

INSIGHTS THAT MY CLIENTS HAVE TAUGHT ME

PTSD

CAUSE OR EFFECT

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Posttraumatic Stress Disorder is not caused by being exposed to a traumatic event or events, such as war, murder, rape, natural disasters or physical abuse. It is what you believe about the world and what you believe about yourself that creates PTSD.

The news media is full of stories about our military service men and women returning from Iraq with Post Traumatic Stress Disorder, PTSD.

Often, these stories raise questions such as: Are our service men and women getting the treatment they need to return to and become successful in civilian life? Is the Government providing the correct diagnoses? What do they need and who should pay for it? What is the problem with the military not being able to make a clear diagnosis of PTSD with service men/women that were in combat? Were not all of our Iraq service people exposed to the same environment?

Good questions all; but here are some more questions that usually do not get asked, much less discussed. Answers to the following questions can help answer the previous questions. How is it that two brothers can be exposed to the same traumatic event and one ends up with many of the symptoms of PTSD and the other has no apparent problems? How is it that a minor trauma for one person may result in horrendous symptoms, while what seem like a horrendous trauma may produce little or no symptoms in another person?

It is obvious that PTSD is an **environmental** disorder (not an illness or disease). In fact PTSD is defined in the psychologist diagnostic manual (DSM-4) as resulting from:

- A. The person has been **exposed** to a traumatic event in which both of the following were present (emphasis supplied):
- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
 - (2) the person's response involved intense fear, helplessness, or horror.
- Note:** In children, this may be expressed instead by disorganized or agitated behavior.

A person cannot have PTSD unless they have been exposed to something in the environment that the person sees (specifically perceives) as traumatic. **It is not the traumatic event(s) that causes PTSD.** Yes, there needs to be the exposure to an event that the person perceives as dangerous, but that is not enough to cause PTSD in an individual. To cause PTSD in a person, it **must also include the perception on the part of that person that “the world is not safe and I am not able to protect myself.”**

As a Critical Incident Therapist and a member of a national Critical Care Network (www.crisiscare.com), I am one of a number of local therapists who is on call when there is a critical incident in the community such as a bank holdup, murder, suicide, etc.

As Critical Incident Therapists, we know that the greater the number of critical incidents a person has been exposed to, the more likely the person will have symptoms, and the more severe the symptoms will be.

If the person experiences just one traumatic event in their life, that person may be able to conclude that the world is not really an unsafe place and that he/she is able to protect them self. For instance, a bank teller who has just gone through a holdup can listen to the critical incident therapist explain the symptoms he/she might expect. These can include trouble sleeping or staying asleep, nightmares, and/or anxiety when returning to work the next day. The teller also learns that to repress a feeling is to give it unlimited power. After the intervention, the teller will have some tools and will know what to expect and what to do if the symptoms continue. This reduces the likelihood of the teller concluding that the world is not safe and then developing PTSD.

However, if the same teller is in another holdup and then a third, it will be more difficult for the teller to conclude that the world is safe and it will be harder to prevent PTSD.

The more traumatic events he/she experiences, the harder it becomes to convince ones self that the world is a safe place and that they are able to handle the dangers that are out there. This is what happened to a teller at Golden 1

Credit Union; she had five traumatic events connected with her job at the bank. As a result, you will now see an inch thick plastic window shielding the tellers.

It is not the traumatic event or events that cause the problem; it is what you believe about the world and what you believe about yourself.

Children that are over protected in their preschool years can also come to the conclusion that “the world is not a safe place. That is why my parents are always hovering over me.” The child becomes convinced that, without his parents, he is not able to protect himself. This is, in large measure, how school phobias are created in children.

For many, PTSD can start a downward cycle developing into symptoms of panic attacks and, after a while, the person may develop Panic Disorder, which often leads to depression and feelings of powerlessness and despair.

The good news is that there is help. PTSD is the result of a cognitive belief about the world and yourself. It is learned from your experiences AND, what is learned can be unlearned.

You learn in two ways: one, through left brain, logical thinking and two, through emotional events in your life which you store in the right brain as pictures (flashbacks). The problem with the right brain pictures is that the mind does not know the difference between what is real and what is imagined. For example, have you ever woken up after a nightmare, your body shaking and your heart pounding? The nightmare was not real, but your mind assumed that it was real and reacted accordingly.

The process of unlearning involves: 1) working directly with the right (emotional) brain pictures/flashbacks and 2) using the left brain’s logical process to correct any misconceptions about yourself and your world. You cannot work with just the logical left brain’s cognitive processes because the brain is also experiencing the traumatic pictures over and over. If you have negative pictures, you cannot talk yourself into believing that they are not there.

If you have a negative picture (which cannot be erased) and place beside it a positive picture, the sum total will be zero. The negative one is still there. But, by placing a positive experience next to it, you take the emotional power away from the negative one.

There are two major ways of working with the traumatic pictures. Guided Visualization can be used to insert positive pictures. This technique has been honed to a sharp edge by Mervin Smucker Ph.D. and his fellow therapists at Medical College of Wisconsin. Guided Visualization works well in individual therapy.

A second way to create the positive pictures is through Psychodrama. For twenty years, I have held a free, Huge Group Therapy every Saturday morning with from 20 to 30 people in attendance. In Psychodrama, the client re-enacts the trauma but, this time, he/she takes back the power that they did not have during the original trauma or traumas. If it is a molest or rape, then a support belt is placed around their waist, leaving their hands and feet free.

Someone stands in front of them with a big pillow. Someone else plays the perpetrator “who is going to get you.” Other support people are standing up with the client and encouraging them to “fight back, hit the pillow, force the molester back.” The process of Psychodrama incorporates the whole body experience. It discharges the negative emotions and sets the person free to get on with their life.

Through both the processes of Guided Visualization and Psychodrama, the client creates a new and powerful picture of being in control which is next to the picture of the powerless, weak, helpless person. Now, when the negative pictures come up in the right brain, it also brings up a picture of strength and power. And, since the right brain does not know the difference between what is real and what is imagined, the sum total is zero.

The most successful therapy for PTSD must change both the left (logical) and the right (emotional) brain. The theoretical model best suited for this approach is the Cognitive>Affective>Behavioral approach. This model allows the therapist to conceptualize and focus on working with both sides of the brain.

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I. AN ENVIRONMENTAL DISORDER CAUSED BY:

A. Experiencing or witnessing a traumatic event(s)

- B. Such as:
- 1) Threatened death, serious injury, molest, rape, shooting, accident, family violence, war, natural or technological disasters, physical and/or mental abuse
 - 2) Being over-protected
- C. Resulting in intense fear and belief that my world is not safe and I am not able to protect myself.

II. SYMPTOMS OF PTSD:

A. Re-experiencing (One or More):

- ☐ 1. Intrusive recollections or flashbacks
- ☐ 2. Distressing dreams or nightmares
- ☐ 3. Reliving the event
- ☐ 4. Distress at exposure to cues
- ☐ 5. Physiological arousal, feeling anxious

B. Avoidance And Numbing (3 or More):

- ☐ 1. Need to avoid certain thoughts and feelings
- ☐ 2. Need to avoid certain activities, places or people
- ☐ 3. Inability to recall important aspects of the trauma or early life
- ☐ 4. Feelings of estrangement or separated from reality
- ☐ 5. Diminished interest in life's activities
- ☐ 6. Restricted range of affect (feelings)
- ☐ 7. Foreshortened sense of future, hard to plan for the future

C. Arousal (2 or more):

- ☐ 1. Difficulty falling or staying asleep
- ☐ 2. Irritability and/or outburst of anger
- ☐ 3. Difficulty concentrating, mind hops and skips, or find it hard to remember what I've read
- ☐ 4. Hypervigilance, always on lookout for danger
- ☐ 5. Exaggerated startle response