

The Body, Mind, and Soul of Trauma: Putting the Pieces Together

Paper presented at ACA conference April 2005
Atlanta, Georgia

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Traumatic events remain common in human experiences. Some studies have found that over 60% will experience a traumatic experience severe enough to qualify for a diagnosis of Post Traumatic Stress Disorder (PTSD)(Breaslau, 1998). More current tragedies such as the attacks on the world trade centers in 2001 and the devastation of the Deep South by hurricane Katrina may increase the number of traumatized individuals counselors work with. Recent research has shed light on the many different aspects of our lives affected by trauma but we still struggle with effective assessment, conceptualization, and treatment. This article presents a holistic process of assessment and approach to treatment that better helps counselors conceptualize the areas of difficulty for clients who have experienced a traumatic event. This holistic and individualistic approach to trauma assessment and treatment provides a new way to look at survivors of traumatic events. By assessing all aspects of life affected, we can create manageable and meaningful interventions to help our clients create change and alleviate the experience of surviving traumatic events.

The body, mind, and soul of trauma: Putting the pieces together.

Traumatic events remain common in human experiences. Some studies have found that over 60% will experience a traumatic experience severe enough to qualify for a diagnosis of Post Traumatic Stress Disorder (PTSD)(Breaslau, 1998). Recent research has shed light on the many different aspects of our lives affected by trauma but we still struggle with effective assessment, conceptualization, and treatment.

A case study will provide an example for conceptualization and to provide structure for a discussion on intervention.

A 36 year old Caucasian woman and her husband were attacked in their bedroom by an intruder. Both were stabbed multiple times and hospitalized for several days. The woman ran from the apartment to get help, leaving her husband alone with the intruder. They spent one month in recovery with their parents and returned in an attempt to work and live in their home. They were unable to return because of their responses to the trauma. They moved to a different apartment attempting to return to the previous life but the husband continued to sleep with a baseball bat and the wife toured the apartment each night to make sure no one was there. The wife was fired from her job due to her inability to concentrate.

After trying unsuccessfully to return to their previous life for a year, they moved to another state and both appeared to be recovering. The husband finished his degree in the seminary and the wife was working at a new job. The wife suddenly began re-experiencing PTSD symptoms. Nightmares and flashbacks of the event reappeared stronger than ever causing her to lose her new job because of an inability to concentrate. She lost friends because of angry outbursts and hostility as she began to withdraw from

others. She became suicidal, homicidal, and began drinking heavily. She developed Bipolar disorder, eating disorders, and began to have episodic psychotic episodes related to the flashbacks. She experienced intense guilt over locking herself out of the apartment to get help from neighbors, leaving her husband alone to wrestle with the intruder. The religious beliefs that had previously been very important to her were now rejected.

The diagnostic statistical manual (DSM-IV) identifies criteria for a diagnosis of Post Traumatic Disorder (APA, 1994) and this woman would meet this criteria. She had experienced an event that was life threatening during which she feared for her life, experiencing intense fear, helplessness and horror (criterion A). This woman re-experienced the event with nightmares, flashbacks, and feeling as if the event were reoccurring (criterion B). She attempted to avoid reminders of the event by moving to another apartment building and ultimately a new state. Her interest in important activities diminished and she began to feel estranged from others (criterion C). She had difficulty sleeping, difficulty concentrating, hypervigilance, and an exaggerated startle response (criterion D). These symptoms have continued for more than one month and have caused distress and/or impairment in occupational and other important areas of functioning. This diagnosis can help us understand symptoms this woman is struggling with but it does not help us understand how to conceptualize this case clinically or how to create a holistic treatment plan (Wilson, 1994). This paper describes a more holistic way to conceptualize individualistic trauma response for the purpose of developing a treatment plan.

The basis of this conceptualization is that humans have a preferred homeostasis, or state of balance. This sense of balance is present in all aspects of our lives such as the physical, cognitive, emotional, social, and spiritual aspects of us. We each have a unique

landscape of balance in which all of these facets operate, for example some may have more social interaction than would be comfortable for others and for each this would be their homeostatic balance (Wilson, 1994). During times of little or no stress we move through life in a state of relative balance, however when we experience a traumatic event we react with dramatic moves from our homeostatic balance in many or all areas of our life. We may consider the disruptions brought on by a traumatic experience to be disruptions to our homeostatic balance. Therefore, we may experience a surplus or deficit in any of these areas. A surplus is too much of something, and a deficit is not enough to bring us back into balance (Gerber, 2003). Traumatic experiences initiate responses that move us from our unique balance. We all experience these disruptions to our balance and most of us return to our unique balance over time. Individuals with a diagnosis of PTSD do not return to balance. The following symptoms of surplus or deficit are taken from the DSM-IV for clarity and to allow for ease of comparison.

A surplus in the physical aspect is characterized by an over activation of the sympathetic nervous system, the part of the central nervous system responsible for emergency action and home of the fight or flight response. Surplus physical symptoms include exaggerated startle response, hypervigilance, irritability, increased heart rate, shakiness, and difficulty falling or staying asleep.

We have all experienced an activation of the sympathetic nervous system. For example, imagine you are driving down the road and suddenly a police officer flips the lights and siren on! You jump, begin breathing shallow and fast, feel a little cold and clammy and may begin to shake. These responses are normal and if the officer speeds around you to catch a real bad guy, a complimentary system, the parasympathetic system,

is engaged to help you recover from this horrible shock. Once the danger or threat is passed the parasympathetic system engages and you breath a sigh of relief, relax and feel your hands begin to warm up. This balancing action of going up in response to a threat, and back down after the threat is over helps keep us in balance physically. In individuals who experience a severe trauma and who develop PTSD the sympathetic nervous system remains engaged and the person feels as if the event were still occurring. A deficit in this area includes feelings of numbness, or detachment from events and in extreme cases, dissociation.

A surplus move from balance in cognitive processes would include paranoid ideation, intrusive thoughts, flashbacks, low self-esteem, negative self-talk, and recurrent distressing dreams. Deficits include amnesia or inability to recall important aspects of the event, efforts to avoid thoughts of the event, and thinking that one is permanently damaged.

Surplus emotional aspects include outbursts of aggression and anger, feelings of shame, despair or hopelessness, feeling constantly threatened, and excessive guilt. Emotional deficits include restricted range of affect, feelings of being unable to connect or love another, and numbing.

Surplus social aspects include an inability to be alone and high risk behaviors such as unsafe sex. Deficits include impaired relationships with others, difficulty with interpersonal relationships, and social withdrawal and isolation.

Spiritual surplus may be exhibited by spiritual by-pass, or the person seeks to avoid the pain of processing the trauma or recognizing there is a problem by thinking/believing the traumatic experience is God's will and therefore should not be

questioned or examined. Spiritual deficit includes a loss of previously valued beliefs, a loss of sense of purpose, and spiritual bareness. Without understanding of the meaning of the event we cannot move on. It is critical that we keep in mind that all these aspects are inter-related and interdependent. If we effect a change in one aspect we will experience a change in another aspect as we move towards our homeostatic balance.

Once we conceptualize a case in this manner we can examine which areas are out of balance and in which direction this individual has moved from homeostatic balance. In our case example, this woman is experiencing a surplus in emotions with angry outbursts and intense guilt, and cognitive aspects suffering from nightmares and flashbacks. She also is experiencing a deficit in spirituality having turned away from previously important beliefs, social aspects with her loss of friends and withdrawal from social activities, and surplus in behavioral aspects with her heavy drinking. Conceptualizing a case this way allows us to create a holistic treatment plan that addresses disruptions to the homeostatic balance in a more individualistic way.

We may consider addressing a deficit area instead of approaching a surplus area directly to decrease resistance. For example, in our case study this woman is engaged in substance abuse. If we attempt to approach the substance abuse directly we will likely encounter resistance. If we instead address a deficit area, such as spirituality, we may be able to address an area that has less resistance. Changing one area or aspect will create change in other areas. So, if we create a change in spirituality we expect to see a change in substance abuse. If we can help this woman reconnect with her spiritual aspect she may find another way to cope rather than drinking. This supposes a lack of addiction, which is a different issue. We also may choose to intervene in an area of surplus such as

this woman's excessive guilt by using Rational Emotive Behavioral Therapy, (REBT). According to Ellis emotional distress is created by illogical, faulty, or irrational thoughts. In this case we may help the woman realize that it is not the fact that she locked herself out of the apartment that makes her feel guilty, it is what she thinks about herself locking herself out that produces the guilt. We may try to help her replace her faulty thinking with thoughts that she did the best thing she could at the time and that what she did made perfect sense at the time.

This holistic and individualistic approach to trauma assessment and treatment provides a new way to look at survivors of traumatic events. By assessing all aspects of life affected, we can create manageable and meaningful interventions to help our clients create change and alleviate the experience of surviving traumatic events.

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