

Chapter 1. Trauma and PTSD

In the previous section, we reviewed the management of common distressing feelings and syndromes. While these may sometimes result from intense trauma, they may alternatively result from much milder experiences, or from our own self-defeating defenses, cognitive distortions, and responses. The impact of pronounced abuse, neglect, and other traumas requires its own additional set of perspectives and techniques. As we have seen, anxiety can take many forms, whether it be panic attacks, phobic fears, worrying, social anxiety, or obsessional preoccupations and compulsive rituals. Yet another form of anxiety is the trauma based variety, which also presents in its own unique form. The treatment for trauma disorders is sometimes referred to as trauma focused psychotherapy, which means that the focus is not merely upon the symptoms, but largely upon the traumatic source of the symptoms. While focusing upon the trauma is typically anxiety provoking in itself, at least initially, it allows us to go to the core generator of symptoms, and manage the symptoms at the source. This is typically more powerful than focusing only upon the various symptoms at the surface. Treatment approaches based on the habit model help us change symptoms, defenses, cognitive and behavioral habits, etc., and can be quite effective, without provoking the anxiety associated with approaching your most dreaded memories and feelings. In contrast, the trauma model focuses on the source of the symptoms, and can thereby help resolve core issues which branch out into various problematic symptoms, though it triggers more anxiety, the management of which requires its own set of specific skills. When we approach traumas, we obviously cannot change the reality of what happened to us in the past. But we can sometimes change how we feel about what happened, by soothing the part of ourselves that endured the trauma (often without help at that time), by finally expressing feelings that were not safe to express at the time, and by exposing/integrating the forbidden, disowned corners of our minds. The most effective treatment approach often combines the habit and trauma models to approach your difficulties from both ends, from the top down, and from the bottom up.

From the broad perspective of the mind as a whole, which elements of the mind should we target when we attempt to resolve traumas? Where do we find the impact of trauma, in our thoughts, our memories, our feelings, our sensations and perceptions, our behavior, or

our identity? All of the above. Accordingly, we need strategies for dealing with each of these elements of the mind. Cognitive behavioral strategies stress the impact of thoughts upon our feelings, and the need to adjust our thoughts, beliefs and behaviors, in order to change the way we feel. Feelings are difficult to change directly, but can be indirectly changed by adjusting the thoughts and behaviors which impact them. For example, by changing the way that we think about ourselves, the world, and the future (the so called cognitive triad of depression), and by reducing our withdrawal (behavioral activation), we can reduce the feelings and other symptoms associated with depression. As we shall see in the next chapter, we can also use our imagination to develop containment strategies in order to manage traumatic memories when they flood into consciousness (either unintentionally when triggered, or deliberately during treatment). These techniques include the use of imaginary containers to hold memories, a “safe place” to soothe ourselves and temporarily reduce our anxious feelings, grounding ourselves in the safety of the present, and use of distraction and self soothing techniques to direct our attention toward pleasurable sensations which take the edge off of the raw emotions associated with trauma. Journaling, abreaction, therapeutic artwork, and other catharsis strategies aim to drain the swamp flooded by trauma induced feelings. Identity is another target, perhaps the most important, because it involves our feelings about our self, which has a huge impact upon how we feel about our life. Self nurturance techniques help us to soothe ourselves, while integration strategies help us expose and reclaim suppressed and disowned parts of ourselves in order to become more whole, and to reduce unintended behavior produced by dissociation. We need strategies to address each element of the mind, since trauma impacts the entire mind and each of its components.

Severe trauma can lead to a syndrome known as Post Traumatic Stress Disorder (PTSD), and in some cases, the dissociative disorders, the most severe of which is Dissociative Identity Disorder, previously referred to as Multiple Personality Disorder. Dissociation involves a splitting off of memories, feelings, sensations, identity, etc. from consciousness as a means of protecting oneself from intense emotional pain. Such pain is abundantly evident in the wake of severe trauma, and often results in some degree of dissociation, leading some authors to suggest that PTSD should be classified with the dissociative disorders rather than the anxiety disorders (in DSM 5, the most recent version of

the most widely accepted diagnostic nomenclature, trauma disorders now have their own separate classification). Regardless of where it is classified, it is evident that PTSD is always accompanied by anxiety, and typically involves some degree of dissociation as well. We will review dissociation as well as its manifestations and treatment in a later chapter. The traumas which are capable of producing PTSD and dissociation are usually quite severe, involving threats to our survival or that of those around us, or a comparable level of stress in which our coping skills are grossly overwhelmed by an extremely frightening assault upon our well-being. Examples include combat in warfare, rape and childhood sexual assault, witnessing death and violence, physical assault such as that seen in severe domestic violence and some crimes, being trapped in a natural disaster, etc.

Under these traumatic conditions, a combination of three sets of seemingly unrelated symptoms tends to arise. First of all, the traumatic event is reexperienced in an intrusive manner, that is, it reenters our conscious mind as an unwanted intruder, in the form of anxiety ridden memories, nightmares, or even flashbacks. Flashbacks are a dissociative phenomenon, in which we are consciously divorced from and unaware of, or in other words, dissociated from our actual surroundings in the present, both believing and acting as if we are back in the midst of the trauma at this very moment. Partial flashbacks are less severe, involving only partial dissociation; we feel as if we are back in the midst of the trauma, but have some awareness of our present day surroundings. Intrusive memories and nightmares are the more common forms of reexperiencing trauma, though flashbacks, particularly partial flashbacks, are not uncommon, and along with other dissociative symptoms, are more frequent in response to more severe trauma.

A second set of symptoms that characteristically arise in PTSD involve a blocking and numbing of painful, post traumatic memories and feelings, and avoidance of stimuli that are capable of triggering such memories and feelings. Thus, trauma memories are blocked, sometimes to the point that we have amnesia for not only the traumatic event, but also for a broad period of time surrounding the trauma, sometimes involving the bulk of childhood. Such amnesia is a red flag for clinicians, raising the possibility of underlying, dissociated traumatic memories powering motivated forgetting. Likewise, feelings are numbed as a means of preventing the resurfacing of painful feelings related to the trauma. Unfortunately, the capacity to experience positive feelings is

often restricted as well, and we end up emotionally straitjacketed, monotone, and lacking the spontaneity that typically accompanies our ability to freely express our emotions. Our ability to experience love, emotional intimacy, and trust may also be severely constricted, particularly if our trauma involved betrayal in the form of being abused by a loved one. We may find ourselves avoiding people, and retreating to the safety of our homes as a means of minimizing our sense of threat, thereby preventing exposure to events which could trigger our traumatic memories and feelings. This in turn can lead to significantly diminished participation and pleasure in our previous interests in life.

A third set of PTSD symptoms involves increased arousal, as our autonomic nervous system remains on alert for additional threats, prepared for fight or flight, even when those threats are clearly past. Thus, we may have difficulty concentrating due to our inability to relax, as our defenses protectively block and distract us from the associations which lead to trauma memories. Sleep may become problematic, in part because we must relax our defenses in order to fall asleep, though when we do so, suppressed feelings and memories are more likely to surface into consciousness. We may also sleep lightly (particularly if we had been abused in our bed at night), and find ourselves hypervigilant during daytime hours, as a means of maintaining an acute, radar like awareness of our surroundings in order to prevent additional harm. Startle reactions may be provoked by even the slightest unexpected noise, as our minds remain alert for any such signs of additional danger.

At first glance, the first two sets of symptoms may not make sense, since the reexperiencing of traumatic events, and blocking them out, are seemingly opposite strategies. One way to understand this coexistence of opposite symptoms is to appreciate the fact that our minds seek to minimize pain both in the short term and the long-term. As we noted in a previous chapter, our defense mechanisms are geared to minimize pain in the short term, but often have negative long-term consequences, whereas coping skills require tolerance of short-term pain in order to achieve long-term growth. If we apply this distinction to trauma reactions, it is evident that the suppression of painful memories and feelings, and the avoidance of interaction with the world in order to reduce exposure to trauma triggers, are methods of reducing our immediate experience of emotional pain. However, consistent avoidance and numbing prevents us from exploring, working through, and resolving our traumas, resulting in the need to permanently endure

this emotional pain when it periodically breaks through. When the mind is a closed system, painful memories and feelings cannot escape. When suppressed, they are only pushed down into the unconscious mind. Our unconscious mind is similar to a toxic waste dump; if we try to dispose too many psychic toxins into it, those toxins will eventually be triggered, leak through, and permeate our entire mental system, affecting our thoughts, feelings, and behavior. Worse still, the influence of these dissociated toxins will often operate unconsciously, seeping into our behavior without our awareness. The result is that our behavior sometimes seems to come out of the blue, both unintended and partially beyond our conscious control. To some extent, our mind becomes more divided than before. As we dissociate painful memories and feelings and thereby banish them from the conscious mind, the content of our unconscious mind expands, and thereby gains greater influence over our behavior. This is not to say that all such dissociation, suppression, and self-defense is ill advised. Our conscious mind would be overwhelmed in the absence of such defenses. But the short term gains of such defenses are accompanied by long term negative consequences, and excessive avoidance behavior, when not balanced by sufficient trauma approach behaviors, tends to tip the delicate balance between the conscious and unconscious parts of the mind toward unconsciously controlled behavior.

As trauma survivors go back and forth between approach and avoidance, between reexperiencing trauma and dissociating it, their behavior often varies between the extremes of flooding and numbing. They show episodes of being flooded and overwhelmed by horrifying memories and nightmares of their trauma, interspersed with periods of being emotionally numbed and essentially shut down mentally. This interplay of opposing mental operations results in a mental roller coaster as the trauma is alternately approached (as the unconscious mind tries to heal its contents) and avoided (as the conscious mind attempts to protect itself from immediate pain). Rather than being a passive leaf in the wind, being blown about by the opposing forces of approach and avoidance, we have the choice of learning how to become the wind itself, to choose the right times for approaching, expressing, and resolving traumatic feelings and memories, while suppressing and containing our trauma when we are too vulnerable, overwhelmed, or preoccupied with other matters. A wise general does not randomly alternate between attacking and retreating. He carefully chooses

opportunities to attack when his forces are strong, and wisely retreats when he is on the verge of being overwhelmed. So it is when dealing with trauma. While the metaphor breaks down because traumatic feelings are not our enemy (though at times they certainly seem to be), we need to gradually regain control of our minds by moving toward the resolution of our trauma when we are able to, while containing and suppressing our traumatic memories and feelings when we have to. When we are relatively strong and calm, and not pressured by external stressors, or overwhelmed by internal traumatic material, we need to approach the trauma and work through the memories and feelings associated with it, even though we may prefer to enjoy our respite from the storm. But when we are relatively weak, either because we are overwhelmed by the intrusions of the trauma, or in the midst of situational crises, or when our immediate priority is involvement in meaningful or pleasurable events, we need to strategically retreat and protect ourselves from the impact of the trauma. We thereby become wise generals in the management of our own minds, alternately approaching and avoiding the trauma deliberately, with conscious intent, rather than being a passive passenger on an out-of-control emotional roller coaster.

When working with trauma survivors, I typically keep four overall goals in mind during the course of recovery: containment, self-nurturance, working through feelings (catharsis), and exposure/integration. The first and third goals reflect the discussion above. We want to develop the ability to contain the intrusion of traumatic memories and feelings, while recognizing that this strategy does not work as a permanent solution; therefore, we need to approach the trauma, express and eject the buried, radioactive feelings associated with it, and gradually work through and neutralize the impact of the trauma. Imagine your mind as a circle, with a line across it which separates the conscious mind above from the subconscious and unconscious mind below. The deepest, unconscious part of the basement of your mind involves memories, feelings, etc. which are typically unavailable to you, while the subconscious upper basement involves psychic material that is available, but either suppressed to varying degrees, or simply not the focus of attention at the moment. When disowned, suppressed, or dissociated feelings or memories are triggered by internal or external events, and enter the conscious mind, they may swirl around in the form of anxiety provoking thoughts,

memories, feelings, etc., until you are able to suppress them once again below the barrier of consciousness. Within this closed system, the amount of psychic material is unchanged from the beginning to the end of this process. However, if you install a chimney on your conscious mind, and express some of the feelings associated with these traumatic memories, you can lighten your load a bit. That is, by expressing such feelings, via journaling, drawing, actively grieving or expressing anger via tears or yelling, or via a host of other cathartic techniques, you are able to export suppressed emotions through the chimney. When you then finish your cathartic efforts for the moment, and choose to contain or suppress this material down below the surface of consciousness again, the amount that you return to the basement has been slightly reduced. Gradually, this process decreases the amount of toxic emotion that you carry, reduces anxiety by exposing and thereby desensitizing you to the feared, dark corners of your mind, and increases the reintegration of your disowned self back into your conscious mind, thereby allowing you to feel more whole.. The problem along the way is that these toxic feelings were disowned in the first place because they felt so threatening. Recontacting such feelings renews this threat, resulting in considerable anxiety, and the need to proceed at a pace which you can handle.

Accordingly, at the outset of the recovery process, the acquisition of containment skills is essential. Otherwise, we will continue to be overwhelmed by the feelings associated with our traumatic memories as we approach them. If you plan to enter hell, were the demons are your intensely negative disowned feelings, is best to tailor an asbestos suit to wear for protection from the flames. At times, the impact of traumatic feelings and memories can be overwhelming, and you will need to back away from them and temporarily regain your emotional stability and equilibrium before resuming your attack. At other times, you may have successfully approached and resolved a significant subset of these traumatic feelings and memories, and it is time to rest. In either case, the use of containment skills is essential in order to rebox such feelings and memories in an effective container, suppressing them back into the subconscious mind for safekeeping, to be reapproached at a later time. We will explore the details of such containment techniques in the following chapter.

Self-nurturance skills, and a desire to become whole again, are also essential for your journey toward trauma resolution. In the process

of disowning part of oneself, specifically our most threatening, traumatic feelings and memories, we often reject the part of oneself that contains such feelings and memories. Thus, if you were sexually abused from age 4 to 8, you may carry a great deal of shame regarding this part of yourself, and even guilt if you blamed yourself for the abuse, in addition to fear, hurt, sadness, and feelings of betrayal. It is quite natural to want to avoid such a truckload of negative feelings, and your rejection of this part of yourself may even involve self-loathing. An “inner child” ego state component to psychotherapy (reviewed in a later chapter) is one means of not only reclaiming, but honoring disowned, essential parts of ourselves which are essential to our well-being. From a cognitive behavioral perspective, is also important to address and repair cognitive distortions created by trauma, whether these involve distorted views of ourselves or others. In DSM 5, the criteria for PTSD have been altered in order to highlight “negative alterations in cognitions and mood” associated with trauma. These criteria include the persistence of exaggerated negative beliefs about oneself (e.g., that we are “bad,” or irreparably damaged/ruined) or others (e.g., that no one can be trusted, in the world is too dangerous for us to pursue safe relationships). Thus, from another perspective, self nurturance involves allowing ourselves to value ourselves, overcome shame, and restore self-esteem, while also allowing ourselves to feel hopeful again, that we can safely attach to others, at least certain others.

While it is natural to want to dissociate and disown feelings and memories associated with trauma, the dissociated parts of ourselves typically power our most distressing feelings and behaviors. The way out of this dilemma is through rather than around. By exposing ourselves to feared traumatic memories, we gradually decrease their power to frighten us, and decrease our anxiety regarding their potential resurfacing. We must approach, expose and resolve our dissociated traumatic feelings and memories if we are to minimize their power to impact our self-image, feelings, expectations, and behavior. To do so, we must engage in a quest to become whole again, to reapproach, reclaim, and nurture the disowned parts of ourselves. Reclaiming and rescuing a disowned part of oneself can be referred to as integration, the opposite of dissociation. Likewise, learning to treasure and soothe a traumatized part of oneself can be termed self-nurturance. Learning to affirm the value of our adult self is an important skill. But all too often, the rejection of a disowned part of oneself, and a failure to address and

resolve the shame associated with this disowned self results in low self-esteem, produced by the subconscious, shameful, disowned part of our self. Trying to address this only at the surface of personality, without pursuing its roots, is akin to adding a water filter to a faucet, rather than cleaning up the toxic waste which pollutes the water reservoir below. From an ego state perspective, we must approach the disowned ego state which harbors the toxic emotions that sometimes seep to the surface of our personality and pollute our self-image. We must not only approach, accept, and reintegrate the disowned self into our personality. We must also soothe and nurture this disowned part of our self as if he or she were our real life child. We must reclaim our inner child (or inner soldier, etc.) with the same love and acceptance that we would bestow on our actual child, if we are to become whole again, and capable of loving and accepting ourselves in our entirety.

Once we develop some basic containment skills, self soothing capabilities, the courage to expose ourselves to anxiety producing memories, and a desire to reintegrate and nurture our disowned, traumatized self, we are in a better position to approach traumatic memories and feelings, without as much risk of flooding and self-loathing. The journey will be bumpy nonetheless, and will require wise juggling, or strategic alternating between containment, self nurturing, and emotional expression/catharsis. Like a wise young general, you will gradually learn from experience which direction to go at a given moment. But these skills will progressively reduce the extent to which you are flooded by overwhelming feelings along the way.

From an entirely different perspective, we can view trauma resolution as a process of moving from being a victim to becoming a survivor. After we are victimized, particularly if we have been abused and victimized repeatedly, it is easy to get trapped in a victim role, without even realizing it. When we are traumatized, we are deeply hurt and experience a host of vulnerable feelings. We certainly have a right to experience and express these feelings on the road to recovery. However, is easy to get stuck in the victim hole, immersed in self-pity, denigrating ourselves, angrily blaming others while remaining in a helpless, passive position ourselves. It's not that we don't have a right to be angry at our perpetrators, or distressed regarding the exploitation of our vulnerability. The expression of our anger and outrage, as well as our grief regarding our losses, is an important part of our recovery. But self-pity is a trap. It is important to empathize with and nurture the

abused side of ourselves, but if we allow ourselves to feel too sorry for ourselves, it is all too easy to remain immersed in a state of self-pity, feeling vulnerable, exploited, and helpless, angry at our perpetrators, but passive in our response, and worse still, down on ourselves for being so inadequate. Instead, we need to make the transition from victim to survivor, by substituting empowerment for helplessness, and practicing self nurturance in the place of self-pity and self denigration.

Having completed our overview, will now proceed to separate chapters focusing upon containment, self nurturance, and catharsis, as well as exposure and integration during the treatment of PTSD and trauma. A final chapter will focus upon repeated severe trauma, including the treatment of Dissociative Identity Disorder, a condition resulting from the most extreme early trauma, involving the most pronounced dissociation.