# Trauma: Treatment Issues

Ted Gardner & Linda Ivy Psychology 607, Trauma as Etiology 2 June 2003

# Pharmacotherapy

### A Pill for What Haunts You

Key ideas.

- 1. Medicine may be able to prevent PTSD by altering brain chemistry
- 2. Gene therapies may be able to make people less vulnerable to emotional injuries

Key concerns.

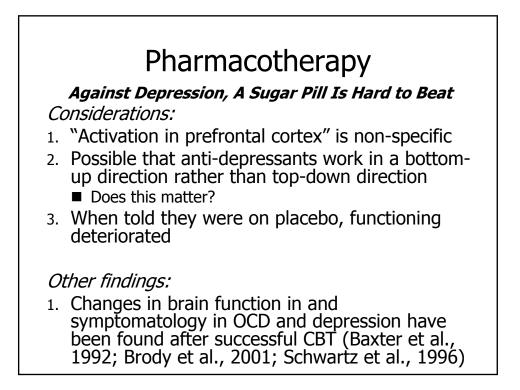
- 1. Reducing suffering alters what makes us human.
- 2. Prozac went from treating severe depression, to helping well people feel better (even pets).
- 3. At what point do we decide someone should or should not take the drug(s)?
- 4. Would making the horrors seem not so horrible make us complacent about crime and war?
- 5. "Isn't human suffering more than a matter of chemistry?"

What about the possibility for misuse or abuse?

# Pharmacotherapy

### *Against Depression, A Sugar Pill Is Hard to Beat Key Ideas:*

- 1. Time spent with patients may be important to helping them get well.
- 2. Drugs are prescribed by primary care doctors who see patients for only a short time.
- 3. Many research trials show that placebos work as well (or better) than anti-depressant drugs.
- 4. Nobody seems to know how or why antidepressants or placebos work.
- 5. Placebos work in some of the same places of the brain as anti-depressants (prefrontal lobe)



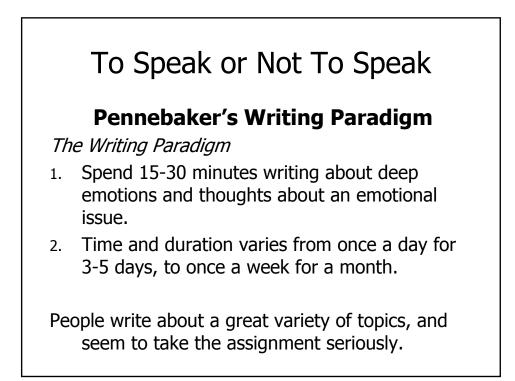
# Pharmacotherapy

*Against Depression, A Sugar Pill Is Hard to Beat Questions:* 

1. Is it the therapy that works, or the belief that the therapy works?

Related to expectation and motivation

- 2. If placebo changes brain function, is it a placebo or an active treatment?
- 3. Is medication automatically more active than "talk therapy"?
  - Should medication be the implicit "gold standard?"
- 4. Placebo PTSD pill?
- 5. Ethical to not disclose placebo condition if patient improves?

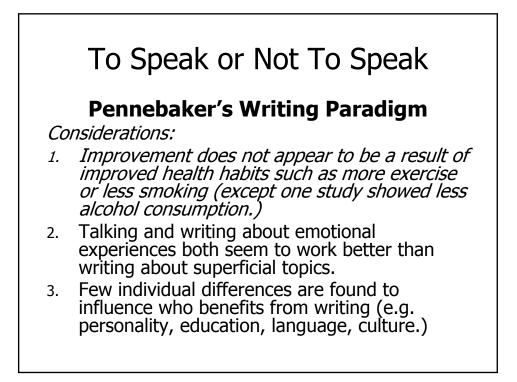


# To Speak or Not To Speak

### Pennebaker's Writing Paradigm

Results of Writing Studies (Benefits to writers of emotional experiences)

- 1. Less visits to health center
- 2. Improved immune functioning, changes in autonomic and muscular activity
- 3. Long-term improvements in mood
- 4. Significant reductions in stress
- 5. Less absences from work
- 6. Getting a new job more quickly after being laid off
- 7. Improvements in grades



# To Speak or Not To Speak

### Pennebaker's Writing Paradigm

Why does it work?

- 1. Perhaps active inhibition involves psychological work, and disclosure reduces that workload.
- 2. Perhaps building a coherent story about a trauma improves health by reducing flashbacks and ruminations.
  - Individuals who have benefited most from writing began with poorly organized descriptions and progressed to coherent stories

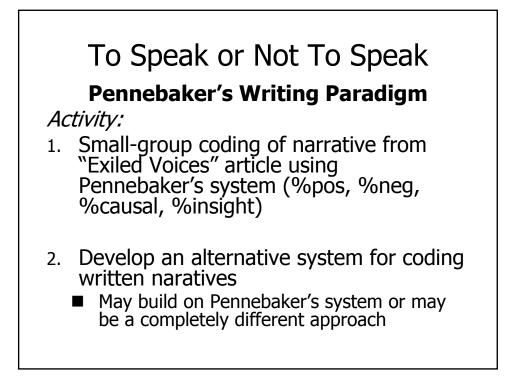
## To Speak or Not To Speak Pennebaker's Writing Paradigm

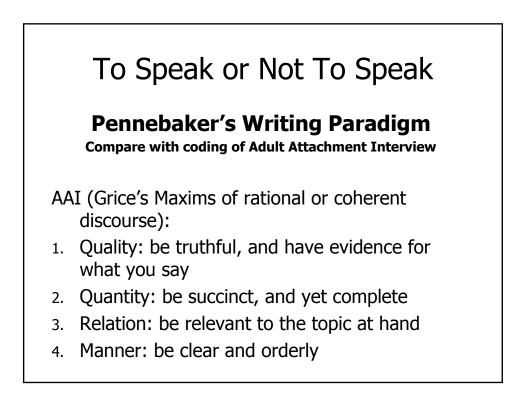
### Coding:

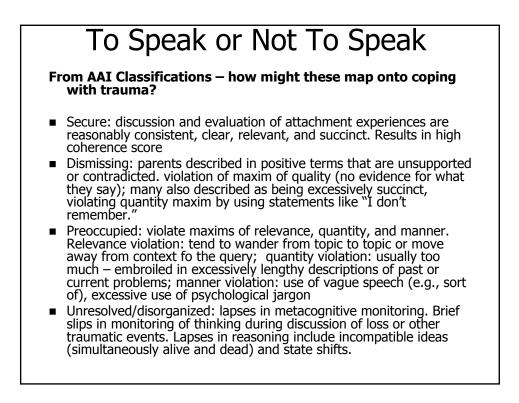
Computation of percentage of negative emotion words (sad, angry), positive emotion words (happy, laugh), causal words (because, reason), and insight words (understand realize)

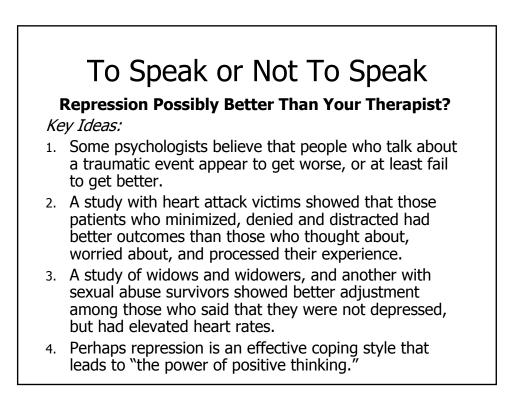
General Results:

- 1. More positive emotion words related to better subsequent health
- 2. A moderate number of negative emotion words predict health (very high and very low negative emotion correlated with poorer health)
- 3. An increase in both causal and insight words over the course of writing was strongly associated with improved health
  - This increase in cognitive words covaried with ratings of coherence









# To Speak or Not To Speak

**Repression Possibly Better Than Your Therapist?** *Key Ideas:* 

- 5. The trauma field has a history of encouraging people to talk about their trauma—perhaps they have something to lose by paying attention to repression research.
- 6. Repression may seem "anti American" because of the emphasis on expression in our country.
- Maybe different types of people are best treated by different methods—repression may work for some, but not for others
- 8. Maybe we don't know much about repressors because they don't show up for treatment.



# **Relational Models**

The Core Trauma of Incest: An Object Relations View

Main "mysteries" of the behavior of incest victims

- 1. Why can't (or don't) they prevent the abuse?
- 2. Why do they keep it secret? (or deny it after revealing it?)
- 3. Why do they seem to have an intensive attachment to the perpetrator?
- 4. Why do they get involved in further abusive relationships?
- 5. Why do they sometimes become abusers themselves?
- 6. Why do some children appear to be asymptomatic, when others have high levels of pathology?

*Traditional Psychoanalytic view:* children have a desire for incestual gratification.

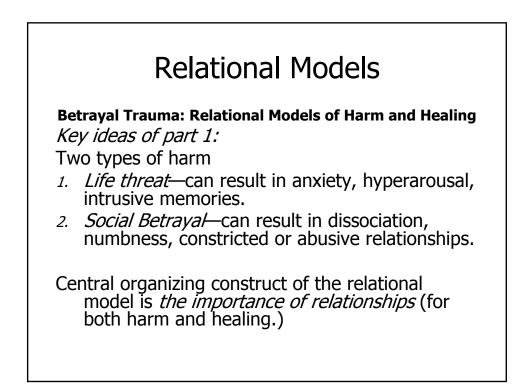
*Object-Relations view*: Much of the victim's behavior is an attempt to remain attached to caretakers.

Relational Models
The Core Trauma of Incest: An Object Relations View
Two critical areas of object relating:
1. The experience of being connected to others
<ul> <li>Child must remain connected to caregivers, or risk a state of "objectlessness" which is highly undesirable.</li> </ul>
<ul> <li>Some disappointment with caregivers naturally occurs, and a child can usually incorporate that disappointment into his or her image of "good parent."</li> </ul>
<ul> <li>When severe disappointment or trauma occurs, too much work is required to continue the attachment, so the solution is to "construct an illusory image of a good parent."</li> </ul>
<ul> <li>The child becomes intensely attached to image of "good parent" and has little energy left to form a real relationship.</li> </ul>
2. The sense of physical-sensory continuity
<ul> <li>Childhood is an intensely body-centered experience (the infant is almost all body.)</li> </ul>
<ul> <li>The sense of self is built on skin sensations.</li> </ul>
<ul> <li>A lack of touch can lead to "a feeling of annihilation."</li> </ul>
<ul> <li>There is a feeling of intensity and violation with any bodily damage in childhood.</li> </ul>
<ul> <li>A physical violation damages a child's connection to "good parent."</li> </ul>
<ul> <li>Child must dissociate from "bad parent" knowledge, in order to avoid objectlessness.</li> </ul>
<ul> <li>Dissociation may cause children to appear asymptomatic.</li> </ul>

# **Relational Models**

The Core Trauma of Incest: An Object Relations View Why do abused repeat the cycle of abuse?

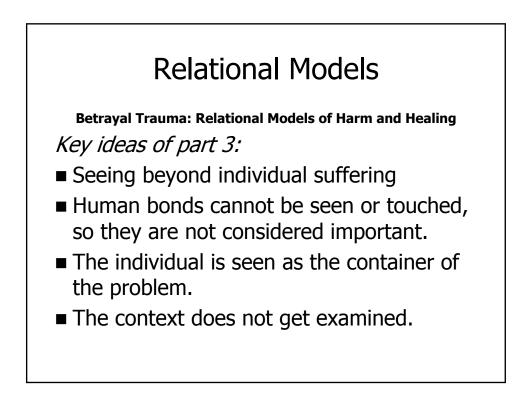
- 1. Reexperience the trauma in the victim, passive aggressor, or active aggressor role
- 2. See the aggressor in a more positive light (We all do it. We can't all be bad.)
- 3. Sustain the relationship (I'm like my parents, and therefore we are connected rather than separated)



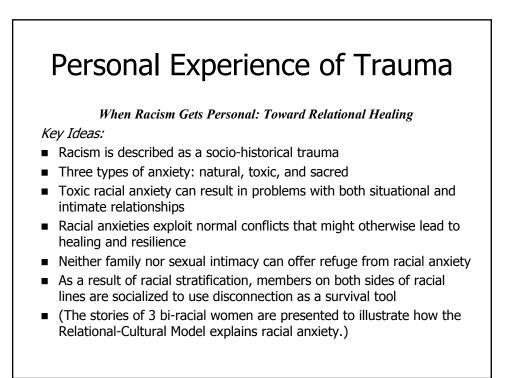
# **Relational Models**

**Betrayal Trauma: Relational Models of Harm and Healing** *Key ideas of part 2:* 

- Core trauma of incest (as learned previously) is damage to connection to others and to parts of the self.
- Effective treatment must address this damage.
- Careful listening, deep empathy, true compassion, and a mutual relationship are necessary to address "silenced knowings."
- Listening can be difficult.
- The "believing game" allows a listener to get into the experience of another person.
- Mutuality—both people in the relationship are seen as whole, rather than as a particular label or characteristic.
- Ethics must move beyond avoiding lawsuits into becoming truly therapeutic.



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# Notes from class discussion on treatments for trauma

Ideas on how to code narratives:

- 1. how much of "self voice" comes out in narrative?
- 2. does writer "own" the story?
- 3. is there good use of metaphor or imagery (does it help get the point across?)
- 4. is the story cohesive and coherent?
- 5. do the emotion words get expressed implicitly if not explicitly?

Other comments from class on the articles in general:

- 1. Repression seems to be used to describe several different constructs.
- Future studies should compare brain activation with psychotherapy compared with anti-depressants (or other drugs) and placebo.
- 3. A truly scientific study would substitute placebo for "real" drug partway through a drug trial, or vice-versa.