

PTSD: Traumatic Sensitization & Iatrogenic Amplification: Therapeutic Antitheses

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6

Trauma's Intrinsic Perversity

1. Knowledge normally empowers, but
2. for trauma, it's **SENSITIZED** us →
3. Fear of fear itself ("Traumatophobia") ¹
- "Try to avoid trauma, at any cost!"
- ↑↑↑ vulnerability to most stressors
4. Attempted Solutions Fail
→ **MORE TRAUMA!** How? Why?
WHAT TO DO? Indiv, Group, Society?

7

Institute of Medicine (2003) ²

1. Psychological Vulnerability
(a) urgent societal priority post-9.11
(b) terrorists knowingly exploit this
2. Challenge to Society:
(a) shore up our defenses:
(b) Δ → **RESILIENCE** (we're failing)
3. Questions: Potential Therapist Role?
(a) what to do, how, at what levels?

8

Strategic Reasoning

1. **PROBLEM?** *how, for whom, what level?*
2. **ATTEMPTED SOLUTIONS?** *How failed?*
3. **GOAL?** *Whose? Conflict & incongruity*
4. **CLIENTS' "LANGUAGE" ?** *shaping from bottom up and top down*
5. **STRATEGY?** (a) *problem → goal*
 (b) *versus attempted solutions*
 (c) *framing in client's language*
 (d) **MHE: rapport, modify, change**
 (e) **Weakland: focus ≠ identified clt.**

9

Who's the Client?

1. **INDIVIDUAL = Locus of Control for**
 (a) *identity, (b) motor behavior, and (c) primary treatment contracting*
2. **FRIENDS or INTIMATES ↑↑ & ↓↓ effects**
 (a) *alternative narratives*
 (b) *support, leverage (e.g. Al Anon)*
 (c) *tx. of one party → Δ another*
3. **SOCIETY as either Client or 3rd Party?**
 (a) *affects clients' sx, language*
 (b) *traumatogenic social milieu*

10

Under-Attended Factors

1. **Helplessness:** *not a defining stressor*
2. **Re-enactment:** *not a defining "positive sx"*
3. **Hypnotic contagion:** *not listed*
4. **Altered identity (personal, social):**
5. **Concealed agency:** *inattention leads to*
 (a) *posttraumatic polarization*
 (b) *iatrogenic regression*
 (c) *escalating symptomatic coercion*
6. **Societal enabling** *of active traumatizing*

11

1. Why Attend to Helplessness?

- 1. Logically Negates AGENCY ("free will")**
- 2. Helplessness before**
 - (a) a mortal threat = TRAUMA!
 - (b) posttraumatic sx → help-seeking
- 3. Posttraumatic ≈ Infantile Helplessness**³
both call on others to rescue & defend
- 4. ≠ Infants: AGENCY INTACT, HIDDEN**⁴
 - (a) misdirection → amplification
 - (b) accessing → positive tx. result

Tx. challenge = RESTORE AGENCY⁵

12

2. Why Focus on Re-Enactment?

- 1. Spiritual nutriment of traumatic sx.**
- 2. Its perversity perplexed Freud,⁶ Terr⁷**
- 3. Neurobiology ≈ chemical addictions**
adrenergic sensitization⁸ ←→
opioid addiction⁹ → ↑↑↑ sx
- 4. Conscripts persons/groups into service**
 - (a) disguised, rationalized, defended
 - (b) fuels reinforcers & amplifiers

Voluntary ABSTINENCE → EXTINCTION¹⁰

13

3. & Hypnotic Contagion?

- 1. Spontaneous Hypnosis, Hypnotizability**
→ epidemics, crusades, witch hunts
- 2. Third Party FRAMING → Δ FORM of Sx**
- 3. Hypnotic skill is potentially useful**
 - (a) to recognize, reframe & redirect
 - (b) from symptomatology to healthy agency
- 4... but perilous. USE WITH CAUTION!!!**
 - (a) → polarizing and regressive effects
 - (b) paradox: Δ hypnosis → NON-hypnosis

AVOID RESCUE, ACCESS AGENCY

14

4. & Altered Identity?

- 1. Trauma marks one's sense of identity** ¹¹
 - (a) not necessarily worse, just different
 - (b) "false self" serves traumatic re-enactment
- 2. Social identity also shaped by trauma** ¹²
 - (a) "chosen traumas" (e.g., slavery, Civil War)
 - (b) "sociodynamics" are under-explored
- 3. Redefining identity = tx. challenge** ¹³
 - (a) seemingly fixed & heavily defended. but
 - (b) socially malleable & reframable → offers a


PATH OUT FROM TRAUMAS' THUMB



15

5. Agency Remains Intact But Hidden, Unlike Infants

- 1. In infants,** (a) helplessness is total, and
(b) nurturance is essential for health
- 2. In trauma, pre-developed agency persists**
 - (a) often concealed, disguised, defended
 - (b) = "dissociation", "false selves"
- 3. Non-recognition &/or misdirection**
can paradoxically amplify, via ≥ 3 routes
- 4. TX: activate all citizens' responsibilities** ¹⁴




16

5(a). Traumatic Polarization

- 1. Shared Interests Pull Apart,** ¹⁵ e.g.,
child protection tx. for trauma ↔ family
integrity & presumption of innocence
- 2. Trauma Marks Poles' SALIENCE** ¹⁶
 - (a) e.g., child abuse → **pro-victim**
 - (b) broken families → **pro-defense**
- 3. Selective Affiliation → CONFLICT**
e.g., defend victims VS falsely accused

Re-Enactment = Interim Victor ¹⁷



17

5(b). Regressive Dependency

1. **Conflicted Relationship of Clt & Ther** ¹⁸
 ↑ **SX** → ↑↑ **rescue** → ↑↑↑ **acting out**
2. **Vicious Circle Model** ¹⁹
 - (a) surface-level **dependency**
 - (b) **threatens concealed agency**
 - (c) → ↑ **anxiety** → ↑↑↑ **SX**
3. **TX: Access and Challenge Clients' Hidden Strengths, Responsibilities**

18

5(c). Traumatic Coercion

1. **Appeasing** → **ESCALATION**
 - (a) clt's symptomatic coercion ²⁰
 - (b) coercive social sensitivities ²¹
2. **Counter-Traumatizing** → **same**
 - (a) ≈ fighting fire with gasoline ²²
3. **"STANDING FIRM" = antithesis**
 - (a) difficult, as is vs. re-enactment

19

Therapist Responsibilities Amplify These Pitfalls

1. **Gaining Therapeutic Alliance**
 ≈ ratifying victim narratives
2. **Helping**, e.g., tx Δ pts' brains
 ≈ temptation to "rescue"
3. **Duties to Protect**
 ≈ symptomatic coercion

All Confuse the LOCUS OF CONTROL

20

6. Societal Trauma-Amplifying

1. "Enabling" = Collusion, Complicity

- (a) against social systems' duties
- (b) enabling of false trauma narratives? ²³

2. Media Sensationalism

3. Selective Non-Responsibility

- (a) victim responsibilities = sensitive ²⁴

4. Coercive Information Control ²⁵

- (a) sensitivities nullify problem-solving

21

e.g., Recovered Memories I ²⁶

1. Apparent Consensus, 1993 APA Forum

- (a) victim memories necessarily true
- (b) alleged abusers presumed guilty
- (c) safety & recovery require therapists
- (d) corrective research data are seditious

2. → MASSIVE AMPLIFICATION

- (a) social polarizing, death threats
- (b) iatrogenic regression, massive scale

3. RE-ENACTMENT = Interim Victor

22

RMC II: Society Self-Corrects

1. Advocacy: Pro-Family, -Innocence ²⁷

2. Memory Research: Newer Data

- (a) traumatic memory malleable
- (b) debriefing & reliving = problematic
- (c) memory requires physical evidence

3. Post-2000: Psychiatric Tx. Shifted to build on patients' strengths

**BUT SX AMPLIFIERS PERSIST IN MUCH
CLINICAL PRACTICE & SOCIAL TRENDS**

23

Third Parties = Deciders

- 1. Neither Agents Nor Targets of Trauma**
but interact with others in ways that
- 2. Modulate the Trauma Response**
- 3. Implicit Suggestion can Amplify**
e.g., non-responsibility, dependency
- 4. Changing One Party via Another**
e.g., Bernian “games”, Weakland
- 5. Determine the Prevailing Narrative**
e.g., 3rd party rulings → decisions ²⁸

24

Mitigating I: Interdicting Traumatic Re-Enactment

- 1. Identification:** Is there a focal pattern?
- 2. Preparation:** (a) within locus of control?
(b) can one recognize it, and
(c) accept responsibility over it?
- 3. How Can Third Parties Facilitate?**
(a) balance support and challenge
(b) respectful reframing = focal ²⁹

25


Mitigating II: Within-Treatment

- 4. More Information → New Narratives**
(a) 3rd party collaterals, other sides ³⁰
- 5. Access Patients' Sole Loci of Control**
(a) alliance, contracting parties' roles ³¹
(b) game antitheses: Δ rescuing to challenge,
e.g., “yes, but” to “what's your plan?” ³²
(c) redefine one's personal & social identity

26

Standing Firm @ One's Locus of Control

- 1. General Principle:**
 - (a) identify one's locus of control
 - (b) act here, to optimize probabilities
 - (c) stand firm vs being pushed off course
- 2. VS Trauma Re-Enacting Interactions:**
 - (a) decline counter-tx client demands
 - (b) moral stand + mobilize social support
 - (c) withstand traumatizing accusations



27

Societal Mitigation

- 1. 3rd Party Impact**, e.g., principled juror ³³
- 2. Study Enabling**
- 3. Defend All Parties' Responsibilities**
 - (a) legal duties of psychiatric patients ³⁴
 - (b) appropriate risk-taking parameters ³⁵
- 3. De-Catastrophize**
- 4. Open Constructive Discourse →**


Δ Traumatophobia → RESILIENCE



28

Unresolved Challenges

- 1. Optimizing Our Therapeutic Influence**
 - (a) *while respecting clients' L.O.C.* ³⁶
- 2. Protection ↔ Holding Responsible**
 - (a) ↓ victimizing ↔ ↑ accountability
- 3. Re-Opening Free Speech**
 - (a) without traumatizing hate speech
- 4. Who is Responsible?**
 - (a) for what? to whom? at what levels?



29

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30

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31

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32

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33

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34

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35
