The Psychology of Trauma

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Posttraumatic stress disorder

DSM-IV (1994)

Criterion A (Stressor):
Experiencing or witnessing an event involving actual or threatened death or serious injury, or a threat to the physical integrity of self or others;
The person’s response involved intense fear, helplessness, or horror
PTSD, death, and suicidality

• For many, the trauma is their first direct encounter with the reality of death
• PTSD is associated with an increase in suicidal thoughts, feelings, and actions
• How are we to explain this?
Living defeated and inglorious

Extreme fear, helplessness or horror are repeatedly re-experienced in memory

A defeated identity becomes highly accessible and colours responses to everyday events
Memory and reexperiencing in PTSD
What are flashbacks?

• Perceptual/image-based rather than verbal
• Incorporate bodily reactions such as pain
• Automatic retrieval only
• Reliving in present
Single vs. dual representations

• The standard view: trauma memories are fragmented; narratives must be organised

• Dual representations: separate image-based representations (highly sensory, automatic retrieval, reliving) and verbal representations (under conscious control, can be edited)
Dual representation model

Trauma stimuli → VAM system → Meaning analysis → SAM system → Thoughts
Rumination Primary and secondary emotions
Thoughts
Rumination
Primary and secondary emotions
Flashbacks Reliving Primary emotions

Contents of consciousness

May 2007
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Characteristics of Verbally and Situationally Accessible Memories

**VAMs**

- Integrated with and interact with other autobiographical data
- Can be retrieved and edited
- Sense of context including present and past

**SAMs**

- Reliving in present
- Fragmented sensory data or ‘video clips’
- Absence of context
- Do not interact with autobiographical memory system
- Cannot be directly retrieved or edited
Understanding symptoms

VAM-related

- Ordinary memories
- Evaluative thoughts
- Concerns about the future
- Secondary emotions
  - sadness
  - guilt

SAM-related

- Flashbacks
- Nightmares
- Trauma-specific (primary) emotions
  - Fear (e.g. of death)
  - helplessness
  - horror

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Memory encoding during trauma

- Conscious attention is narrowly focussed on threatening aspects of the situation
- Weak verbally accessible (VAM) memories are fragmented and incomplete
- Strong sensory images and emotional responses are recorded in the situationally accessible memory (SAM) system
Psychological consequences

• Because image-based (SAM) memories are more detailed, they are automatically retrieved by a wider range of trauma reminders

• Because the memories involve lower levels of information-processing they have no mechanism for encoding context e.g. time

• When these memories are retrieved they are therefore reexperienced in the present
Normal recovery process - 1

- **Traumatic information laid down in VAM (limited) and SAM memory systems**
- **Over next few days flashbacks lead to copying of extra information from the SAM to the VAM system**
- **Limited capacity system means little information transferred at one time**
Normal recovery process - 2

- VAM memory creates copies locating context and time
- Trauma reminders lead to retrieval competition between SAM memories and VAM copies
- If good match to SAM memories, VAM copies begin to inhibit the retrieval of SAM memories
What goes wrong in PTSD?

- The VAM system fails to make a good copy of the information in SAM
  - e.g. through deliberate avoidance
- Information remains isolated in SAM
- When SAMs are triggered the fear system is not inhibited by corresponding VAMs
Recap

- Failure to construct new VAM memories means that defeat may indeed be re-experienced on a daily basis.
- In the absence of therapy this can only be prevented by strenuous efforts to control or manipulate the environment.
Defeated identity in PTSD
Risk factors implicating a defeated identity

- Peri- and posttraumatic dissociation
- Peritraumatic mental defeat
- Negative appraisals and emotions
- Perception of a damaged or destroyed future
- Disconnection and alienation
The multiple self-representation approach to identity

• Multiple selves exist reflecting experiences at different ages and in different roles
• Ought, ideal, and feared or undesired selves (not just summaries of experience but products of imagination)
• Selves exist in relation to others
The dialogical approach to identity (Hermans, 1996)

- Multiple ‘voices’ exist as relatively autonomous “I” positions
- Voices are like interacting characters with their own stories
- Voices are agents with their own goals
- Voices can have different relations to each other and to the “community of selves”
Long-term challenges to identity

Trauma may undermine positive identities and reinstate unwanted identities.

Reactions include:

• over-assimilation (minimisation of the event to preserve a positive identity)

• over-accommodation (absorption by negative identity)
Unwanted identities associated with defeat

• Self as powerless
• Self as inferior
• Self as non-existent or futureless
• Others as abandoning
• Others as hostile or betraying
Normal recovery process

• Remembering the trauma occurs in the context of a sufficiently stable and positive identity

• Reinstatement of VAM memory of trauma, associated appraisals, and projected outcomes leads to the creation of new self-representations of self and the world in long-term memory
What can go wrong in PTSD? - 1

- There is frequent absorption by a negative identity - the world is seen as hostile, unsafe or unfair, and/or the self as defeated
- Reminders of the trauma cause switch to negative identity or reinforce negative identity that is already present
Impact of ‘voices’

Many patients with PTSD experience thoughts in the form of voices
Voices can start pre- or post-trauma
Voices are often bullying, critical, and derogatory
Voices have a significant emotional impact on the sense of self, are hard to control, and add to sense of defeat
What kinds of things can the 'voices' say?

You’re not good enough
You’re a waste of space
Why are you so useless?
You’re better off dead
Why don’t you kill yourself?
What can go wrong in PTSD? - 2

• Unstable identities have low tolerance for flashbacks and the transfer of information is prevented

• Previous assumptions dominate conscious appraisals of the trauma and its aftermath

• No new self-representations are created
Recap -1

- Therapy for PTSD involves distinguishing memory processes (e.g. problems with flashbacks) and appraisal/identity processes.
- Although often linked in practice, these are mediated by different cognitive and brain mechanisms that may demand different therapeutic techniques.
Recap - 2

Before embarking on treatment for flashbacks and nightmares it is important to establish that there are stable positive identities that can re-establish themselves rapidly when faced with trauma cues. The process of “stabilisation” can usefully be seen in these terms.
References
