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Emotional Processing Therapy

Long-term symptoms of Post Traumatic Stress are an indication that the emotional power of the memory of the trauma is still intact. “Long-term” refers to anything over one month, but many PTSD 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 self-help programme for people who might have developed the long-term 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.¹ This involves engaging all the

sensory 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 don’t like emotions. Some don’t like anything that moves emotionally speaking 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 those distressing emotions is the wrong solution. The emotions are there for a good reason. They tell us something is wrong. Something needs to be sorted out. The emotional turmoil of the trauma has not yet been healed.^{2, 3, 4} When the cause of the distressed emotions has been dealt with, the emotions will subside to a manageable level, as a river in torrent can settle to a calm flow once the snows in the mountains and hills have thawed. It is possible for all the emotional turmoil that constitutes PTSD to subside, but a direct assault on the emotions themselves is not the solution. Healing the memory of the trauma is the solution.⁵ Having the capacity to feel enjoyment, happiness, love, contentment, success, or just the mild daily pleasures of being alive inevitably includes the capacity for feeling hurt too. If we could pick and choose our emotions to include all the joys and exclude the sorrows, life would soon become topsy-turvy. Instead of being upset when a loved one leaves for a long journey, we’d be as happy as when they first came home. If they died, there would be joy and no grief.

So the powerful emotional experiences that accompany the memory should be allowed to be experienced and lived with, although extremely distressing. A common mistaken “emotional belief” is

that “if I remember it, it will happen all over again”. Although this is illogical, when put like this, it is a powerful unconscious idea that lies beneath the surface. If the person allows themselves to experience the distress associated with the memories, they discover from personal experience that the accident does not repeat itself. The essential element here is “discovering from personal experience”. It is not an intellectual change of ideas, but an experiential change. This disconfirmation in experience helps them to make real progress.

3. Express emotions. Emotional feelings need to be expressed both to bring relief and to allow further exploration of the memory. Tears are a direct expression of hurt, which often bring a sense of release as suggested in the phrase “having a good cry”. Tears can also act as a signpost to us, directing our attention towards things that are significant, even though we have not mentally worked out the connection. For instance, if a person always cries at a particular part of the memory recall, say the reaction of the paramedic to them, this indicates that there is something especially significant about the encounter. It needs to be explored further to increase understanding.^{6, 7}

Although talking is not a direct expression of pain like crying, it is a kind of expression that allows more exploration of the hurt and ultimately a better understanding of it.⁸ Words are a major vehicle for our expression of feelings. We can share with others and explain what we are feeling. Words give access to the inner world of feeling, and quite complex emotional ideas can be expressed. The whole field of psychotherapy is predicated on the use of words to unlock and express inner disturbance. Sometimes words are accompanied by emotion, as when psychotherapy touches on a sensitive area and the patient begins to cry. The act of explaining one’s feelings in words may be a cathartic release of feelings but also expresses in detail aspects of emotional experience previously hidden.⁹ And this identification of feelings often leads on to examining the root causes of the distressed feelings.

Writing down words in the form of a diary or record has similarities with sharing with a close friend or psychotherapist, but

of course in written, not verbal form. The diary may be written to oneself, or to imagined others. How it differs from live conversation is that there is no other person to provide feedback, support, or insights. It makes writing a more personal exploration of feeling rather than a medium for change. Ever since Anna “O”, Freud’s first psychotherapy patient,¹⁰ who described her “talking therapy” or “chimney sweeping”, psychotherapy in its various forms and guises has had a major influence on Western culture. Throughout history, talking with family and friends, or confiding to a close friend or a priest has played a similar role, but without the formal professional psychotherapy setting. I don’t want to suggest that human beings were deficient in emotional expression before the advent of psychotherapy – obviously they coped pretty well for thousands of years.

There are subtler but less direct types of expression found in the arts, such as expression via music, dance, painting, sculpture, movement, and mime. A significant proportion of our culture is taken up with the myriad expressions of the finer and more expressive aspects of the human spirit. Those artists and musicians who convey some deeper sense of emotions through their art are often the most successful. My wife and I were lucky enough to get front row seats to a monthly series of concerts featuring world-class virtuosos. Not only were they masters of their instruments, but from close up the intensity of their absorption in the music shown by their faces and bodies spoke of a deep emotional experience.

The Essential Ingredients of Therapy

The therapy is called Emotional Processing Therapy because it emphasizes the central role of both the unprocessed emotional memory of the trauma and the type of emotional processing style used by the person. The central aim of therapy is to reduce the emotional power of the traumatic memory, but in order to do this the emotional processing style of the person needs to be addressed too.

How does the therapy work? This may not be a question that

bothers a lot of people. “If it works, it works; that’s good enough for me.” Psychologists, however, are obsessed with this question. 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 so that you don’t think we are simply obsessional, full stop, there is a reason for this attempt to pin down psychological “mechanisms”. 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 “Exposure Based Therapy”, “Prolonged Exposure” and “Trauma Focused Therapy” are all different terms for therapies in which facing the traumatic memory is central. They are all encompassed under the very broad umbrella term “Cognitive Behaviour Therapy” (CBT). In letters to solicitors and court reports about PTSD I avoid using the term CBT because it is a broad term that could refer to several different approaches, often quite different. It is just not specific enough. Emotional Processing Therapy uses everything in Prolonged Exposure or Exposure Based Therapy, but it has more.^{12, 13} The extra dimension in Emotional Processing Therapy is the far greater emphasis on the emotional aspects of therapy. The person’s preexisting emotion schemas, or “emotion rulebook”, are crucial in understanding how PTSD develops, and for therapy to be most successful their emotional processing style needs to be included. Not only that, but a central mechanism for understanding why the therapy is so successful is the change in emotional processing style that it evokes.

In any psychological therapy there are sets of interlocking processes at work that produce the beneficial therapeutic effect, not just one

process, and it’s the same for Emotional Processing Therapy. I would suggest that these are the essential psychological ingredients:

1. The initial change in the person’s emotional processing style to a more accepting, open style allows them to start the therapy, persist in it to the degree that is required, and continue it outside the therapy office and after therapy is over. Particularly for a self-help approach, one needs to be firmly convinced of the importance of facing emotional memories rather than avoiding or suppressing them.
2. The next stage is for the person to access the powerfully distressing emotional memories of the trauma.^{14, 15} They need to face many of the trigger stimuli that they have previously avoided, including allowing themselves to visualize the experience, think thoughts about it, say words like “crash” or “screaming in agony” – feeling the bodily sensations or sounds experienced in the trauma. In short, they need to face all the trigger stimuli associated with the trauma. Unless the memories are accessed no change is possible.
3. The person needs to allow themselves to face the trigger stimuli and the emotions they evoke long enough for the emotional reaction to fade. How does it fade? This process is often referred to as habituation – an emotional feeling cannot be felt indefinitely unless there is something to stir it up.^{16, 17, 18} Emotions are naturally quite fleeting, and it is rare for someone to stare persistently at the evoking stimuli, especially if it is noxious. This is a natural physiological fading process. This works similarly for positive emotions as well as negative ones. See what happens if you try to hold on to joy – it will evaporate before your eyes in the same way that fear will. It simply loses its power to evoke emotion.¹⁹
4. This natural process of fading has enormous therapeutic repercussions:
 - It can invalidate appraisals about PTSD symptoms and traumatic memories, e.g., “it will last forever”, “flashbacks will make me mentally disintegrate”.

- It can invalidate appraisals about the trauma, e.g. “everything is dangerous now”.
- It can change emotion schemas, e.g. “I must always avoid powerful emotions.”^{20, 21, 22, 23}

This last point suggests a much more fundamental change in how emotions are handled. The person may have learned to avoid exploring distressing emotions simply because this was the style they absorbed in their family from an early age. In this sense the therapy may be changing a fixed emotional habit. It might be even more significant if the avoidance cloaked early abuse; for instance, a child may have learned to shut down and be quiet when father returns home, to avoid being hit. For this person, facing the memory of their recent trauma of, say, a car accident, may help move them towards a much more open approach to feeling emotions.

5. Traumatic memories are stored in terms of sense impressions, with intense emotional associations, without logic, without words, without a narrative structure, and without a properly unfolding time sequence or “time tags”. In other words they are stored in a fragmentary way without context and with minimal organization. Talking about the memory puts a far greater structure and organization upon it.^{24, 25}

6. After talking about it the memory is re-stored in a more organized, verbally accessible manner.

7. Allowing oneself to feel emotions previously hidden, to cry and talk about the trauma, is a release similar to Freud’s notion of catharsis. One could say in reliving there is release.^{26, 27, 28, 29}

8. Talking about traumatic memories allows the person to understand, piece together, “put in place”, what happened. This may be assisted by newspaper reports, police accounts, witness reports, etc. Not only does talking help to put together events but also to understand one’s own emotional reactions more, such as guilt or anger, which hitherto were unidentified. The analogy I often use with patients is that at first the memory is like a jigsaw puzzle with the pieces all mixed up. As the trauma is discussed, they put more and more pieces

together until the final picture makes sense. It is usually the case that as they put together pieces of their own jigsaw of events, that they feel a much greater sense of completeness and control.³⁰

I have described eight processes underlying effective therapy, encompassing physiological habituation, change in cognitive and emotional belief structure, reorganization of memories, emotional expression, and increasing understanding. All of these can be effectively described under one heading. It could all be referred to as “emotional processing”

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