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Emotional Processing Therapy

Longterm symptoms of PostTraumatic Stress are an indication that the emotional power of the memory of the trauma is still intact. sufferers have experienced symptoms for much longer than this, even years. The symptoms are rather like smoke from an emotional fire still smouldering. The symptoms indicate that the trauma has not yet been emotionally processed. When the emotional memory has been successfully processed, the symptoms of PTSD will subside, including nightmares, flashbacks, hyperarousal, irritability, and numbed feelings, regardless of how long PTSD has lasted. The Diagnostic and Statistical Manual regards attempts to avoid reminders of the traumatic memory as a symptom of PTSD. I would suggest that they are not a symptom at all, but a coping mechanism that holds the key to whether other PTSD symptoms diminish or increase. Section IV of this book describes in detail a help programme for people who might have developed the longterm symptoms of Post Traumatic Stress Disorder. What follows now is an overview of the psychological stages that are necessary to achieve successful emotional processing. It presents the broad ideas behind Emotional Processing Therapy, but for more detailed practical help, Section IV is the place to go.

1. Access the traumatic memories. First, for successful emotional processing, the memory must be allowed to enter consciousness, not just for a few seconds like a flashback that might be suppressed, but long enough to be felt and explored. This involves engaging all the

useful elements of the memory, such as sights, sounds, smells, or kinaesthetic sensations. There may be many elements of the memory to be explored and understood, such as exactly what happened, in what sequence, and what was most distressing. Sometimes this brings new understandings that themselves need further exploration, such as anger towards the perpetrator. The total memory does not need to be recalled in one sitting this may be a very long process.

2. Experience emotions even the negative ones. It is surprising how many people who have PTSD are actually quite happy and would be happy to remain at a sort of anaesthetic level. Some wish to eradicate those distressing and disturbing emotions that eat away at them, but perhaps retain their pleasant emotions. In PTSD it is understandable how people would want to remove the terrible distress, fear, panic, anger, confusion, and unbearable arousal that is associated with the trauma. But removing

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It is essential for us to know by what mechanisms a therapy works; there are multitudes of psychology journal articles written on this, much academic debate, and different schools of interpretation. Just

a reason for this attempt to pin down

Understanding the psychological principles behind why people improve in therapy enables us to be much more accurate in the way in which therapy is carried out and can produce new and better techniques.

The systematic facing of traumatic memories has been shown in numerous clinical trials and in scientific reviews to be the most effective treatment of PTSD to date. It is recommended as the treatment of choice by the National Institute of Clinical Effectiveness (NICE), the scientific evaluation arm of the NHS.¹¹

Clinical Psychology and

Psychotherapy

9 Nicols, M. P., & Zax, M. (1977). Catharsis in Psychotherapy. New York: Gardner.

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General Selection from the Works of Freud