

SDU

Södra Dalarnas Utbildnings- och Utvecklingscentrum (SDU) is an Association involved in development of new businesses in the field of healthcare, education and small entrepreneur businesses. The business strategy of SDU is to utilize the different skills of each member in joint projects and developments. The initiative of SDU was taken by local small businesses active in the local community and the City of Säter. The members are of the opinion that collaboration will present better opportunities to meet future needs of business development. The purpose is also to adjust the know how of the member organizations to the market requirements.

Members:

Skönviksbolaget (Building Administration and Development), Sätters kommun (City of Säter), SGBO (Education), Sätters kommuns Fastighets AB (Building Facilities), ComUt, Reklam & digitaltryck AB (Public Relations), Lärnia (Education), Företagarna (Small Business Association), Seniorföretaget (Entrepreneur) and Yrkesakademin (Education).



Växtkraft Mål 3



EUROPEISKA UNIONEN
Europeiska socialfonden

THE TREATMENT OF EXTREME TRAUMATIZATION (PTSD) A Method developed by Dr. Carlos Chan



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A HISTORICAL NOTE

A review of treatment methods over the last 20 years by Dr. Terence M. Keane (Director, National Centre for PTSD, Boston, Massachusetts) shows that most therapies currently used in PTSD are of two types a) Anxiety Management. b) Exposure Therapies. The most recent advances conclude that a combined approach of Anxiety Management and Exposure Therapy is the most effective treatment method. How can we explain this? Why may talking therapy not be enough?

Man in effect has inherited three brains, the reptilian (brainstem which regulates the physiology of the body), the limbic system (emotional brain) and the neocortex (the intellect). This model of therapy works with all three brains.

Verbal therapy works with the neocortex and explicit memory. i.e. the “Where, When, How, What, Why” that journalists use. Explicit memory is stored in the hippocampus but it only matures in the infant between 2 -3yrs. This is one explanation of infantile amnesia.

Implicit memories are stored in the amygdala. i.e. the emotional and body sensations. During extreme traumatization explicit memories stop being recorded in the hippocampus but the emotions and body sensations continue to be recorded in the amygdala. Antonio Damasio points out that a somatic marker is left after the trauma. This explains the phenomenon of “flashbacks” in PTSD.

As Daniel Goleman points out extreme trauma often alters the emotional brain permanently causing “emotional highjacking”. Fear conditioning has occurred. In normal people natural relearning by pairing calm and fear extinguishes the fear. In PTSD spontaneous relearning fails to occur. The amygdala alarm response occurs every time something vaguely reminds you of the original trauma (flashbacks). Appropriate therapy involves the extinction of the fear by an active learning process whereby the neocortex is taught how to inhibit the amygdala alarm response in the emotional brain. In Damasio’s theory what is needed is a new healthy somatic marker to replace and extinguish the old traumatic marker.

More recent research shows that PTSD often reactivates some of the primitive reptilian brain reflexes that normally are integrated in infants from 0 – 2yrs 6 months. Svetlana Masgutova points out that when these reflexes are active, they “short-circuit” at a primitive behavioural level explaining unreasonable outbursts of terror, panic, rage and sadness in PTSD victims. The good news is that there is a developing body of knowledge of how to diagnose the presence of these reflexes and how to re-integrate them.

That is why talking therapy may not be enough. But most therapists nowadays admit that it may be important to work with the body but they don’t know how to do it. In short they find themselves trapped in a therapeutic model where they received no training for body work.

But if it is the body that remembers (implicit memories in the amygdala) and not the mind (explicit memories in the hippocampus) how do we help a sexual abuse victim or a torture victim recover body parts anaesthetized by the trauma? The answer is in “transferential bodywork”.

A method well documented by Dr. Alexander Lowen, founder of Bioenergetic Therapy.

AN INTEGRATED MODEL OF BIONERGETICS, PSYCHODRAMA AND GROUP THERAPY.

Dr. Judith Lewis Herman’s outline of the recovery process is followed.

A) Attaining a sense of safety.

B) Remembering the details of the trauma and mourning the loss it has brought.

C) Re-establishing a normal life.

The group therapy contributes the creation of a microcosm of society where there is a therapeutic contract of confidentiality, respect, equality, and emotional support. It is the structure or “container” that allows the rest of the therapy to develop. In it people learn to feel safe and respected again. And later, when the group starts to focus on the “here and now” behaviour of the group members, it becomes a “living learning laboratory” where unhelpful patterns of behaviour are confronted thus helping the members re-establish a normal life in the society outside. Members learn “democratic behaviours”. They also recover some sense of law and order, trust in society and spiritual values.

The psychodrama enables members to “tell their stories” through an art form. The emotional brain is more easily accessed by the “primary process” inherent in the messages of metaphor. If appropriate and in the right timing, members may go back and replay their traumatic scenes. Shocking memories are hard to confront and trauma victims are skilled at avoiding the very feelings they need to work through. The therapist has to strike a delicate balance between not pushing hard enough and going to far.

The bioenergetic bodywork re-educates the emotional brain and body to respond to old fears in a different way. Thus instead of going into a panic attack, the person learns to ground himself and centre his breathing in his lower belly. Members systematically learn relaxation and breathing exercises. These act as kinaesthetic anchors. They move from body constriction and muscle armour to personal mastery of their bodies, self-awareness and relaxation. Their bodies need to learn to let go and experience pleasure and love. They move from merely “surviving” to “quality of life”. New somatic markers are established.

A final word of warning. Most therapists lack the emotional courage and training to work deeply with PTSD. The clinical settings in which they work also disapprove of patients showing too much feeling. The possibilities of vicarious traumatization from clients is high. Therapists need skill and courage and should have worked through their own traumatic experiences. They should also be “contained” by colleagues, friends and family.

The theory and practice of this model can be taught. There is no doubt that a training centre in Säter has to be established where Carlos Chan and his Swedish colleagues can demonstrate, teach and supervise this method. The method is not in conflict with other methods, it is a contribution to existing methods. People come to Sweden with different kind of traumas and some of the traumas can be connected to experiences as; war, torture, catastrophes, sexual abuse and tsunamis. People need help so they can be integrated in the different contexts of the Swedish society.