

PEER REVIEWED PAPER

When the desert starts to bloom: moving beyond depressive reality

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In this article a person-centred therapist discusses how, in the aftermath of trauma and crisis, people can move beyond depressive reality, and how the concept of the actualizing tendency can help in understanding this process. The author examines research on the impact of a *nadir event*, the experience of one of the very lowest points of life. Those who survive severe trauma often lose their faith in God, their trust in others and their sense of meaning. Their world has become a psychological desert empty of hope, and some accept this as a depressive reality. Yet as a result of the actualizing tendency, some trauma survivors see their desert start to bloom. They experience positive growth, including renewed appreciation of life, recognition of personal strength, a sense of new possibilities, better relationships, new meaning in existence, a greater sense of connection to something greater than themselves, and deeper compassion. Meaning making is an important factor in growth, and reflection seems to play an important role. The author considers the special case of childhood sexual abuse, and discusses implications for therapy for all types of nadir experiences.

Keywords: nadir experience; posttraumatic growth; trauma therapy; reflection; mindfulness; meditation; spiritual assessment

Thorne (1963) coined the term *nadir experience* to describe an occurrence that rates among the worst of a person's life, typically involving 'death, illness, tragedy, loss, degradation or deflation of Self' (p. 249). Maslow's (1970) call for more research on the nadir experience was answered in the past two or three decades, when researchers such as Joseph, Williams, and Yule (1993) finally started to address the subject.

Both the nadir experience and its opposite – the peak experience – are transcendent, marking a dramatic shift from everyday life. A peak experience leads to a sense of personal integration and oneness with the world (Maslow, 1987), while a nadir experience initially leads to a sense of emptiness (Almaas, 1986/2000; Frankl, 1946/1959; Perls, 1959/1969).

Such a state of emptiness may actually represent a deeper truth, according to Alloy and Abramson (1988), who claimed that the negative outlook of depressed persons may be more realistic than the rosier outlook of non-depressed persons. This idea of 'depressive reality' has since gained traction, even though subsequent research (e.g. Allan, Siegel, & Hannah, 2007) challenged Alloy and Abramson's conclusions. In this article, my main aim is to show that persons experiencing depression in the wake of trauma may *believe* in depressive reality (that is, they may believe their

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pessimistic view of the world is accurate), but those who are able to get past this belief often experience positive growth and change. In doing so, I examine both current and historical research dating back some five decades.

I consider the various types of traumata that precipitate the nadir experience. I characterize posttraumatic growth in terms of the *actualizing tendency* of Carl Rogers (1978), paying special attention to the role of event centrality and meaning making. I discuss *grounding* to help clients deal with post-traumatic stress disorder (PTSD) and to encourage reflection, and I explain how I introduce it using a non-directive stance. I also discuss mindfulness as an attitude and an approach to allow clients to deal with difficult feelings and thoughts. I discuss the areas in which post-traumatic growth typically occurs, including the often misunderstood area of spirituality. Finally, I discuss how recovery from childhood sexual abuse may be considered as a series of nadir experiences.

Severance, threshold and reincorporation

To qualify as a nadir experience, a trauma must be severe enough to separate a person (at least temporarily) from everyday life. Regardless of the theoretical classification one might choose for the stages of trauma, a nadir experience will necessarily have three parts (Stagg, 2014). Between the separation from everyday life (which I have termed ‘the severance stage’) and the return to a ‘new normal’ resulting from the trauma (the ‘reincorporation stage’) lies the ‘threshold stage’, an alien landscape experienced differently by every trauma survivor.

Severance: the nadir event

It is important to distinguish between the nadir *experience* and the nadir *event* (Stagg, 2014). A nadir event is an often short-lived occurrence, followed by a period of adjustment, then by an eventual return to life. It marks only the first stage (the severance stage) of the nadir experience.

A nadir event may be an *external trauma* such as sexual abuse, sexual assault or being in combat; a *psychological crisis* such as depression, anxiety or addiction; or a *spiritual crisis* often accompanying external trauma or psychological crisis. A worldview of depressive reality does not require a nadir event. Indeed, I believe a person may arrive at a purely intellectual attitude of despair with no serious emotional content. But when that person believes so strongly in the pointlessness of life that suicide becomes a clear option, he or she is no longer intellectualizing but rather *experiencing* – and an experience of suicidal despair is indeed a nadir event.

Threshold: depressive reality or self-actualization?

In the threshold phase, we mourn the destruction of the old even while building the new. We experience a sense of profound disconnection, described as *deficient emptiness* (Almaas, 1986/2000), as an *existential vacuum* (Frankl, 1946/1959) and as a *sterile void* or desert (Perls, 1959/1969). All these descriptions of the threshold state express the depressive reality view of the world that there is no God, that existence is ultimately meaningless and that there is no reason for optimism. To some arriving at this stage, the journey of recovery may seem complete, but hardly satisfactory. Responding

to the barrenness of their personal desert, they may turn to drugs or alcohol, or even commit suicide. Yet for many survivors of a nadir event, this state is only temporary. As Fritz Perls (1959/1969), one of the founders of Gestalt therapy, pointed out, sometimes ‘the desert starts to bloom’ (p. 61).

The actualizing tendency

The term ‘self-actualization’ entered English with the translation of Kurt Goldstein’s *Der Aufbau des Organismus* in 1939. He defined it as the tendency of an organism ‘to actualize its nature, to actualize “itself”’, and added that it ‘is the basic drive, the only drive by which the life of the organism is determined’ (Goldstein, 1939/1995, p. 162). Self-actualization became a cornerstone of Humanistic Psychology when Maslow (1987) defined it as the drive towards psychological health and made a life study of it. In his hierarchy of needs, he placed self-actualization needs at the very top (Maslow, 1943) and claimed that very few individuals realized them.

Carl Rogers (1978) had a somewhat different view, describing an actualizing tendency as:

the inherent tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the organism. It involves not only the tendency to meet what Maslow terms ‘deficiency needs’ for air, food, water, and the like, but also more generalized activities. It involves development toward the differentiation of organs and of functions, expansion in terms of growth, expansion of effectiveness through the use of tools, expansion and enhancement through reproduction. It is development toward autonomy and away from heteronomy, or control by external forces. (Rogers, 1959, p. 196)

A guiding metaphor for therapy could be the actualizing tendency of an acorn towards becoming an oak tree (Rogers, 1977/1989), or even flowers blooming in the desert. Rogers saw this tendency at work even in psychologically unhealthy individuals.

A good example of the actualizing tendency in action occurred in the aftermath of the deadly *Herald of Free Enterprise* ferry sinking in the English Channel in 1987. Some 46% of the survivors interviewed by Joseph (2011) reported negative changes in their lives, yet astonishingly almost the same number (43%) reported *positive* changes. Out of this study came the Changes in Outlook Questionnaire (CiOQ; Joseph et al., 1993), which Joseph et al. used to survey survivors of the *Jupiter* sinking off Greece in 1988. Some 94% of respondents reported a greater appreciation for life, and 91% reported a greater appreciation for their relationships. Some 88% said they valued other people more, and 71% felt they were more understanding and tolerant in the wake of the disaster.

Among bereaved mothers, researchers found an increased sense of what is important in life (Braun & Berg, 1994); personal transformation in the areas of priorities in life, identity, relationships, spirituality and worldview (Milo, 1997); and a sense of being tougher, more compassionate, more loving, more resilient and more forgiving in the aftermath of loss (Hogan, Greenfield, & Schmidt, 2001). Among rape survivors, Burt and Katz (1987) found a majority answering positively to most questions about ‘changes that come from my efforts to recover’ (p. 70). Tedeschi and Calhoun (1996) first used the term ‘posttraumatic growth’ to describe the positive changes that survivors of different traumata often experience, including a deepening of relationships, a desire for more intimacy, greater compassion, a sense of being strengthened by the

experience and a renewed appreciation for life. They devised the Posttraumatic Growth Inventory (PTGI) which includes 21 questions in five categories: Relating to Others, New Possibilities, Personal Strength, Spiritual Change, and Appreciation of Life.

Event centrality and confronting core beliefs

Lancaster, Kloep, Rodriguez, and Weston (2013) administered three assessments to 405 undergraduate students. The first, the Brief Trauma Questionnaire (Schnurr, Spiro, Vielhauer, & Findler, 1999) assesses whether respondents have experienced a life-threatening or seriously injurious event. The second was the PTGI. The third, the Centrality of Event Scale (CES; Berntsen & Rubin, 2006) includes 20 items, such as: 'I feel this event has become part of my identity'. Lancaster et al. found that high scores on the CES (indicating event centrality) predicted posttraumatic growth.

Cann et al. (2010) devised the Core Beliefs Inventory (CBI), which they administered to 478 undergraduate students and 70 leukaemia patients. It uses a six-point Likert scale to evaluate how much subjects agree with nine statements, such as: 'Because of the event, I seriously examined my beliefs about the meaning of my life' (p. 21). The authors found the level of re-examination of core beliefs in the immediate aftermath of a trauma predicted later posttraumatic growth on the PTGI.

Meaning making

The ability to construct a new sense of meaning may be the most important result of trauma. Survivors of the *Jupiter* disaster all disagreed with only one item – 'My life has no meaning any more' – and its Likert score was the lowest (Joseph et al., 1993). As Kumar (2005) has pointed out, although the nadir event may be meaningless, people often find meaning in their *response* to that event. What promotes such meaning making?

When people brood on their own pain, we call this process 'rumination'; just as a ruminating cow chews endlessly on her cud, so ruminating people return to painful material again and again. On the other hand, *reflection* involves 'getting the big picture' or 'looking at the situation from different angles', and it is an antidote to rumination. Boyraz, Horne, and Sayger (2010) used the Rumination-Reflection Questionnaire (Trapnell & Campbell, 1999) and the Positive Meaning Scale (Tugade & Fredrickson, 2004) with 380 bereaved persons, and showed that positive meaning making was positively correlated with reflection.

Implications for therapy

Grounding is a powerful practice to help clients cope with posttraumatic stress and to encourage posttraumatic growth. In the wake of severe trauma, they are often overwhelmed by emotions from the past, sometimes then going to the opposite extreme and becoming emotionally numb. They find it difficult to remain within the middle ground of emotional presence, the *window of tolerance* (Ogden, Minton, & Pain, 2006). To help them, I reflect (in the manner of a person-centred therapist) that 'it seems you are being hijacked by emotions from the past. I wonder if being able to ground yourself in the present would help'. I then ask for permission to ground

them before they become overwhelmed. In doing this, I am aligning myself with authors such as Cain (2001) who advocate for *process* directiveness within the practice of client-centred therapy. When the opportunity presents itself, I have clients pay attention to what they see, hear, feel and smell. I ask them to describe their surroundings, and I reassure them they are in the present and they are safe. If I am able to do this often enough, they often become able to do it for themselves. Those who can do it are then able to observe and reflect on the emotions from their past trauma so they can recover and ‘bloom’. The focus is on the emotion surrounding the trauma narrative, not on the trauma narrative itself. I never push clients to continue their story, and I never probe for details. (In other words, I refrain from content directiveness.)

In engaging the trauma narrative, I borrow from the techniques of cognitive behavioural therapy while keeping my non-directive stance. Once clients are able to reflect on the emotions arising from the trauma, I say to them, ‘I wonder what messages you received from your experience’. They might respond that the world is a dangerous place or that they no longer trust anybody, and the challenge for me is to keep digging until I get to the core messages. For child abuse survivors, the core message ‘I deserve to be abused’ may cause them to enter into abusive relationships or to be taken advantage of. I might say, ‘I wonder if you would tell a friend that he or she deserves to be abused’. Their horrified reaction is an opportunity for them to find better, positive messages. Through those new messages they find new meaning, and create a new narrative that puts the trauma firmly in the past. Indeed, clients frequently remark at the end of therapy that they are different persons from the ones who experienced the trauma.

As clients awaken to their hurt, I use empathetic reflection to help them awaken to other long-numbered emotions such as compassion, a feeling of intimacy with loved ones, and a sense of connection to something greater. They stop believing that their lives are an empty desert, and they discover meaning – not in the trauma itself, but in their *recovery* from trauma. Their desert starts to bloom.

I ‘reflect’ to clients that *journaling* can be helpful, taking away the power of negative thoughts so that clients can accept them without being controlled by them. I also follow Joseph’s (2009, p. 340) recommendation that the therapist ‘not ... prescribe growth so that the client feels that they ought to be experiencing growth, but rather ... listen out for growth as it occurs and ... ensure that in their reflective listening that these shoots of growth are attended to’.

To discourage rumination, I encourage *mindfulness* by reflecting to clients on its benefits. Mindfulness is more an attitude and an approach than an intervention, but it is an attitude and an approach that I believe promotes psychological growth. It helps clients to release toxic messages from the trauma, making way for healing, positive ones. It helps clients to sit with difficult feelings and thoughts as they arise and then dissipate, and it often involves diligent practice in focusing on the breath (Berliner, 1999). It has become a promising tool in combating PTSD (Cuellar, 2008; Niles et al., 2012), which researchers such as Lev-Wiesel, Amir, and Besser (2005) and Dekel, Ein-Dor, and Solomon (2012) have noted is linked with posttraumatic growth.

Reincorporation

Personal well-being, meaning making and spirituality

For those suffering severe trauma, Tedeschi and Calhoun (1996) found an increase in *personal well-being*, especially in the areas of appreciation of life and personal strength.

They also found positive change in the areas of new possibilities and relating to others, and (for women) in the area of spirituality. Joseph et al. (1993) found *meaning making* to be an important consequence of the *Jupiter* disaster.

Tedeschi and Calhoun (1996) also found positive *spiritual growth* for women survivors, but not for men survivors or for survivors overall, and this result may have to do with the two questions they used to measure spiritual change. The first concerned religious faith, and the second, on 'a better understanding of spiritual matters' (p. 460), could well be interpreted as having to do with assimilating religious teachings. The Spiritual Change factor then becomes a measure of *religious*, not spiritual, change. In interviews with 13 cancer survivors (mostly women), Denney, Aten, and Leavell (2011) also noted spiritual growth, but these investigators again did not distinguish between spirituality and religiosity.

De Castella and Simmonds (2013) found spiritual growth in their structured interviews with women trauma survivors, and carefully distinguished between religious and spiritual growth. Future investigators would do well to consider including in their assessments non-religious, non-theistic items such as those found in the Expressions of Spirituality Inventory (MacDonald, 1998). An example is: 'I have had an experience in which I seemed to be deeply connected to everything' (p. 513).

Increased compassion

Joseph et al. (1993) found that 71% of the *Jupiter* survivors agreed with the statement, 'I'm a more understanding and tolerant person now' (p. 275). The PTGI and the 'changes that come from efforts to recover' questionnaire (Burt & Katz, 1987) also include an evaluation of compassion.

One of the survivors of child sexual abuse in the study of Shakespeare-Finch and de Dassell (2009) noted that the recovery process led her to be 'very empathetic to others, and always keen to support and reach out to those in need' (p. 634). These qualities define the role of a counsellor, and indeed Pope and Feldman-Summers (1992) surveyed 250 female and 250 male therapists in the United States, finding that 70% of female therapists and 33% of male therapists have a history of physical or sexual abuse. Not only can childhood trauma lead to greater empathy, but we therapists who have experienced it may have a greater understanding and identification with other survivors – what Chodron (2001) calls the 'genuine heart of sadness'. She adds that 'this continual ache of the heart is a blessing that when accepted fully can be shared with all' (p. 4).

Many deserts, many blooms

Kira et al. (2013) used the PTGI (Tedeschi & Calhoun, 1996) to conclude that survivors of *ongoing* traumata (such as childhood abuse) do not experience posttraumatic growth. However, Easton, Coohet, Rhodes, and Moorthy (2013) studied 487 male survivors of sexual abuse and pointed out that posttraumatic growth can occur years or even decades after prolonged trauma, particularly among those who experienced a *turning point* motivating them to start on the road to recovery.

Shakespeare-Finch and de Dassell (2009) administered the PTGI (Tedeschi & Calhoun, 1996) to 40 women survivors of childhood sexual abuse. Using their data and the Likert scale definitions of Tedeschi and Calhoun (1996), I found that the women, on average, experienced small to moderate gains overall. Gains were greatest

(moderate to great) in Personal Strength and Appreciation of Life, and lowest (very small to small) in Spiritual Change. (Again, the last item may pertain more to religious than to spiritual change.) Relating to Others was the only area in which all respondents reported positive change (small to moderate), and this area includes an item on having compassion for others.

Lev-Wiesel et al. (2005) used the PTGI and a seven-item PTSD inventory adapted from Horowitz, Wilner, and Alvarez (1979) with 93 female survivors of sexual abuse, finding a high positive correlation between posttraumatic growth and PTSD. The authors suggested that dissociation may play a role in posttraumatic growth. Dissociative amnesia is more common in those abused by a family member, and those whose abuse starts at an early age (Crowley, 2008; Williams, 1994). Such survivors often enter therapy after retrieving delayed memories (Herman & Harvey, 1997). Van der Kolk and Fisler (1995) described memory retrieval in such cases as beginning with sensory or emotional flashbacks, with a narrative memory emerging only later. Thus, recovery from childhood sexual abuse may not be a single nadir experience, but rather a *series* of nadir experiences as survivors deal with repeatedly recovered memories. The flashbacks bring great emotional pain, but eventually (as I know from personal experience) a sense of compassion and caring arises, as the emotional desert of the threshold phase starts to bloom.

Conclusion

The *nadir event* (Stagg, 2014) is a life-shattering occurrence that marks one of the very lowest points of life that may, nonetheless, become an opportunity for personal transformation and psychological growth (Joseph, 2011; Joseph et al., 1993). The event and its after-effects form the *nadir experience*.

The initiating nadir event marks a severance from everyday life, and in the wake of this *severance stage* comes a transition period, the *threshold stage*, marked by a sense of emptiness (Almaas, 1986/2000; Frankl, 1946/1959; Perls, 1959/1969). Persons in this stage experience a psychological desert, often losing their faith, their trust in fellow human beings, their sense of meaning and their hope for the future, and succumbing to a worldview of depressive reality. Yet, for many, this stage is followed by an important change, perhaps best described by the actualizing tendency of Rogers (1977/1989). Those who are forced to confront core beliefs are those most likely to experience positive change in their lives (Cann et al., 2010), and reflection seems to play an important role in this process (Boyras et al., 2010). For survivors of childhood sexual abuse, positive change can occur (Lev-Wiesel et al., 2005; Shakespeare-Finch & de Dassell, 2009), but it may take years and is typically precipitated by a *turning point* (Easton et al., 2013).

Those who are able to rejoin their lives in the *reincorporation stage* often experience a feeling of increased personal well-being, a sense of meaning in their lives, deeper spirituality and increased compassion (Assagioli, 1975; Burt & Katz, 1987; Chodron, 2001; Tedeschi & Calhoun, 1996). Useful therapeutic interventions include grounding, journaling and mindfulness (Berliner, 1999).

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Notes on contributor



Russell Stagg, PhD, is a person-centred therapist in private practice in British Columbia, Canada. He has a special interest in the aftermath of nadir experiences, and much of his therapy work involves helping clients to deal with and overcome trauma. Before becoming a therapist, he was a resident chaplain in the Emergency, Intensive Care and Burn Units at the Foothills Hospital in Calgary, Canada, and an instructor and chaplain at the University of Calgary.

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