafe self-nurturing (Handout 2).

Ways to Relate the Material to Patients' Lives

★ **Create a behavioral plan.** The recommended exercise for the topic is to help patients commit to increasing their safe self-nurturing and decrease their unsafe self-nurturing (Handout 2). Try doing a walk-through to explore what feelings may arise, obstacles that may get in the way (both emotional and practical), and ways to learn from the experience.

★ Discussion

- "What does 'self-nurturing' mean?"
- "What are your safe and unsafe self-nurturing activities?"
- "What happens when you don't have enough safe self-nurturing?"
- "How do PTSD and substance abuse lead to problems in self-nurturing?"
- "If you give yourself more safe self-nurturing, will that make it easier to give up substances?"

Suggestions

✦ **Notice "addiction to pain."** People who have suffered a lot may tend to keep expecting and even unconsciously seeking out pain. Although they may not want to do this, they may be so familiar with it that they keep reenacting it. Be careful in discussing this issue, however, so that patients do not feel that you are minimizing their suffering or blaming them for their trauma.

✦ **Encourage re-parenting.** Patients can try to treat themselves as children who need healthy fun and pleasure to make up for the deprivations associated with PTSD and substance abuse. For patients who were abused as children, they can give themselves what they didn't get while growing up.

♦ **Daily safe self-nurturing activities are recommended.** Many patients will report infrequent safe self-nurturing activities (e.g., once per month). Consider asking them to commit to at least one per day.

♦ **Note that activities that are safe for one patient may be unsafe for another.** For example, gambling may be fine for one patient, but may be extremely self-destructive for another. Thus, patients should be aware that the type of activity is not a problem per se, but rather the degree of excess and harm that it causes.

♦ **Explore emotional obstacles to self-nurturing.** For example, “What would it feel like to do something healthy and nice every day?” or “What would it feel like to give up an unsafe activity that you do?” Patients may feel sad, angry, guilty, or deprived as they try to make such changes.

♦ **Explore practical obstacles to safe self-nurturing.** For example, “What practical arrangements do you need to make to allow 2 hours a day just for fun?” Note that sometimes patients truly need to find practical solutions. However, practical excuses can also be “smoke screens” for larger defenses. Help patients recognize that all people—even the President or the head of IBM—can take some time for themselves. Time is usually not the issue; rather, it’s fear.

♦ **Explore how patients can give themselves permission** to do more safe self-nurturing. What might they need to say to themselves? What beliefs get in the way? Especially if they grew up being abused, it may take a leap of faith for them to embark on safe, enjoyable activities.

♦ **Initially, patients may need to do safe self-nurturing as a task** until it becomes a natural part of their lives. This is particularly true for patients who feel guilty about or afraid of self-nurturing. An effective way to overcome such feelings is to commit to fun activities even if it’s uncomfortable; eventually it will feel easier (a behavioral exposure model).

♦ **If patients report that nothing feels pleasurable, normalize this.** You can validate the experience (e.g., “That is very common in survivors of trauma”), while also getting them to start identifying small ways to find activities they like.

♦ **Explore why patients might have difficulty with pleasure.** It may remind them of an abuser’s seeking pleasure by abusing them; it may raise anxiety because it wasn’t allowed when they were growing up; it may be associated with “survivor guilt” (e.g., for survivors of accidents, combat, or natural disasters).

♦ **To reduce unsafe self-nurturing, make sure the behavioral plan is extremely clear.** Create an “airtight” plan so that it will be clear whether or not patients were able to reduce the unsafe activity when they come to the next session.

Tough Cases

- * “I can’t experience pleasure—nothing feels good to me.”
- * “All of the people I know drink to have a good time.”
- * “I have three kids and a full-time job. I don’t have any time for myself.”
- * “My partner doesn’t want me to go out of the house.”
- * “Nothing can make up for the trauma I’ve been through.”
- * “What’s wrong with exercising 5 hours a day?”
- * “Whenever I try to do something pleasurable, I feel guilty.”

**"Perhaps the truth depends on a
walk around the lake."**

—Wallace Stevens
(20th-century American poet)

Safe and Unsafe Self-Nurturing

❖ **Safe self-nurturing** means seeking fun, joy, and pleasure in healthy ways and without excess.

✦ **Unsafe self-nurturing** means seeking pleasure in an activity that causes you harm (legal, financial, social, personal, or physical) and/or doing the activity to excess.

EXAMPLES OF SAFE SELF-NURTURING

★ (a) Circle any that you currently do. (b) Check (✓) any that you'd like to add to your life.

- ❖ Taking walks ❖ Socializing with safe friends ❖ Reading ❖ Travel
- ❖ Movies ❖ Crafts or hobbies (e.g., painting, woodworking, puzzles) ❖ Sports
- ❖ Enjoying pets ❖ Participating in a club or organization ❖ Music ❖ Exercise
- ❖ Eating out ❖ Local trips (day trips, weekends away) ❖ Baking or cooking
- ❖ Dance ❖ Visiting museums ❖ Playing games ❖ Taking an interesting class
- ❖ Volunteering ❖ Learning a new skill ❖ Enjoying the outdoors ❖ Writing
- ❖ Religious services ❖ Meditation ❖ Enjoying computers ❖ Warm baths
- ❖ Playing with children ❖ Going to events (concerts, comedy clubs, lectures, etc.)
- ❖ Others: _____

EXAMPLES OF ACTIVITIES THAT MAY BE UNSAFE FOR SOME PEOPLE (WHEN EXCESSIVE)

★ Circle any that are unsafe for you.

- ✦ Shopping ✦ Food ✦ Watching TV ✦ Gambling ✦ Partying ✦ Work
- ✦ Pornography ✦ Exercise ✦ Video or computer games ✦ Internet ✦ Sex
- ✦ Others: _____

HOW DO PTSD AND SUBSTANCE ABUSE RELATE TO PROBLEMS IN SELF-NURTURING?

PTSD. You may be more familiar with pain than with pleasure. You may feel guilty about nurturing yourself (especially if you grew up without much love). To cope with trauma, you may have turned to unhealthy addictions rather than healthy activities to feel better.

Substance abuse. Substance abuse and other addictions are "cheap thrills." They may work in the short run, but in the long run they cause tragedy. They are misguided attempts to give yourself pleasure, and they keep you from finding healthy ways to feel good.

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A Gift to Yourself

- ❖ Give yourself a gift by . . . **increasing safe self-nurturing.**
- ✦ Give yourself a gift by . . . **decreasing unsafe self-nurturing.**

Some ways to do this:

- ◆ Replace unsafe activities with safe activities.
- ◆ Set a structure (e.g., at least 2 hours a day of safe self-nurturing).
- ◆ "Play around"—try a variety of safe new activities to see what you like.
- ◆ Work on it in therapy or with someone else who can help.
- ◆ Write yourself a letter giving yourself "permission" to improve self-nurturing.
- ◆ Explore the emotions that arise when you change your self-nurturing.
- ◆ Listen to your deepest needs.
- ◆ Get back to activities that you enjoyed "way back when" but gave up along the way.

YOUR SELF-NURTURING PLAN

★ *Create your plan below, focusing on the week ahead. Be very specific to really make it work! Include any details that are important for you—for example, what activities, how often, during what time frame, how you will make it happen, who you will get help from, how you will remember to do it, and how you will feel if you do it. Continue on the back of the page if you need more space.*

My "gift to myself" to increase safe self-nurturing activities:

My "gift to myself" to decrease unsafe self-nurturing activities: