

Chapter 9

Trauma-related conditions

LEARNING OBJECTIVES

After reading and studying this chapter and participating in lectures and discussions, students should have an understanding of:

1. The causes and treatments of Post-traumatic stress disorder.
2. The controversy in relation to 'recovered memories' of trauma.
3. The controversy surrounding the diagnosis and treatment of Dissociative Identity Disorder.

CHAPTER OUTLINE

- 9.1 Post-traumatic stress disorder
 - World events and PTSD
 - Aetiology of PTSD
 - Neurological factors
 - Conditioning models
 - A schema model of PTSD
 - A process model of PTSD
 - A psychosocial model
 - Treatment of PTSD
 - Preventing PTSD by psychological debriefing
 - Pharmacological treatment
 - Exposure techniques
 - Eye movement desensitization and reprocessing (EMDR)
- 9.2 Recovered memory (Dissociative amnesia)
 - Explanations of recovered memory
 - Accurate accounts
 - Illusions
 - Normal forgetting
 - Evidence of recovered memory
 - Age at the time of incident

- Corroboration
- Conditions of recall
- Attempts to forget
- Evidence of the creation of false traumatic memories
- Retraction
- Overview of the evidence

9.4 Dissociative Identity Disorder

- Aetiology of DID
 - Childhood trauma
 - Experimental evidence
- Treatment of DID

QUESTIONS FOR DISCUSSION

These may be helpful to include at the beginning of the teaching session to get a sense of where people lie on these issues, to spark some interest in them, and as a link to refer to as the lecture progresses.

1. Which of the following is not a core symptom of PTSD?
 - a. Intrusive flashbacks that replicate the experience of the traumatic event
 - b. A general high level of arousal
 - c. Frequent memories and attempts to avoid memories of the trauma
 - d. Frequent catastrophic cognitions related to the traumatic incident
2. Which of the following parts of the brain are associated with processing trauma?
 - a. the amygdala
 - b. the medulla oblongata
 - c. the ventral tegmentum
 - d. the thalamus
3. Which of the following is the most recent form of treatment for PTSD?
 - a. Eye movement desensitisation and reprocessing
 - b. Schema therapy
 - c. Post-trauma hypnotherapy
 - d. Trauma-focused psychoanalysis
4. Which of the following arguments has NOT been posited as a general cause of

recovered memory?

- a. Memories are repressed as a result of dissociation during long-term childhood trauma and recalled due to therapeutic support
- b. Memories are constructed as a consequence of therapist persuasion
- c. Memories are attempts to manipulate family dynamics and gain retribution for previous family dynamics
- d. They have all been posited as explanations for recovered memory

LECTURE SUGGESTIONS

This chapter considers both a relatively well-established and understood condition: post-traumatic stress disorder that typically results from a single traumatic event. PTSD can be a devastating condition, and resistant to treatment. At the risk of anthropomorphism, one of my old professors (an expert on brain mechanisms), said that flashbacks frequently occur when the brain is in idle and decides it may be good time to try and consolidate the traumatic memories into mainstream memory. Unfortunately, this can often be when the person is beginning to relax and fall asleep. This was a frequent experience for one person I saw clinically. He frequently experienced flashbacks to a particular traumatic incident as he was drifting off to sleep, from which it could take an hour or more to recover. This could occur more than once a night. On each occasion, he got out of bed, watched TV, or engaged in other distracting activities, but became increasingly tired and stressed by this process or the expectation of flashbacks.

The chapter then considers two longer-term and more controversial outcomes associated with repeated childhood trauma: recovered memories of trauma and dissociative identity disorder (DID). So controversial has been the debate over the causes of recovered memories, the debate was given the name 'memory wars'. Absolutist stances were taken on both sides of the argument: memories were seen as either an artifact of manipulations during treatment by therapists with a strong belief in their presence, or the outcome of dissociation and burying memories as a consequence of long-term trauma as a child. Time has moderated these absolutist stances, and a clear mechanism of dissociation leading to failures to establish accessible memories means that, while strong advocates against the notion of repressed memory can identify a number of factors that strongly counter the reliability of evidence in its favour, it is possible that in some cases, at least, it may be that repressed memories are legitimate.

DID appears to be struggling under the same controversies and issues. It is noteworthy that research into DID has almost dried up between the last edition of this text (2011) and the present, and even the authors of research cited in the chapter are cautious in defining the exact nature of the phenomenon they are studying. As a sceptic on the issue, I must admit to being surprised by a fairly hard-headed colleague who is a clinical psychologist with a strong behavioural tendency, confessing to seeing a person with multiple personality disorder as it was then, and being convinced that this was a genuine condition. Perhaps my cynicism is not founded in fact.

CLASSROOM ACTIVITIES

Case discussion in pairs: this has to be the simplest choice of discussion: choose to consider 'recovered memory' OR Dissociative Identity Disorder: fact or fiction?

Small group discussion: why would you treat someone with a diagnosis of DID? And if you were to treat them, what would be the treatment goals, and how would you achieve them? Just because DID is a mental disorder as defined by DSM, does it necessarily mean it requires treatment? What if it acts as an effective defence against issues such as sexual abuse as a child? Should this defence be breached? And if so, how would you help the person come to terms with what is by definition a problematic issue for them?