

Colin Wastell

UNDERSTANDING TRAUMA AND EMOTION

Dealing with trauma using an emotion-focused approach



Understanding trauma and emotion Colin Wastell PhD is Senior Lecturer in the Psychology Department and former founding director of the counselling and psychology program at Macquarie University, Sydney. He has been involved in counselling and psychotherapy practice, research and training for over 15 years in a variety of contexts. His work on trauma has included both civilian and military survivors across a wide spectrum of the adult age range.

Understanding trauma and emotion

Dealing with trauma using an emotion-focused approach

Colin Wastell



First published 2005 by Allen & Unwin

Published 2020 by Routledge 2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN 605 Third Avenue, New York, NY 10017

Routledge is an imprint of the Taylor & Francis Group, an informa business

Copyright © Colin Wastell 2005

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

Notice:

Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

National Library of Australia Cataloguing-in-Publication entry:

Wastell, Colin. Understanding trauma and emotion : dealing with trauma using an emotion-focused approach.

Bibliography Includes index.

ISBN 1 74114 489 2.

1. Psychic trauma. 2. Traumatic shock - Psychological aspects. 3. Post-traumatic stress disorder - Treatment. I. Title.

616.8521

Typeset in 10.5/12 pt Sabon by Midland Typesetters, Maryborough

ISBN-13: 9781741144895 (pbk)

This book is dedicated to all survivors of trauma, individuals, families, friends, communities and beyond. My hope is that in some small way these words may assist you and those who help you, as you live your life after the terrible events that you have survived.



ACKNOWLEDGMENTS

he writing of this book has been a journey in many parts. As such I wish to acknowledge the various contributions that have enabled me to undertake this work. I want to first of all thank Professor Mardi Horowitz whose theory and therapy are prominent features of this book. Though we have met and communicated on only a few occasions he has always been most helpful and supportive. In similar vein Professor Les Greenberg's research and encouragement provided direction and focus for my explorations of emotion processes. The foundations for this book came in part from my doctoral dissertation completed over a decade ago. I want to thank Associate Professor Juliet Harper, my supervisor, for her contribution. Her sharp mind and wit added energy to my conviction that the recognition of the role of emotion in trauma was long overdue. The role of emotion in psychological processes has had a shadowy existence for many decades. My colleague and friend Dr Julie Fitness has been a shining light in her efforts to advance the discipline's understanding of emotion processes and she has also been a wonderful support to my particular interests in emotion.

The creation of ideas is one thing but it is the ability to refine the expression of these ideas that helps authors such as me see their ideas become so much clearer. To my editor Jeanmarie Morosin and the staff of Allen & Unwin who turned my words into engaging prose and so made my thoughts much more accessible to my readers, a sincere thanks.

A special word of thanks goes to the many therapy clients I have treated over the years. As they told and re-told the stories of their traumas I became experientially convinced of the central role of emotion processes in trauma and how critical it was to understand them if treatment was to be as beneficial as possible for survivors and their family and friends.

Finally and most importantly to my wife Paula and sons, Michael and Scott, my heartfelt thanks for the space to write and the support and pride in the work completed.



CONTENTS

Acknowledgments Figures and tables Introduction	vii xiii xv
1 Trauma	1
A brief introduction to the study of trauma	1
Sigmund Freud and trauma	1 5 9
World War I	
Abram Kardiner	15
Military and civilian survivors of traumatic events	16
Traumatic neurosis of the sex war	17
Trauma: Episodic study and periodic amnesia	18
Diagnosis of trauma: Post Traumatic Stress Disorder	19
Developing an integrated model of trauma	20
Summary	26
2 Emotion processes and trauma	28
Emotion and its role in human functioning	28
Modern cognitive theories of emotion	29
Recognising the importance of emotion	30
Comparison of evolutionary emotion theories	35
Evolutionary emotion theory and trauma	35
Emotion as a coherent lawful system	36
Emotion system and alexithymia	36
The modern view of emotion Setting the scene: Two examples of the role of emotion	38
in traumatic situations	39

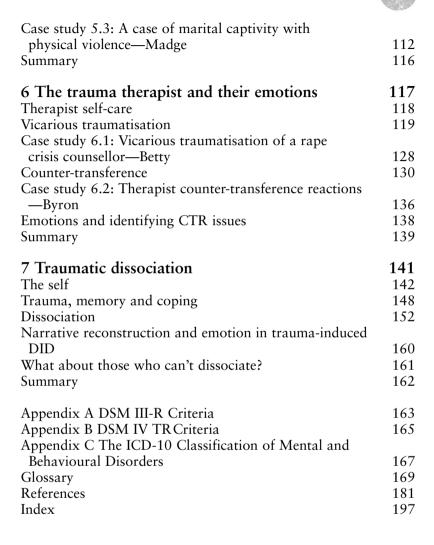
UNDERSTANDING TRAUMA AND EMOTION



Modern emotion theory and trauma	40
Emotion studies of trauma	43
The relationship of biology to emotion and trauma	44
The emotion–cognition–experiential model	47
The experience of trauma from an emotion perspective Summary	51 51
3 Emotion and trauma treatment	52
Searching for the most effective treatment	53
The evidence-based approach	56
Examples emphasising emotion in CBT approaches	59
The benefit of emphasising emotion in trauma treatment	66
Summary	66
4 Treatment of circumscribed trauma	68
Models of treatment	69
General principles of trauma treatment	71
Models of the stages of trauma treatment	76
Psychological assessment	81
Phase-appropriate interventions	84
Case presentations: Introduction	87
Case study 4.1: Single incident trauma—Jim	88
Case study 4.2: Death of a parent—Joan	91
Case study 4.3: Reported death of a child—John	94
Summary	97
5 Treatment of complex traumatisation	99
What is complex trauma?	99
Van der Kolk's model of treatment	100
Fundamental goals of treatment for survivors of	
complex trauma	100
Diagnosis	101
Intrusive re-experiencing	101
Autonomic arousal	102
Numbness	102
Memory disturbance	102
Psychosomatic symptoms	103
Phase-orientated treatment of trauma	103
Case study 5.1: Complex trauma as a result of	
exposure to combat—Matt	104
Case study 5.2: Adult survivor of child sexual assault	100
—Mary	109



xi





FIGURES AND TABLES

Figures

1.1	Brouillet's painting of a Charcot demonstration of	
	hysteria and accompanying caption	4
1.2		6
1.3	Freud's model of the development of neurotic symptoms	8
1.4	Major stages in the development of the concept of trauma	18
1.5	The normal and pathological phases of the	
	post-stress response	23
2.1	Lazarus's model of emotion	30
2.2	Izard's model of emotion	33
2.3	Plutchik's model of emotion	34
2.4	Summary of the conceptualisation of emotion	39
2.5	Structure of the brain showing the three fundamental	
	regions	45
2.6	······································	46
2.7		48
6.1	Modes of empathic strain in counter-transference	
	reactions (CTRs)	135
6.2	Layering of elements in CTR	139
7.1	Development of the sense of self	144
7.2	Emotion differentiation by age	145
7.3	Dissociation scores across groups	154
7.4	1 1	
	identity formation using a catastrophe model	159

Tables

1.1	Conceptualisation of trauma: Comparison of Freud	
	and Rivers	

UNDERSTANDING TRAUMA AND EMOTION

xiv

2.1	Comparative lists of fundamental emotions	35
2.2	Fridja's laws of emotion	37
4.1	Horowitz's phases of trauma reactions	69
4.2	Stages of treatment adapted from Horowitz's approach	78
4.3	Analysis of Jim's trauma	90
4.4	Analysis of Joan's trauma	93
4.5	Analysis of John's trauma	97
5.1	Analysis of Matt's trauma	108
5.2	Analysis of Mary's trauma	112
	Analysis of Madge's trauma	115
6.1	Analysis of Betty's VT	131
6.2	Analysis of Byron's CTR	137
7.1	Self-defining memories and dissociation	160

INTRODUCTION

Psychological trauma is a subject of great professional and public interest. From media reports to personal testimonies, we are confronted daily by the terrible effects of accidents, war and mistreatment. These stories are not new. For centuries, it has been common knowledge that survivors of horrific events may suffer ongoing distress. There are descriptions of this sort from Homer's *Iliad* to Samuel Pepys' commentary on the Black Death and Great Fire of London in 1665–6 that clearly show the effects of these events as marking survivors with deep, disturbing and debilitating psychological scars (see Trimble 1985, pp. 6–7). However, over the last 150 years, there has been a growing acceptance by the public of the impact of traumatic events and accompanying changes, and this has been reflected in social and legislative responses to the ongoing effects of trauma on survivors.

The initial impetus for the modern study of trauma came from two separate sources in the West during the latter part of the nineteenth century. The first was the large number of surviving casualties of war, while the second came in the form of new compensation laws in Europe, which resulted in relatively large sums of money being paid to the survivors of accidents.

The initial focus was a medical model of trauma. Bodily trauma was viewed as essentially a wound or injury affecting body tissues or structures, with a resulting loss of function of the tissue or organ. The emphasis was on finding out what was no longer working, and either biochemically or surgically repairing it.

Definitions of psychological trauma have been heavily influenced by medical models of physical trauma. An older definition

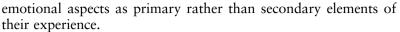


of psychological trauma is exemplified by Drever (1952). Trauma is 'an emotional shock, producing a disturbance, more or less enduring of mental functions' (1952, p. 298). The concept of 'shock' is central to this definition of trauma. Again quoting Drever, shock is 'sudden depression of the nervous system or nervous exhaustion produced by violent emotion, accident, surgical operation, etc.' (1952, p. 265). Such an approach leads to theorising that is biased toward viewing psychological trauma primarily as a physical injury to the nervous system. This was the view taken in the latter part of the nineteenth century and the first decades of the twentieth century. Following on from these 'physicalist' views came the early psychological theories. For example, Freud's initial work with women suffering from hysteria led him to postulate that it was actual seduction that was traumatising these women. He then abandoned this view in favour of his Oedipus theory, which persisted for many decades and was only seriously challenged in the early 1970s, when clinicians such as Herman (1992a, 1992b) and others began to confront society with the reality of the existence of incest and domestic violence. The Vietnam War brought the horror of conflict into the homes of many people in a way that was traumatising in itself. From the 1980s onward, there has been a groundswell of support for the recognition of trauma and the provision of assistance to those affected by it.

It is important to recognise from the outset that the experience of going through a traumatic event is one that can, in essence, only be truly understood by survivors. The theories which guide and inform professionals are central to responding to the needs of those who have been traumatised. One of the most influential approaches to trauma-and, indeed, to many psychological problems-is the rationalist based cognitive behavioural model, which focuses on the rational mind. Survivors are encouraged to address the residual effects of trauma using techniques that essentially subsume emotion beneath rational thinking. The focus is on getting the survivor's thoughts back into perspective through a combination of talking and activity (see Rothbaum et al. 2000). The cognitivist approach is challenged in this book, however. The fundamental proposition of this present work is that, at its core, psychological trauma is an emotional process. The theory and treatment of psychological trauma must be guided by approaches that acknowledge this and enable survivors to integrate the



xvii



In order to fully present an emotion-focused model of psychological trauma, we first chart the history of trauma through the last 100 or so years, and examine recent theoretical and treatment studies. This provides a reframing of psychological trauma. The perspective presented in this book is designed to be far more 'experience near' to the survivor than rationalist cognitive models, which fail to adequately capture the experience of survivors. Comments of survivors are utilised to illustrate this perspective.

The study of the emotional core of psychological trauma necessitates the use of many methods. By the very nature of trauma, it is entirely unethical to do research on experimentally 'traumatised' subjects. Epidemiological, survey, outcome and intensive case studies are the most common methods of obtaining the necessary information. All of these approaches are, however, simply data-collection methods. They do not support any one model of psychological trauma. Much trauma theorising has been dominated by the rationalist Western mind, which has been extolled as supreme all the way from Plato to Descartes. I assert that, in psychological trauma, primitive, biologically programmed and innate processes of survival take control to the point of subsuming the rational narrative that is the overlay of much of our experience in Western society. Trauma is about life and death, and it is in these instances that our primitive instincts take over. When there is no time to 'think', people react. It is the residuals of these life-preserving processes that cry out for integration. This book presents an integrative model of trauma that takes into account emotion and cognitive aspects as well as the bodily presentation of the aftermath of trauma so as to facilitate the recovery of survivors.

In one way the approach taken in this book is not new at all. Yet as Monson et al. (2004) observe, 'deficits in emotional functioning have been described as among the least understood and studied features of Post Traumatiuc Stress Disorder'. Many therapists have long recognised that emotional reactions are a central feature of trauma. The resolution and integration of these emotional states is one of the most important components of recovery from exposure to a traumatic event. The investigation of emotion, and the construction of theories to account for its



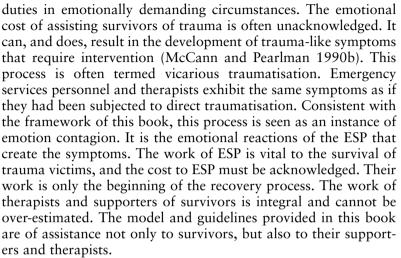
function and purpose, have undergone considerable development over the last few decades. This upsurge of interest in emotion and the emergence of trauma as a field in its own right has brought into focus several important questions. Firstly, what is the purpose of the strong emotions generated by traumatic experiences? Secondly, what psychological mechanisms enable traumatised individuals to continue to function in spite of the sometimes overwhelming emotional reactions that accompany traumatisation? And thirdly, how can therapists enable individuals to recover from trauma so as to eliminate or minimise recurring emotional disturbance? This book answers these questions.

One influential approach to emotion's role within general human psychological functioning was developed by Plutchik (1980a, 1980b), and is termed the psychoevolutionary model of emotion. This approach asserts that emotion is crucial to the activation of survival behaviours. Emotion enables individuals to preserve their life by activating survival behaviours. This is the answer to our first question. This assertion accords well with the stage of outcry experienced by trauma victims. However, ongoing emotion that is not controlled or modulated produces negative effects on an individual, which can lead to the alternate stage of denial or numbing, as too much emotion will be counterproductive for survival behaviours. The mechanisms that modulate the emotion flow are termed 'control processes' by Horowitz (1997). Horowitz's general model of trauma is used as the main theoretical basis for the position taken in this book. His model incorporates concepts such as schemas and scripts for the modulation of emotion. I will present a new theoretical model that incorporates an information processing paradigm with the concepts of Plutchik's psychoevolutionary model of emotion. This theoretical model is designed to provide a specific answer to the second of the three questions-that is, what psychological mechanisms enable traumatised individuals to continue to function in spite of often overwhelming emotional reactions. The integrated model developed here is used to set out and guide principles for treatment, the answer to our third question.

The model developed here has been tested with members of the emergency services and medical professions. Dyregrov and Mitchell (1992) have identified the impact of working with victims of disasters, and noted that emergency services personnel (ESP) are under constant pressure from the need to perform their

INTRODUCTION

xix



The best way to understand the modern view of trauma is to examine the relatively recent history of the study of trauma. No such history would be complete without mention of Freud's early theories. These theories are no longer regarded as appropriate, but were in their day important breakthroughs in the recognition of trauma as a psychological process. This book uses a modernised version of psychodynamic theory. As the twentieth century developed, the ravages of World War I, World War II, Korea and Vietnam gave rise to the work on trauma of pioneers such as Abram Kardiner. His and other researchers' and clinicians' work enabled the development of the most widespread model of trauma, that proposed and formalised by Horowitz (1997). Many of these models are somewhat experience distant. That is, they fail to reflect the actual experience of survivors by reducing the emotional elements to mere cognitive distortions. This results in a failure to give due weight to emotional processes, a deficiency that this book aims to correct. An exposition of emotion theory is necessary to fully comprehend the role of emotion in trauma. I present a number of theories and concentrate on the psycho-evolutionary model proposed by Plutchik (1980a). His model and others have provided a better understanding of the important role of the various brain structures that are central to human responses to traumatic events. The role of the limbic system is of particular importance. The model I have developed incorporates both the cognitive information perspective and the



emotion body theories, both of which are equally important to an understanding of trauma. I examine several case study presentations of the most common traumatic events. In examining these case studies, I show how an emotion approach significantly enhances both theory and treatment of trauma. Working as a trauma therapist or health worker-if done correctly and empathically—is an emotionally demanding job. Two important concepts-namely, vicarious traumatisation and trauma countertransference-are essentially emotion-based issues. I show that these issues can be understood from an emotion perspective. Bringing the emotion perspective to trauma appropriately raises the important issue of traumatic dissociation. Traumatic dissociation illustrates the role of emotion processes in a focused and far-reaching way. Dissociation is not pathology in and of itself; it is adaptive. But, like all such processes, it is not adaptive when used out of its environment. An examination of dissociation from an emotion perspective shows how this process is focused on survival of the self.

This book is about trauma and how, by taking an emotionbased approach, therapists and others can better assist and treat survivors. This book shows, from both the theoretical and treatment perspectives, that the emotion approach is not simply an optional extra, but must be incorporated as a central feature of trauma treatment.

1 TRAUMA

his chapter begins with an outline of the impetus for the modern study of trauma. It then goes on to examine the contribution of two famous French traumatologists, Charcot and Janet. Of course, no discussion of the origin of modern trauma study would be adequate without a review of the work of Freud. The great conflicts of the twentieth century produced a tremendous amount of suffering and trauma, and a consequent focus on treatment and theory. The work of Abram Kardiner is described and the central importance of his work commented upon. The societal revolutions of the latter half of the twentieth century led in the West to the examination of sexual and domestic violence and trauma. We focus on these discussions by examining both the diagnosis of PTSD and a proposal for an integrated model of trauma.

A brief introduction to the study of trauma

The study of trauma (a term used here and throughout this book to refer to *psychological* trauma) is relatively new, though the phenomena has existed since humans began to be aware of their existence. The study is also the product of a complex interplay between human needs and social expectations. The formal study of trauma has a history of only about 150 years. It emerged due to changes in social structures, medical advances and philosophical outlooks. The material that follows is designed to provide an overview of the contexts of the models of trauma and their consequences for the way survivors of trauma have been viewed and treated.



Financial compensation and the modern study of psychological trauma

The Industrial Revolution in Europe and North America was a period of great change, particularly in terms of transport. The rise of railways across the globe meant that, for the first time, great numbers of people could travel at unprecedented speeds. Along with this great mobility came the potential for terrible accidents. At this time, the West was experiencing a period of great wealth creation, and also the expansion of middle-class political power. Railway accidents thus led to legal action for compensation, a problem which became the focus of political concern. The British government brought in the Campbell Act of 1846, which was revised in 1864. This act authorised compensation payments to victims of accidents. The 1864 amendment authorised pavment to survivors of railway accidents. There were similar Acts in France which authorised monetary gain as a result of the reporting of injuries from accidents. In the case of trauma unaccompanied by physical injury, the suspicion emerged that the claimant may not actually be affected, but rather attempting to gain compensation by fraud. Erichsen (1883) contemptuously labelled the condition 'railway spine'. The rise of interest in this condition was the beginning of the funded study of trauma. It is interesting, in this regard, that renowned French psychologist Charcot was requested to look into the phenomena of 'railway spine' by an insurance company. As the symptoms of 'railway spine' were studied, it became clear to some that they were very similar to 'hysteria'-which was believed only to occur in women. The association of trauma with monetary compensation and with a 'disorder' associated with women resulted in a large degree of suspicion being directed towards those who claimed to be afflicted with trauma. Indeed, it is consistent with later literature that, from the point of view of the legal profession, if a person displayed the symptoms associated with trauma, they were either malingering or constitutionally weak (remember that women at this time were considered the weaker sex). This was not the whole picture, however. Some researchers and clinicians who were studying those afflicted with trauma were more focused on the condition than its financial or political contexts. For example, Briquet (1859, quoted in Mai and Merskey 1980) had examined women suffering from hysteria and noted that there was a high incidence of childhood trauma involved.