

Trauma: A Brief History

Whose story is it, anyway?



AUSTIN
TRAUMA
SERVICES

Nick Austin

MBBS, MSc, COSRT [accred], UKCP [accred]

Director: Austin Trauma Services

Trauma Clinician and Internal Family
Systems Therapist

Mental Health Trustee: Middle Street
Resource Centre, Beeston

My Bona Fides....

Associate Specialist in Psychiatry

- 10 years: Adult Mental Health Wards: QMC
- 6 years as Lead Community Psychiatrist
- 4 years clinical Masters in systemic, cognitive behavioural and psychodynamic therapy
- 16 years Nottingham Gender Clinic
- 3 years running neurodevelopmental clinic: ADOS 2 and DIVA
- 2 years at Nottingham Trauma Centre – staff and service users

Human Being

- Survivor of complex trauma throughout childhood
- Dissociated response: life and relationships were hard!
- 2 months at WHO TCM school, Beijing
- 6 years of weekly Gestalt Therapy
- 5 years training in IFS: Level 1, 2 and 3
- 7 times assisted in IFS International Trainings.

What is trauma?

Dad comes home, intoxicated, shouts at Mum and his 6-year-old child. Dad gets increasingly agitated, and kicks in the television.....

We weave our story
of who we are and
how to live from the
threads of best
information we access
from life.



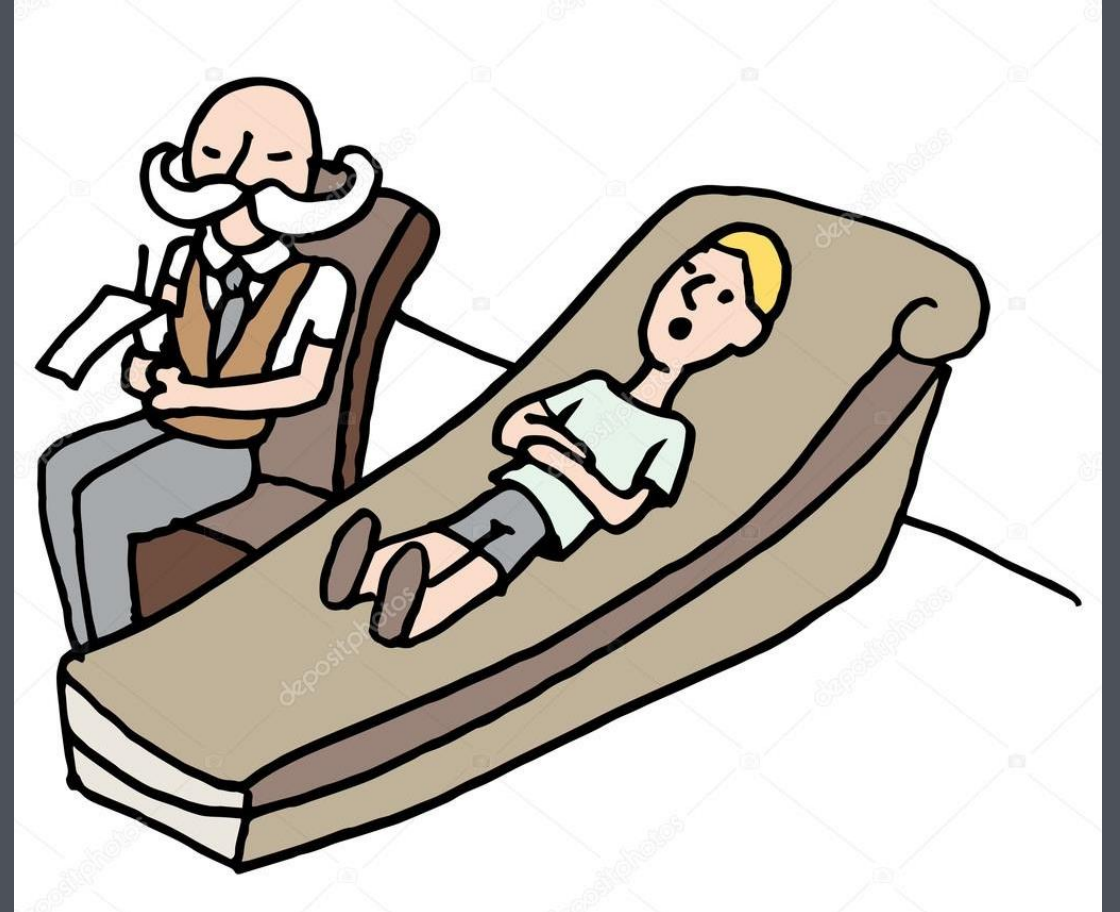
Timeline

- Psychiatry and Psychology are young – since 19th Century
- So, was there nothing to help with human distress, beforehand?!

Freud 1856-1939

A great pioneer, but:

- Talked out of his initial idea, that sexual abuse caused psychological difficulties
- Instead described Oedipal complex and other intellectual interpretations
- The human story, and the body, are exiled



Pierre Janet 1859-1947

- Coined the terms 'dissociation' and 'subconscious'
- Worked with in-patients in the Pitié-Salpêtrière Hospital, Paris
- Saw current symptoms as stuck, dissociated, products of survived events - 'incomplete stories'
- Concluded that the body held much of the human story



The military will sort it out....

- Up until World War 2, there were no diagnostic manuals
- WW2: an army of psychiatrists categorised US soldiers' symptoms
- That was re-printed for civilians in 1946, with the first DSM in 1950
- ICD-6 [1948] included psychiatric conditions for the first time

Growing Brains and Emotional Safety

- Bowlby [1940s] attachment theory
- Winnicott – working with evacuated kids
- Powerful work: the quality of relationship sculpts the infant brain and is related to later emotional regulation and relational security



But....

- 20th Century orthodoxy did not believe in adult neurological change or of changing implicit [unconscious] beliefs
- So, if you had a traumatic childhood, that was that for you....
- Validates an expert-patient, top down, transactional approach

The '60s and '70s...

- Carl Rogers, person-centred therapy
- Perls and Gestalt therapy
- Both focus on a holistic approach, systemic factors, and the potential change inherent in authentic relating
- Many therapists training via social work, as an equal and opposite foil to medical psychiatry, championing relational approaches
- Tim Leary, LSD and psychedelics

Backlash!

- The '90s and '00s – the decades of cognition. Of anti-depressants, of biochemical dreams for the aetiology of mental illness....
- Cognitive-Behavioural Therapy played the game well
- Psycho-analysis struggles, though maintains establishment kudos

Mind-Body Holism Endures...

- Hakomi [Kurtz] becomes Sensori-Motor Psychotherapy [Ogden]
- Somatic experiencing [Levine]
- Bessel van der Kolk listens carefully to Vietnam veteran's trauma stories.... [The Body Keeps The Score]
- Gabor Maté [When The Body Says No]
- Top-down **and** bottom-up?



The 21st Century: The Science of Relating

- Jaak Panksepp – Affective Neuroscience [1998]. From being laughed at and dismissed, to inspiring a new wave of scientists
- Emotions: Mammalian technology to socially relate and get needs met. Shame, rage, panic, fear, joy, play, love: they all have **meaning**
- Emotions appear to be the ‘currency of exchange’ between the environment, the body and brain

Interpersonal Neurobiology

Dan Siegel [psychiatrist] has, over the last 30 years, demonstrated many things:

- How we regulate each other when we interact with emotional authenticity
- How trauma is held in the body-mind, and caused by relational wounds
- How we can generate sufficient safety in relationship to heal those wounds
- He emphasises that mind is relational and embodied – not stuck in our skulls

Polyvagal Theory – Stephen Porges (2011)

- A powerful theory that links embodied survival states [fight/flight/freeze/play dead] with our ability to rest, digest, and communicate effectively
- These embodied survival states remain activated in traumatised people

The Brain's 2 Worlds...

- Iain McGilchrist [2010], retired psychiatrist and ex-clinical director at the Maudsley, has theorised that the 2 brain hemispheres experience the world in different ways: either to manipulate and control [left], or to holistically relate [right].....
- His theorem suggests that we are culturally marooned in the left hemisphere, chasing illusions of definite, intellectual safety and control: his remedy – embrace relational authenticity and holism

Allan Schore

- Neuroscientist and psychotherapist. Has been at the cutting edge of relational neuroscience, and applying that in clinical practise, for 50 years
- Most recently, [Right Brain Psychotherapy, 2019] he shows how compassionate love between human dyads creates synchronised brain areas in the right hemisphere

Memory Reconsolidation

- Bruce Ecker – Unlocking the Emotional Brain [2014]
- Laboratory evidence of re-writing implicit beliefs in many species, including human
- This is the neuroscience of transformative trauma healing



Memory Reconsolidation

- Accessed through safety in authentic relationship
- 4 steps to the process – when completed successfully, there is immediate and effortless permanence of symptom cessation stemming from that belief.....
- Therapies that potentially use this process: Accelerated Experiential Dynamic Psychotherapy [D Fosha], EMDR, Gestalt Therapy, Hakomi and Sensori-Motor Psychotherapy, Interpersonal Neurobiology, Internal Family Systems [IFS]

Trauma vs Traditional

Trauma

- All person model
- Distress related to relational wounds survived in life
- The person can heal their own wounds using sophisticated relational technology and trust
- The story of the client has primacy

Traditional

- Model for sub-set
- Distress related to a non-normal pathology unrelated to life
- An expert can diagnose the pathology and suppress it
- The story of the expert has primacy

Trauma vs Traditional

Trauma

- Compelling, and growing, evidence base in multiple disciplines
- Relational, co-created treatment
- Mind, body and soul
- Model applicable in all human groups and organisations

Traditional

- Evidence based on diagnoses and scientific method
- Transactional treatment advised by clinician
- Brain
- Model applicable within Western mental health system only

Thank you!

Any Questions?



AUSTIN
TRAUMA
SERVICES

www.austin-trauma-services.co.uk