Psychic Trauma
Consequences and Approaches

Vedran Bilić M.D. Ph D. psychiatrist
Clinic for Psychological Medicine
Clinical Hospital Centre Zagreb
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Trauma

- Trauma originally meant a severe wound caused by external injury and is still used by medicine in this sense.
- In psychiatry the word 'trauma' was taken over to denote a state which was brought about by a serious shock falling upon the individual unexpectedly, like an explosion or a railway accident, i.e. something with which he had no previous connection. (Balint)

Trauma – external events

- Trauma in this sense is therefore an external event or situation of catastrophic nature.
- A severe psychical upheaval with lasting consequences which need sustained therapeutic efforts to understand and remedy. (Balint)
- Exceptionally strong threat that
- One can not cope with
- Psychological and somatic responses and consequences

Possible traumatic events

Types of stressors	Examples
Severe accidents	Car, plane, boat or an industrial accident
A natural disaster	A tornado, flood, earthquake
Criminal assault	Physical attack, robbery, wounding, abduction, terrorist assault
War trauma and **violence on civilians, political violence**	The combat in war, the plight of civilians in the war, **refugees,** genocide, concentration camps, torture, captivity
Sexual assault	Rape or attempted rape
Violence in the home and the family	Incest, rape, physical violence
Physical abuse or serious neglect in childhood	Beating, burning, tying, starvation
The trauma associated with the work in dangerous jobs, mobbing	Police officers, firefighters, emergency services, etc.
Witness to a traumatic event	Witness the shooting, murder, suicide, etc.

External and internal events

- External and internal (psychological) reality
- Both are important in the etiology and in the treatment
- Too much, too powerful and unbearable external and internal events: unbearable emotions, thoughts, psychic images, inner good and especially bad objects (Fairbairn)

Freud's seduction theory

- 1896
- The sexual abuse of children below the age of puberty and its possible causation of mental illness (hysteria) in adults. (Wikipedia)
- 1905 Freud gave up seduction theory.
- Traumas did not happen in reality, but only in the patients' fantasies (Eisen)

Events in the outer and inner (psychic) reality

- Also a possible source for further traumas
- Severe traumatic experiences that happened in outer reality influence and change victim's inner reality
- Victim's inner reality influences and changes his life

Importance of object relations in the etiology of trauma

- Object relations with people, (especially with close ones like family members), who traumatically disappointed,abused, neglected and wounded the patient (outer reality) have psychological consequences in inner reality

Responses and consequences of traumatic events

- Neurotic, and more severe psychopathology: personality disorders, borderline, delinquency, psychoses etc.: lots of trauma and disappointment **in object relations** from childhood (Mcfie)
- PTSD

Psychological consequences of traumatic events

- First reaction in most people is anxiety which has an unbearable intensity
- Anxiety overflows the ego.
- One experiences intensive feelings of fear, guilt and shame
- Along with a sense of being completely lost, isolated, and existentially endangered.
- Severe (malignant) psychological regression

Weakening of the control of drives and behavior

- The structures of mental apparatus become ineffective in mastering anxiety, neutralizing aggression and destruction.
- Partial disintegration of ego and superego with revival of the archaic defence mechanisms.
- Ego functions diminish
- Superego becomes archaic and severe

Ego and superego regression

Cognitive functions are more or less jeopardized by domination of primary process thinking

Capability of differentiating between inner and outer reality diminish

Control of drives and behaviour is weak

For a long time one can not integrate traumatic experiences

These experiences are dissociated and defences keep them unconscious.

Immature defences

- Regressive defenses against overflowing fear as denial, massive projection, projective identification, idealization, demonization, manic defences
- These defences are not stabile and reliable
- In some defenses are near complete collapse

Self

- Self as well as objects are experienced as split, fragmented, unintegrated
- Early traumas and unsolved infantile conflicts are reactivated
- Traumas urge freeing of bad objects from the unconscious (Fairbairn).
- Inner world is full of bad, persecuting objects (in paranoid-schizoid position - M. Klein)

Bad objects

- Trauma can result in destruction of the inner world of benevolent and supportive inner objects.
- Basic trust feeling regarding oneself as well as social environment is very jeopardized
- Many experience reality in projective way, and their behavior is paranoid.
- Bad objects prevail in victim's inner world and are projected into the environment.

Long-term consequences of trauma

- Somatic (physical symptoms, pain syndromes, decreased body resistance, psychosomatic diseases)
- Emotional (mood swings, feeling of loss or change of feeling, impaired ability to control strong emotions and aggression)
- Cognitive (concentration, memory, memory, attention)
- Characterological (personality changes).
- Possibility of suicide and homicide is real

Post-traumatic stress disorder (PTSD)

- Prolonged or delayed reactions to psychic trauma

PREVALENCE OF PTSP

- In the general population 9% according to recent data from world literature (2)
- After natural disasters 28 to 59% (3,4)
- After traffic accidents from 8 to 46% (4).
- Among war veterans and women victims of rape from 30 to 32% life prevalence according to retrospective epidemiological studies (5,6)
- **Refugees and displaced persons 49.8%** (8)

In the combat population

Among the most active most frequent

- anxiety (46.8%)
- depressive disorder (32.5%) (22)
  (One feels without perspective, does not expect anything from the future. Loss of interest)
- Psychotic symptoms were found in the group of heavy and multi-traumatic traumatic soldiers (23).

PTSD COMORBIDITY

- Other Psychiatric Disorders (9,10,11) are commonly associated with PTSD.
- The most common are depression, anxiety disorder, panic disorder, alcoholism, dependence on psychoactive substances and personality disorders (13-18) psychotic disorders (19,20).

Symptoms of PTSD

- Re-experiencing trauma
- Irritability - increased excitement
- Avoidance

Re-experiencing trauma

- One re experiences parts of traumatic event(s) through (trauma) memories that force themselves both in sleep and in waking state
- The memories of trauma include images, thoughts, even sensory experiences in traumatic events.

Re-experiencing of trauma

- Sometimes happen as overwhelming and flooding with painful feelings, seemingly without cause, and often triggered by some event, date, place, or something else that reminds a person of trauma.
- Traumatized person can occasionally experience and behave as if the traumatic event is happening again (dissociation).

In the waking state

- Sudden memories are accompanied by painful emotions
- Totally attract the attention of the person
- The experience may be so strong that one feels he or she is experiencing the trauma again or sees it happening before her eyes, for example hiding in shelter, avoiding mines, throwing on a floor and is often not fully aware of one's behavior.

During sleep

- Trauma can be re-lived in the dream through recurring traumatic dreams of the event, often nightmares, from which a person is awakened in fierce fear, disgusted, with with the throbbing of the heart, some time with a loud cry and scream

Symptoms of avoidance

- Traumatized person actively avoids all that can remind him of trauma.
- Trying to avoid thoughts, feelings, or talk about trauma, places, and people who remind of trauma.

Object relations

- Traumatized persons become for a long time incapable of creating and sustaining stable and predominantly libidinal object relations.
- In the context of object relations, bad internal objects become prevalent.
- Traumatised person feels that he is isolated from family members who had not experienced similar traumatic experiences

In the family

- Reduces participation in important family activities.
- Feels separation or alienation from others, he often says he does not feel anything, especially to previously close persons, and if feels something, often can not express it.
- Family members are therefore feeling rejected.

Splitting in Family

- Traumatised do not recognize members of family as whole objects.
- The spouse or child is either good or bad, idealized or demonized, or split as the patient's self.
- Patient has great unconscious expectations from outer reality and puts great strains on family members
- Patient’s narcissistic vulnerability is very increased and capacity for empathy is diminished
- They easily experience that they are rejected by people, no matter how close they are to them

Avoiding interaction to avoid abreacting destruction

Avoiding interaction with family members

(staying awake at night when others are sleeping, sleeping during the day)

Acting-outs, both in therapeutic setting (getting up, shouting, leaving the room) and out of therapy

Breaking things at home, beating children and wife' self-injuring, suicide, homicide.

Overcoming isolation in family

- Reducing isolation of traumatised patient in his inner world is possible through connections with members of his close family.
- Integration of the familial into the experience of the self has favourable effects in reducing the patient's feeling of isolation.

In the Family

- In order to be accepted and survive as good objects, family members have to endure repeated and sometimes severe attacks of patient's aggression
- The ability of containing, reliability and constancy are crucial for the patient to begin to experience family member as a good object.

THERAPY

- Psychopharmacological
- Psychotherapeutic
- Psychosocial

Psychotherapy should be preferred

- Whenever possible, in treating PTSD over psychopharmacological treatment, e.g. when the symptoms are mild and are not complicated with psychiatric disorders.
- In moderate to severe PTSD complicated with psychiatric disorders and post-traumatic personality development, psychotherapy, psychosocial methods and pharmacotherapy should be combined.

Psychotherapy

- Psychotherapy is a method of choice in the treatment of posttraumatic stress disorder. Depending on the severity of the clinical picture, it can be performed independently or in combination with psychopharmacological therapy. To date there is no universal recommended model or psychotherapeutic techniques of PTSD treatment. No technique has shown that it is ahead of the other.

- Treatment may include short-term crisis intervention, short and longer-lasting psychotherapy of different therapeutic orientation, sociotherapy, marital and family psychotherapy, and various creative and relaxation techniques.

Individually or in a group

- Therapy, if necessary, can be continued individually or in a group, for example cognitive behavioral therapy or supportive-expressive psychodynamic psychotherapy.
- If it is a group psychotherapy, at the beginning it is advisable to form homogenous group in relation to traumatic experience, and in the case of rape also regarding the gender of victims.

Ego strengthening

- The primary goal in psychotherapy of traumatized persons is ego strengthening and building up its capacity for establishing and maintaining the enduring object relations.
- Traumatized person is imprisoned in internal prison of his traumatic events.
- Capacity for enduring object relationships enables one to return to objects in external reality.

General principles of psychotherapy with traumatized

- Regardless of the psychotherapeutic technique and the type of traumatic experience (civil or war trauma), we differentiate the beginning of a therapy in which we build a therapeutic relationship with the patient, a middle part which is focused on traumatic events and final phase, when satisfying interpersonal relationships are established and maintained in the wider social context.

Enduring attacks-creating good object

- Only a good object can neutralize the patient's aggression and destructiveness and enable him to again experience the feeling of basic trust.
- It takes long time to create a good internal object. The process is subjected to great oscillations.
- Over a longer period, the patient must be in contact with the external good enough objects.

Prevention of PTSD in patients with acute stress response

- Psycho education - normalizing reaction to an traumatizing event
- Debriefing - enabling emotional remembering and retelling events (emotional catharsis)
- Crisis intervention
- Supporting the experience of traumatized as a survivor rather than as a victim
- Get rid of irrational guilt
- Consultation – advising as soon as possible return to normal activities

Prevention of chronicity in a patient with symptoms of PTSD

- Enable emotional recall and recall events (emotional catharsis)
- Psychodynamic therapy
- Cognitive Therapy
- Exposure Therapy
- Techniques of mastering anxiety
- Psycho drugs

Outpatient and hospital programs

- It is implemented in outpatient and hospital programs under the treatment of patients with PTSD or out of programs treated in the healthcare system in non-governmental organizations e.g. through self-help groups or clubs.
- When performed in a hospital or in a day hospital, sociotherapy provides the possibility of therapeutic use of staying and living in a therapeutic community (staying and living in a therapeutic environment).

Psychosocial rehabilitation

- Interventions aimed at helping the patient to better integrate into society and increase the quality of life
- The following interventions are included:
- Disease education
- Improvement of communication skills through social skills training
- Support in job selection, job education
- Recreation
- Creative art therapy

Stage 1 goals

- The development of a solid working alliance in the context of a safe and supportive therapeutic environment is the basic prerequisite of any therapeutic technique.

Stage 2 goals

- Psychologically stabilizing a patient
- Reducing or relieving symptoms by psychotherapy with or without psycho drugs.

Stage 3 goals

- Enabling a traumatised patient to tell and share his traumatic stories, so that one can understand and integrate it.
- The patient regains one’s self-esteem and trust in others and himself.

Stage 4 goals

- Renewal and Maintenance of the Social Network
- Renewal of Family, Social and Work Functioning.

Acute stage: crisis intervention

- For the majority of patients in the acute stage of the illness will be needed crisis intervention, while for those with chronic disorder and permanent personality changes will need long-term treatment.
- Longer psychotherapy may be considered for patients who continue to have symptoms after a crisis intervention.

In the case of more severe symptoms

- After the acute phase of trauma, a crisis intervention is recommended focusing on the event and its consequences with the emphasis on helping the traumatized person to control the extremely high anxiety caused by trauma and finding a supportive social network and seeking their own power to solve the problem with a traumatic event.

Group analysis

- Group analysis as a therapeutic technique also sets certain limitations. In group analysis therapist establishes and promotes certain group norms like regularity of attendance, punctuality, the confidentiality of the contents expressed in the group because such norms enable group analytic therapeutic process to unfold.

Taking care of setting

- Besides taking care of setting ensuring proper place and regular time for group meetings, it is common for the group analysis that therapist directs the group from events 'there and then', i.e. from their experiences with the important people in the reality to the relationships and events in the ‘here and now’ in the group.

Focuses the attention to the group

- He focuses the attention and interest of the group members to refer to the group. He also encourages the translation of incomprehensible speech of symptoms that the group members have to a secondary process thinking and understanding. He wants to run and encourage symbolization of internal processes and their communication in words.

The matrix of the group

- Each group creates and has its own specific matrix, that leaves a specific impression.
- The matrix is gradually created by series of participations, interactions and communications of all group members throughout the life span of the group.
- The whole is made up of a series of small parts which although separate each reflects the larger whole.

Involvement of members in the matrix

- The total group matrix operates on developments in each particular session in which it is reflected and constantly updated.
- Each group session has some characteristics of group matrix.
- The therapist is trying to achieve the involvement of members in the group matrix, and to avoid autistic withdrawal and isolation of group participants from the interaction.

- As group members assume these basic rules, the role of the therapist is observation of and immersion in the group process. Besides that silent emphatic presence and continuous effort to understand group process, therapist also uses verbal interventions when he feels necessary.

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