Colin Wastell

UNDERSTANDING TRAUMA AND EMOTION

Dealing with trauma using an emotion-focused approach

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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

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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.

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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

emotional aspects as primary rather than secondary elements of their experience.

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

duties in emotionally demanding circumstances. The emotional cost of assisting survivors of trauma is often unacknowledged. It can, and does, result in the development of trauma-like symptoms that require intervention (McCann and Pearlman 1990b). This process is often termed vicarious traumatisation. Emergency services personnel and therapists exhibit the same symptoms as if they had been subjected to direct traumatisation. Consistent with the framework of this book, this process is seen as an instance of emotion contagion. It is the emotional reactions of the ESP that create the symptoms. The work of ESP is vital to the survival of trauma victims, and the cost to ESP must be acknowledged. Their work is only the beginning of the recovery process. The work of therapists and supporters of survivors is integral and cannot be over-estimated. The model and guidelines provided in this book are of assistance not only to survivors, but also to their supporters and therapists.

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 emotion-based 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

This 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 payment 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.