

**THE RECONSTRUCTION OF TRAUMA:
THE IMPORTANCE OF THERAPEUTIC
PROCESS ISSUES**

PRESENTATION

**EUROPEAN SOCIETY FOR
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Overview

- **trauma literature dominated by polarised debate about specific techniques**
- **essential features of therapeutic outcome studies**
- **sequelae associated with repeated traumatisation**
- **context for repeated traumatisation**
- **a constructivist model of repeated traumatisation**
- **therapeutic process in the reconstruction of trauma**
- **implications**

Trauma literature dominated by polarised debate about specific techniques

- **debates dominate journal space, training programs, international conferences and attract a significant amount of research funding**
- **specific therapeutic interventions only explain a tiny proportion of the variance in therapeutic outcome studies**
- **their influence is often methodologically confounded by other techniques and so-called non-specific factors**
- **grouped outcome studies are almost impossible with repeated traumatisation because of the ubiquitous and varied sequelae and lack of compliance with simple nosological categories**
- **threatening to the pecuniary and other personal interests of researchers, clinicians and their broader communities**

Essential Features of Therapeutic Outcome Studies

- **controlled assignment of participants to each group taking account of multiple variables involved**
- **real people with real issues are used**
- **therapists for each group are of equal competence**
- **therapists are not inexperienced**
- **interventions are equally valued**
- **the outcome measures take into account the goals of the intervention**
- **treatment outcome is evaluated by independent measures beyond the evaluations of either the research participants or the researcher**
- **information is obtained about other concurrent treatments or interventions, both formal and informal**
- **the interventions are independently evaluated to assess their integrity and distinction from each other**
- **each compared intervention is given in equal amounts**
- **a reasonable amount of each intervention is given**
- **the sample size is adequate**

(Luborksy, Singer and Luborksy 1975)

Sequelae associated with Repeated Traumatization

- **physiological**
- **cognitive**
- **self**
- **emotional**
- **relationships**
- **behavioural**

Physiological Sequelae of Repeated Traumatization

- **hypervigilance, heightened baseline levels of anxiety, sleep disturbance**
- **intense startle reactions, headaches, gastrointestinal disturbances, chronic pain, respiratory disturbances, cardiovascular difficulties, neuromuscular problems**
- **urinary tract difficulties, skin disorders**
- **long term effects on the neurochemical response to stress e.g. magnitude of the catecholamine response, the duration and extent of the cortisol response, serotonin and endogenous opioid system**
- **alterations in immune competency, decreased hippocampal volume**
- **extreme autonomic responses to stimuli reminiscent of traumatic events, nonhabituation to startle stimuli**
- **amnesias and hypermnesias, traumatic memories stimulated by physiological arousal, sensorimotor rather than semantic memories**

Cognitive Sequelae of Repeated Traumatization

- **dissociation**
- **avoidance and minimisation of trauma-related information**
- **disorientation in place and time**
- **memory dysfunction and concentration problems**
- **problems in decision-making**
- **selective attention to threat-related cues problems
discriminating between neutral and threat-related cues**
- **learning difficulties**
- **cognitive distortions**

Sequelae of Repeated Traumatization on Sense of Self

- **annihilation of the meaning structure**
- **lack of a sense of individual autonomy**
- **loss of a sense of self**
- **construing self as evil contaminated or tainted**
- **lack of an internal sense of worth**
- **perception of current reality as unsafe**
- **continually waiting for unpredictable and uncontrollable catastrophic consequences lack of a sense of personal power to influence the outcome of events**
- **perception of current reality as horrible, unchangeable, and inevitably catastrophic**

Emotional Sequelae of Repeated Traumatization

- **chronic depression**
- **feelings of emptiness and numbness, hopelessness, powerlessness, rage, fear shame, guilt,**
- **chronic irritability and outbursts of rage**
- **inability to connect feelings to bodily sensations and to thoughts**
- **difficulty in regulating overwhelming feelings**
- **intense self-hatred**
- **extreme fear of making mistakes and evaluation**

Sequelae of Repeated Traumatization on Relationships

- **lack of a sense of a separate personal identity in relation to others**
- **traumatic bonding with perpetrators**
- **social withdrawal and constriction**
- **patterns of revictimisation and re-enactment of the dynamics of relationships formed in traumatic environments**
- **difficulty in establishing and maintaining healthy intimate relationships**
- **pattern of abusive behaviour towards others**
- **fear of intimacy yet intolerance for being alone**

Behavioural Sequelae of Repeated Traumatization

- **constriction in initiative, future planning and active engagement in the world**
- **chronic suicidal behaviour**
- **repeated self-injury & sabotage**
- **impulsive behaviours, substance abuse**
- **overwork, overachievement, perfectionism**
- **patterns of revictimisation**
- **excessive risk-taking**
- **substance abuse**
- **eating disorders**

A Constructivist Model of Repeated Traumatization

- **explanation of critical therapeutic process issues**
- **successfully evaluated in longitudinal and cross-sectional studies**
- **abstract and complex enough to explain the phenomenology of repeated traumatization**
- **trauma represents an ongoing threat of psychological or physical annihilation**
- **Core processes concerned with identity, sense of reality, worth, power and central social roles are developed in traumatic environments**
- **Personality traits are not unchanging but fluid and relatively stable personal theories (core processes) repeatedly confirmed by experiences**
- **Personal theories are complex and interrelated systems of meaning resulting in specific predictions**
- **Individual characteristics and past personal experiences reciprocally influence these dynamic theories**
- **some life events are more likely to represent a threat to core processes including those that involve complex moral and ethical dilemmas**
- **an environment favourable to recovery from repeated traumatization is validating to the formation and enactment of new personal theories**
- **thinking and feeling are equal ways of knowing**

Therapeutic process in the Reconstruction of Trauma (1)

- **therapeutic process issues rather than specific techniques are critical to outcome**
- **Perceived safety and the dynamics of therapeutic relationships are crucial**
- **A healing space confirms a sense of personal power, unique identity, personal value and a reality that can make meaning out of traumatising experiences e.g. in ownership of the recovery process, assessment and collaboratively negotiated therapeutic goals**
- **safe enough for the expression of powerful and fundamental emotions and conducive to trial and error experimentation or the trying on of new personal meanings, behaviours and social roles**
- **personalised and culturally relevant strategies to constructively express and claim powerful feelings and bodily sensations**
- **people learn ways to identify and gently but firmly challenge currently unhelpful ways of thinking that may have been viable and/or developmentally appropriate in traumatic environments**
- **provision is made to experiment with alternative ways of being in and acting upon the world.**

Therapeutic process in the Reconstruction of Trauma (2)

- **helps facilitate a sense of continuity between the past, present and the future of the traumatised person and in so doing consider the timing of trauma work**
- **clinicians find an appropriate balance between the development of individual and social resources and they vary the focus on current life events and traumatic material**
- **the purpose of various techniques and the way they may be construed by unique individuals is considered vital information**
- **planning for termination of the therapeutic relationship is done collaboratively. You have done your job well when you become redundant. Healing continues beyond therapy**
- **therapeutic strategies can be technically eclectic providing they are theoretically integrated**
- **allows for treatment versatility, theoretical coherence and excellent results**

Implications

- **psychological and physical safety as immutable human rights**
- **educational curricula to teach children about their basic human rights, helpful ways of thinking and behaving, constructive expression of powerful feelings, explicit criteria for healthy relationships and responding to the fundamental needs of their bodies**
- **parents to be given the ongoing opportunity to learn respectful ways of parenting their children**
- **initial and ongoing training and supervision programs that address the complexity of repeated traumatisations. Clinicians need microfeedback on therapeutic performance**
- **early identification and intervention programs in verbal and physical violence and discrimination, for both victims and offenders**
- **Governments need to implement programs that provide for more equitable distribution of wealth, equality of opportunity and recognition of basic human rights**
- **educational institutions, editorial boards and professional organisations need to learn to reward complexity and quality rather than simplicity and quantity**
- **work practices are required that provide favourable recovery environments for those exposed to ongoing occupational trauma by looking at fundamental structural changes within organisations**

