An overview of the field of trauma therapy

Everything is a Trauma, or not?

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History of traumatherapy

- Can a (single) dramatic event cause a (life) lasting mental disorder?

John Eric Erichsen (1818-1896)

- Railway Spine Syndrome
- Physical or psychological Injuries?

Hermann Oppenheim (1857-1919)

- "Traumatic neuroses"
- Body and mind
- Rail accidents and work accidents
- "Pension dispute"

Pierre Janet (1859-1947)

- "Dissociation"
- "Subconscious"
- Connection between events in a subject's past life and his or her present-day trauma
- Lack of integration of psychobiological systems

Sigmund Freud (1856-1939)

- First: Sexual Traumatization is the cause of Hysteria
- Than: It is only a fantasy or a wish, an inner conflict

Charles Samuel Myers (1873-1946)

World War I:
Shell shock syndrome
- Amnesia
- Dizziness
- Tremors
- Conversion disorders
- Neurasthenia

Dissociation between „normal“ and traumatic parts of the personality

Traumatized soldiers in the World Wars

- Mental disorder
- Talking
- Hypnotherapy
- Group Therapy

➢ *Extreme events can traumatize anyone*

- “Dissembler”
- “Weak”
- “Special treatment”
- Torture
- Faked execution
- Execution

➢ *An adult healthy man can stand/bear everything*

Finally...

➢ Vietnam war

➢ Holocaust survivors

➢ Sexual abused women

➢ Diagnosis of Posttraumatic Stress Disorder (PTSD)

➢ DSM III (1980)

➢ ICD 10 (1992)

PTSD

Three symptoms for a diagnosis mandatory:

1. Re-experiencing (flashbacks, intrusions...)
2. Avoidance (the place, triggers...)
3. Increased reactivity (arousal, hyperactivation, sleeplessness, lack of concentration...)

or inability to recall certain details related to the event (amnesia)

Seeing/accepting a traumatization...

...is depending on accepting

- The (psychological) vulnerability of man
- That violence exist and has severe consequences for the victim
- That a victim needs shelter
- That if there is an offender/cause there is a need for compensation/ reimbursement

Everything is a trauma?

- Danger of “traumatization of “normal/challenging” life events
- **Definition of trauma** (Big T Trauma):
  Direct personal experience of an event that involves actual or threatened death or serious injury; threat to one's physical integrity, witnessing an event that involves the above experience, learning about unexpected or violent death, serious harm, or threat of death, or injury experienced by a family member or close associate

Everything is a trauma?

Everything is a trauma?

Problems of this definition:

- The perspective of a child
- Accumulation of "small t" traumatic events (micro trauma?) can have the same impact than a "big T" Trauma (*R.Greenwald, N. Peseschkian*)

The nature of the traumatic event is crucial

The risk of the exacerbation of a PTSD is rising with the degree of personal violence...from 100% experiencing the event approx.

- 80% after torture
- 55% after rape
- 39% after fighting in a war
- 25% after becoming a victim of other acts of violence
- 15% after a traffic accident
- 4% after a nature disaster developed a PTSD

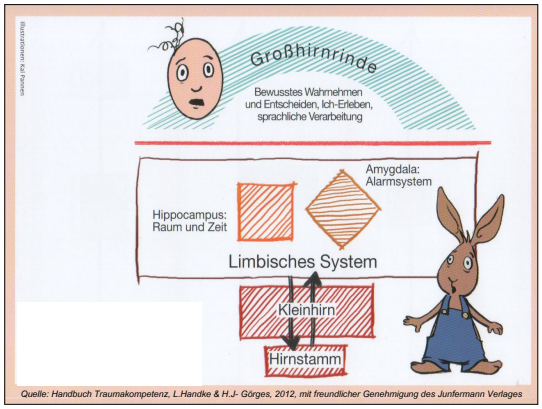
Kessler, 1995

The neurobiology of trauma

Amygdala

- Is responsible for the assessment dangerous/ not dangerous
  => fire alarm of the brain
- Activates the autonomic nervous system
- Knows only HERE and NOW
- Trigger the fight/flight mode

Amygdala - defense action system

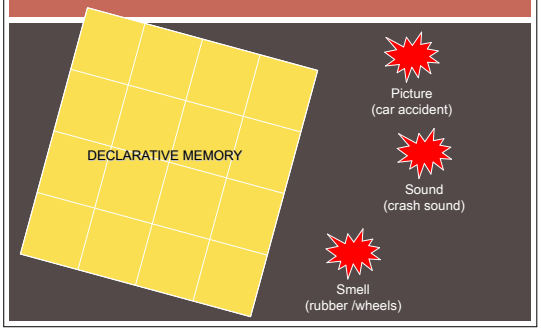


Quelle: Handbuch Traumakompetenz, L.Handke & H.J- Görges, 2012, mit freundlicher Genehmigung des Junfermann Verlages

Amygdala

- Forming emotional memories, especially fear-related memories
- The hippocampus, which is associated with placing memories in the correct context of space and time and memory recall, is suppressed
- After experienced a traumatic event is insufficiently controlled by the medial prefrontal cortex and the hippocampus

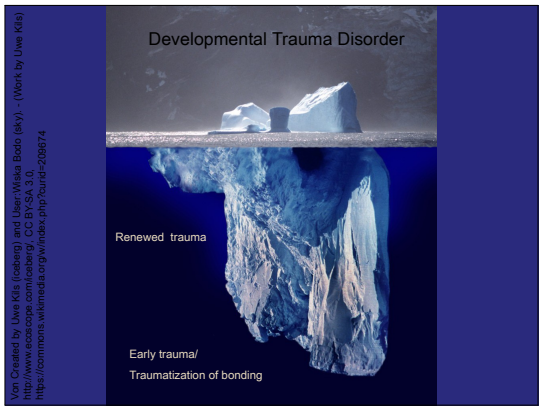
Fragmented memories ➡ Trigger



Exercise...to float back

Is a traumatic disorder *only* a stress disorder?

- The problem of *complex* PTSD:
  - Multiple/ ongoing/ early traumatization
  - Causes symptoms with a large variety: affective disorders, dissociative disorders, psychosomatic disorders, personality disorders, distorted view of the self and others
  - Not (yet) listed in ICD

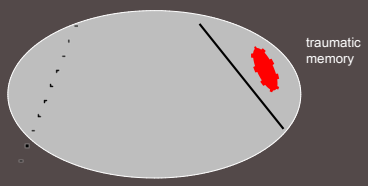


Structural Dissociation

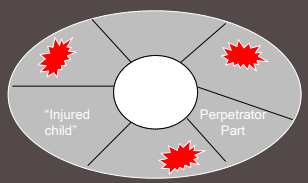
- Structural dissociation of the personality is related to all trauma-based problems
- A dissociative part is a psychobiological subsystem:
  - In a PTSD it is small and rudimentary
  - After an ongoing (early) traumatization it is huge and more and more separated from the rest or the whole personality is fragmented (DID)

D. Mosquera, A.Gonzales (2012, 2018)

"Simple" PTSD



Ego-State-Disorder



Defense and daily life

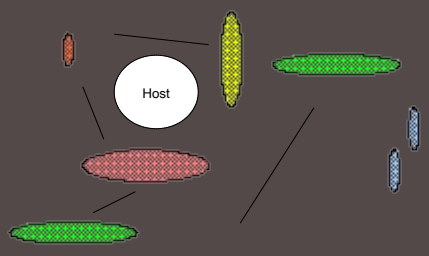
- One part tries to go on with life, avoid traumatic memories (EP), is focused on daily activities. It is a facade of normality and so it is called: Apparently Normal Part of the Personality (ANP)
- Defense subsystems become rigid and fixated in the traumatic experiences and in the time of the trauma. That is a/the Emotional Part(s) of the personality (EP)

D. Mosquera, A.Gonzales (2012, 2018)

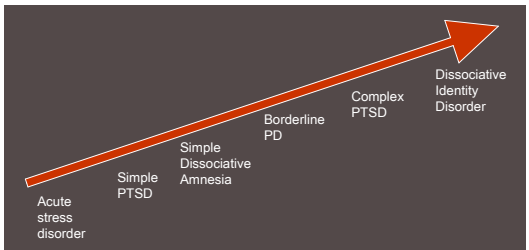
Defense and daily life

Emotional Part fixated in traumatic memories and defense action systems	Apparently Normally Part: focused in daily life and trauma avoidance

Dissociative Identity Disorder (DID)



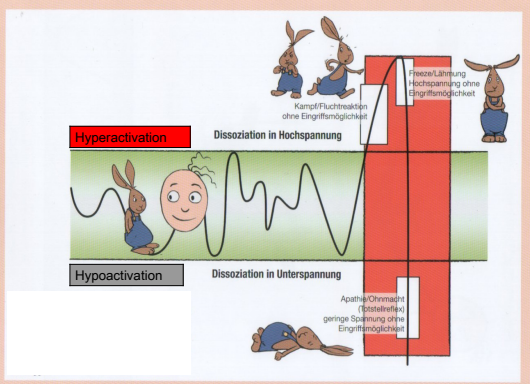
Posttraumatic spectrum



Therapy

- Three relevant concepts for the therapy of post traumatic disorders:

1 Sandwich Principle: Always provide enough resources. Alternation between resource work and trauma work
2 Windows of emotional tolerance. Avoid Hyper- and Hypoactivation
3 Handle the phobias for traumatic material



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3 phases of therapy

- Stabilization
- Processing the trauma/ Exposure
- Integration

Stabilization

- Outer and inner safety
  - Contact with the perpetrator
  - End of the traumatic experience
- Psycho education
- Emotional regulation
- Imagination exercises
- What is necessary to face the dragon...?
  = strengths building

Imagination of an inner safe place

Processing the trauma

- Exposure
  - Working through the memories
  - Inside the windows of tolerance (cinema)
  - Regaining control
  - Change the story
- Many methods
  - EMDR
  - Narrative exposure
  - Modified CBT

EMDR

Bilateral, bifocal stimulation
visual, tactile, auditive

Integration

- Ongoing process in therapy
- Trauma becomes an integrated part in the life of the client
- Mourning instead of depression
- Anger instead harming oneself or others
- Post traumatic growth

Summary

Do's and Don'ts

Do's

- Watch out for trauma, traumatic episodes in the life of the patient and traumatic symptoms:
  - Dissociation and memory loss
  - (Severe and quick changing) Psychosomatic symptoms
  - Chronic pain without a somatic cause
  - Flash backs (pictures, smells...)
  - Hyperactivation and anger (especially if triggered out of the nowhere)
  - Feelings of guilt, shame and being worthless
  - Feeling of "the world is not a safe place", distrust

Do's

- Ask for critical life incidents, but don't go into details
- Offering support and a good, stable and supporting contact
- Psycho education: schemes, examples, fairy tales...careful, without saying you are abused, you are definitely traumatized...
- Stabilization: skill training, imagination, rituals...explore what is helpful
- Defocus: What is good in your life?
- If necessary and possible: Refer to an experienced traumatherapist...or become one

Don’ts

- Giving a quick interpretation
- Using suggestive questions
- Go (to fast) into the details of the traumatization - risk of decompensation

- Look away if there is a traumatized patient

Thank you for your attention!

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