Traumatophobia: Paradoxical Amplification of Posttraumatic Symptoms, and The Role of Third Parties

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“Traumatophobia”
= FEAR OF FEAR ITSELF

1. Knowledge: normally empowers
2. Trauma Differs: Here, it seems to have
   SENSITIZED, Paradoxically
   AMPLIFYING Vulnerability
3. Society = TRAUMATOPHOBIC
   “Try to avoid trauma, at any cost!”
Institute of Medicine (2003) ²

1. Psychological Vulnerability
   (a) terrorists recognize and exploit
   (b) = top societal priority post-9.11

2. Challenge to Society:
   (a) examine: how, what, what to do?
   (b) goal: $\Delta \rightarrow$ RESILIENCE:
Trauma & Third Parties

1. Trauma Conscripts Human Living
   (a) → up to half of all major mental illness
   (b) emotion >>> intellect & intentions

2. Social Narrative → Form & Course of Sx
   (a) amplifying ↔ mitigating factors concur
   (b) factual truth is usually not known

3. Third Party Rulings Decide What Prevails
   (a) 3rd parties ≠ agents or targets, incl. us
   (b) Δ interpretation & experience, thus focal
Hx I. Post-War Priming

1. War, Counter-Culture, Battered Child, Civil Rights, Feminism → Victim Focus
   (a) protective prerogatives
   (b) sensitivity speech codes

2. Ratifying Victimhood = Problematic
   (a) ↓ self-defining limits, responsibilities
   (b) ↑ enemy-making, conflict, trauma
   (c) “victim dilemma”: what else to do?
1980’s: Selective Knowledge

1. Kidnapping Followup: Helplessness →
   (a) symptoms defined, re-enactment 9
   (b) tx resistance, “victim memories true??”

2. Dissociative Disorder Diagnosing
   ≈ extreme “victimization??” → → E
   (b) & need for “therapeutic rescue??” ∈ A

3. Sensitization ↔ Re-Enactment 10
   (a) traumatic memories “burned in??”
Recovered Memories $^{11,12}$

3. Apparent Consensus, 1993 Forum
   (a) victim memories **necessarily true**
   (b) alleged abusers **presumed guilty**
   (c) safety & recovery **require therapists**
   (d) corrective **research data are seditious**

4. $\rightarrow$ **Massive AMPLIFICATION**
   (a) **social polarizing**, death threats $^{13}$
   (b) **iatrogenic regression**, mass scale $^{14,15}$
   (c) traumatic re-enactment $\approx$ interim victor
Societal Self-Correction

1. Advocacy: Pro-Family, -Innocence ¹⁶

2. Memory Research: Newer Data
   (a) traumatic memory is malleable ¹²
   (b) charges require physical evidence ¹¹

3. Post-2000: Psychiatry Re-Positions
   (a) debriefing & reliving = problematic
   (b) tx builds on pts’ intrinsic strengths ¹⁷

AMPLIFIERS CONTINUE IN CLINICAL PRACTICE & MANY SOCIAL TRENDS
Key Concepts

1. **Trauma Response** \(^{10}\) conscripts
2. **Re-Enactment** \(^{9,10}\) = principal fuel
3. **Personal Identity** \(^{18}\) \(\Delta \neq\) worsening
4. **Locus of Control** \(^{19}\) \(\downarrow\) perceived \(\neq\) actual
5. **Mutual Suggestion** \(^{5}\) \(\rightarrow\) \(\Delta\) mental states at overt \(\neq\) covert levels
6. **Polarization** \(^{8,13}\) \(\rightarrow\) allies & enemies
Trauma Response

1. Conscripts Personhood & Sociality

2. “Learned Instinct” for Adaptation
   (a) to uniquely dangerous environment 20
   (b) to ally against enemies 8

3. Sensitization $\leftrightarrow$ Addiction 10
   (a) avoidance $\leftrightarrow$ approach
   (b) catecholamines $\leftrightarrow$ opioids
   (c) trauma $\leftrightarrow$ selective affiliation 21
Re-Enactment

1. **Freud’s “Repetition Compulsion”** 22
   (a) addiction to internal substances 10
   (b) primary fuel of the trauma response

2. **Paradoxical Amplifiers Act Here**
   (a) unknowingly & unintentionally
   (b) subtly: conscripts thinking process

3. **Modifiable by**
   (a) volition: abstinence → extinction 23
   (b) social influence: attention, reframing 18,24
Personal Identity

1. **Changed ≠ Worsened**
   (a) trauma marks content’s salience  \(^{12}\)
   (b) linked to survival instincts  \(^{18}\)

2. **Becomes Divided** between
   (a) trauma-maintaining “false self” &
   (b) intrinsic strivings (autonomous self)  \(^{18}\)

3. **Malleable to Social Framing**
   (a) redefining → further changing  \(^{25}\)
   (b) = therapeutic focal point
Locus of Control

1. **Perceived L.O.C. Is Disrupted**
   (a) by posttraumatic symptoms
   (b) affect ≈ infantile helplessness \(^1,^{21}\)

2. **Actual L.O.C. Remains Intact** \(^15,^{19}\)
   (a) intrinsic capabilities ≠ actual infants
   (b) ≈ natural accountability
   (c) ∆ attention & reframing →
      can access & re-empower \(^14,^{15,18,19}\)
Mutual Suggestion & Hypnosis

1. “Mental States” Socially Co-Created
   (a) conscious-unconscious duality
   (b) hypnosis = basic science

2. Trauma ≈ Hypnosis: Contagion
   (a) natural reciprocity amplifies trauma
   (b) third parties act here to either ↑ or ↓

3. Mastering Hypnosis is Useful,
   (a) recognize suggestive influences
   (b) modulate them, when problematic
Post-Traumatic Polarization

1. *Trauma Marks Relative Salience* ¹²
   (a) cognitive half-truths
   (b) pitted against other half-truths

2. *Polarizing \(\rightarrow\) Allies and Enemies* ¹³
   (a) even where interests were shared
   (b) e.g., recovered memories, post-terror

3. *Selective Affiliating Further Amplifies* ³²
   (a) reinforcing uncorrected half-truths
   (b) traumatic affect drives further apart ¹,¹⁸
Therapist Responsibilities
Confuse the Locus of Control

1. **Duties to Protect**
   ≈ symptomatic coercion $^{33,34}$

2. **Gaining Therapeutic Alliance** $^{35}$
   ≈ ratifying victim narratives $^{7,8}$

3. **Helping**, e.g., tx $\Delta$ pts’ brains $^{31}$
   ≈ temptation to “rescue” $^{14,15}$
In-Tx Amplifying I. Traumatizing Coercion

1. Appeasing $\rightarrow$ Escalation
   (a) symptomatic coercion $^{33,34}$
   (b) coercive sensitivities $^6$

2. Counter-Traumatizing $\rightarrow$ same
   (a) $\approx$ fighting fire with gasoline
   (b) “symmetrical escalation” $^{36}$
Selective Reinforcement of Trauma Over Autonomy

1. “Validating” Victimhood $\rightarrow$ Amplifies by suggestion, re-enactment, & polarizing $^7,^8,^10,^13,^18,34$ (PIVOTAL)

2. “Rescuing” $\rightarrow$ Regressive Escalation by undermining locus of control $\rightarrow$ anxiety $\rightarrow$ acting out $^{14,15,18}$

*Alternative: Reframe $\rightarrow$ ↑↑ Agency $^{18,19,24}$*
Societal Trauma-Amplifying

1. “Enabling” = Collusion, Complicity
   (a) in symptoms, vs. social systems’ duties
   (b) enabling of false trauma narratives? 37

2. Media Sensationalism

3. Selective Non-Responsibility 7

4. Coercive Information Control:
   (a) sensitivity politics, “P.C.”
   (b) nullifies constructive discourse 6
Mitigating I: Victim Dilemma

1. Δ Victimhood → HELPLESSNESS →
   (a) from interpersonal polarizing & escalating
   (b) to personhood as sole focus of attention

2. Intermediate: “Therapeutic Work” →
   e.g., alliance, mentalizing, re-attending & reframing, limit-setting

3. Intrinsic Assets → ACTIVE AGENCY
   (a) embrace natural responsibilities
   (b) success begets more, negates trauma
Mitigating II: Interdicting Traumatic Re-Enactment

1. **Identification:** Is there a focal pattern? \(^9,10\)

2. **Preparation:** (a) within **locus of control**? \(^19\)  
   (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 \(^{18,24,25,30,31}\)
Within-Treatment Mitigation

1. More Information  →  New Narratives
   (a) 3rd party collaterals,\(^{17,31}\) other sides \(^{32}\)

2. Access Patients’ Sole Loci of Control
   (a) alliance, contracting patients’ roles
   (b) identify trauma-maintaining beliefs and focal re-enactment behaviors \(^{17}\)
   (c) Δ rescuing  →  respectful challenge \(^{15,18}\)
Redefining Personal Identity

1. Basic Questions
   (a) self-description: *Who Are You?*
   (b) values: *What Do You Stand For?*
   (c) direction: *Where are You Headed?*

2. Answering \(\leftrightarrow\) Changing
   (a) without asking or expecting change
   (b) contracting roles, patient safety \(^{38-40}\)
   (c) relatively effective, efficient, safe \(^{25}\)
Standing Firm @ One’s Locus of Control

1. General Principle: Identify one’s locus of control, act here to improve the odds of a desirable outcome, then stand firm against others’ efforts to pull one off course 18,19,34,36

2. For Two-Level Interactions:
   (a) shift selective reinforcement, e.g.,
   (b) “yes, but” → “what IS your plan?” 41
   (c) stand firm vs. symptomatic coercion 34
Standing Firm, Cont.

3. Vicious Circle Interactions $^{18,36}$
   (a) e.g., nagging spouse of problem drinker
   (b) reclaims locus of control via **firm moral stand** & **social support** (e.g., Al Anon)

4. Stand Up to Coercive Offense-Taking
   (a) decline counter-therapeutic pt. demands
   (b) withstand traumatizing accusations $^{34}$
Societal Mitigation

1. **3rd Party Impact**, principled juror 42
2. **Study Large-Scale Enabling**
3. **Defend All Parties’ Responsibilities**
   (a) legal duties of psychiatric patients 39
   (b) appropriate risk-taking 38
3. **De-Catastrophize**, e.g., life goes on 2
4. **Open Constructive Discourse** 6
Summary: Basic Concepts

1. **Biology ≈ Endogenous Addiction**
   (a) subject to volition (abstinence)
   (b) & social influence (attention, reframing)

2. **Trauma Conscripts Personhood**
   (a) identity (redefining)
   (b) perceived controllability (access LOC)

3. **Victimhood ↔ Active Agency**
   (a) accountability at sole loci of control
Unresolved Challenges

1. Optimizing Our Therapeutic Influence
   (a) without undermining patients’ L.O.C.

2. Protection $\leftrightarrow$ Holding Responsible
   (a) ↓ victimizing $\leftrightarrow$ ↑ accountability $^7,15,39$

3. Re-Opening Free Speech
   (a) without traumatizing hate speech

4. Who is Responsible?
   (a) for what? to whom? at what levels?
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Selected References II.

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