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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 themself 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

virtuosi. 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 themself 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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