

ÜBERSETZUNG WALTRAUD 30 JAHRE GIK

Flooded by Anxiety leads to a Freezing of Emotions

There is nothing more than love that starts with so much hope and expectation and fails so regularly.

Trauma

This quotation from Erich Fromm refers to the fundamental meaning of the love of a child.

If a child's love towards his caregiver is not fulfilled or even destroyed, then we call this a trauma of the bonding.

According to Davanloo the affects that are released by such a trauma are: Pain, an impotent rage towards the person, who caused this pain, then feelings of guilt, which are related to the impotent rage, because this rage has a „murdeous“ character. Further sadness about the loss of the person, who should have given hold, protection and love.

If the patient is capable to experience his feelings of guilt during psychotherapy, then the sadness about the loss of the bond, which should have brought support and protection, can be experienced.

The earlier the trauma occurs, the more intensive are the primary feelings.

Freezing of the Feelings

If our feeling of security and unvulnerability is interrupted abruptly, so that we are not able to assimilate it emotionally, then freezing of the affects may occur.

Experiencing the own helplessness and rage in connection to the traumatic event, affects and blocks the emotional experiencing and the later handling of one's own feelings. This disturbance of the neuromodulation leads to the disturbance of the affect-regulation. If not treated, the freezing of emotion leads inavoidable into depression.

Since you can also find persons, who do overcome a trauma as an adult and do not develop a depressive disorder, we have to ask the question, why one person is successful in overcoming the trauma, while another person remains fixed.

According to Davanloo the difference consists therein, that for the development of a depressive handling of violent experience as an adult, there must be an unprocessed trauma in childhood. For Davanloo the freezing of feelings is a complex neurophysiological reaction, when old and new trauma coincide, that causes such a deep regression of the I, that the new traumatic experience can not be assimilated.

Flooding by anxiety always happens under catastophic conditions. There are catastrophies of nature but there are also man made traumas. Traumas caused by human beeings. Under these conditions, the feeling of beeing helplessly delivered is experienced more intensively. The anxiety to get killed by another person deprives you of the feeling, that the world is a secure place and it also tells you, that a human beeing can turn to a threat. Thus all the

feelings of safety and security, consolation and closeness to humans are at risk.

The patient I will present in the video, got traumatised in his childhood by his fathers hand. He experienced, that closeness to an intimate person got severely disturbed. If such a person experiences again a man made violence, the trauma of the childhood is reactivated and this prevents the emotional coping of the actual trauma. This frozen stupor of the feelings moves to the center again.

With this video I want to show you, how the reaction against emotional closeness can be overcome with IS-TDP and how experiencing closeness to the therapist is a first step out of the emotional freezing.

Consequences for the therapeutic approach

Researches confirm, that even severest traumas could be coped affectively, if the children were imbedded in a protective environment. See H. Petzold: Handling of severe traumas in childhood.

The consequence from this is, that for effective handling traumas in therapy, the patient must be imbedded in a protected environment.

This protective environment in therapy is offered by the personality of the therapist. It is established by the room, where the therapy takes place and especially by the unconscious therapeutic alliance among patient and therapist, that we call UTA.

The UTA is an immanent force in the patient and it rises by application pressure onto the transference feelings. Finally it is the force that overcomes the resistance. As we heard several times, the breakthrough into the unconscious is always brought out, when the UTA dominates the resistance.

Persisting in the transference of the here and now, by the fearless view on the feelings of the patient, the therapist signals to the patient, that he knows about the intensive feelings and that he is not afraid of them and is willing to endure and carry them with him.

By applying pressure on the unconscious affects of the patient in this way, the affects can bubble up and be experienced.

This emotional companionship of the patient was described by Davanloo in the story of the Boogeyman. We don't send the patient alone into the forest to the Boogeyman, but we go with him to his Boogyman, the black man of the childhood, who feeds himself on the anxiety of the child.

Access to the unconscious, using the graded format

Besides the major unlocking of the unconscious, Davanloo developed the graded format to unlock the unconscious. This is to be applied for patients with characterpathology and low capacity to tolerate anxiety, for certain disfunctional deseases, psychosomathic deseases, sevear clinical depression and fragil patients, who experienced physical violence.

Since those patients with violent physical traumatisations have experienced mortal fear, they easily can be flooded by anxiety.

It is crucial to exactly observe the tolerance of anxiety and the release of the anxiety. It should not exceed the tolerable rate, otherwise re-traumatisation will occur.

A slower approach towards the blocked, dreaded affects takes place gradually, in order to open them. This procedure is comparable with a desensitization. In the graded procedure, the pressure on the transference feelings of the patient is applied like in the standard technique, but gradually. The pressure is not exerted longer, than allowed by the tolerance of anxiety of the patient.

As soon as the situation reaches a critical point, the therapist takes off the pressure and starts an analysis of the experienced and associates parallel patterns outside of the therapeutic relationship.

By this procedure a slow – graduated – increase of the tolerance of anxiety of the patient is achieved. This prepares the opening of the rejected affects. The most important in this process is, that it causes simultaneously a constant change of the patient's structure.

Repeatedly one enters the core of the bond, by addressing the resistance against emotional closeness towards the therapist, because in this core of the disturbed bond are the dead. If the therapist comes close to the patient, then the dead arise out of the unconscious and activate the super-ego resistance. The introjects are anchored in the super-ego and punish for the murder of the beloved and

hated person. That's why the main resistance of these patients, who experienced a heavy trauma of violence, is the resistance against emotional closeness. Therefore, in therapy we have to try to break through the wall against human closeness in the here and now of the therapeutic relationship. If we are successful to overcome this wall in the transference, the the patient reaches the core of the disturbed bond and will be led directly to the pain of his trauma.

The first affects that are released are therefore painful feelings about the violation of the closeness they experienced.

This liberation of the first waves of the pain of trauma has a cathartic function and strengthens the I. This allows the patient to open himself for further affects. Then the wall becomes more permeable, the patient is not blocked so much any more. He experiences a force out of himself, to face further threatening emotions.

But only by experiencing the murderous rage and the guilt feelings the opening of the unconscious becomes possible and gives insight to the core of the trauma of bonding.

The following analysis, that serves to understand the inner connections, finally brings a consolidation of the emotionally experienced.

The emotional experience of the unconscious causes a catharsis. The catharsis alone only leads to an alleviation for the patient, but it does not lead to a sustained change. The key to the change has two components:

Only connecting the emotional with the cognitive process - experiencing the affects intensively, followed by cognitive analysis - creates a real possibility of change.

I would like to point out a feeling that is really central in order to process a depressive reaction of an acute trauma; Namely the feeling of guilt

As you will see, this feeling of guilt plays an important role in the treatment of the patient I do present you today

So far in psychotherapy guilt feelings of traumatised patients are mostly classified as something irrational. Often they are interpreted as a guilt, having survived. To help the patient, the therapy aims to relieve him and to dissuade from his guilt feelings. Usually with poor success. The therapeutic effort collides with the inner blockades of the patient.

There is an important difference between Davanloos approach and research and the current handling concerning the therapeutical access to guilt-feelings. Davanloo sees in the „feeling guilty“ of the patient a rationalization of a deeper dynamic of guilt in the unconscious of the patient, where indeed he murdered a beloved person out of a reaction. Only the resolution of this inner dynamic of guilt, by experiencing the guilt feelings, brings the patient freedom of his feelings of guilt and sadness about the loss of the beloved person.

The centre of the dynamic of depression is the loss of the object, the psychomotoric inhibition and paralysis. And resulting out of this: apathy, the oppressed aggression,

feelings of guilt, feelings of loss, self-reproaches, and self-punishment.

The hate, that already existed before, is reinforced by the frustration of loss. This hate is directed towards the inner - as a defense (of the guilt-feelings!). Out of the dynamic of guilt all the symptoms of self-abasement, self-contempt, self-blame, self-sabotage and self-punishment develop.

Patient (The man with the hood)

The patient I do present, was often brutally beaten by his father. When his father was hitting him, he was not allowed to cry. Therefore, during his life he developed defense mechanisms and an armored character to avoid the upcoming of all his kept back affects.

His binding behavior is disturbed. He is projecting his longing for love on his women – and there are many of them! If the situation differs from what he is longing for, he then is overreacting, feels offended, intimidates, blocks and freezes.

Therefore his marriage failed. Towards his sons he behaves the same way as his father did towards him. (Story with H. Erhard, in which he is not the patient, affectionate father, but gives a slap into the face of his son, saying: „ There you get something“. Whereon his little son is holding his cheek and answers: „When I'll be adult, then I will hit my children too.“)

Two months before the patient entered my office, he got knocked down brutally with aluminium bats by two masked men. He survived the attack. His body recovers, but his soul can't forget. The acute impact of violence in the adulthood meets the displaced traumatic situation of his childhood.

The defense of his feelings out of his trauma in his childhood created structures leads to a blockade of working through affectively the actual trauma.

An internal congestion of affects takes place, which leads to an increased irritability, avoidance behavior, insomnia as well as nightmares and flashbacks. In a difficult professional situation he can't mobilize his energy to save his professional existence. Disputes about victims compensations and the lack of understanding of the environment were traumatizing him again.

Now I invite you to watch my first session with this patient. I show you 20 minute extracts of the first interview and I shall explain technical details of this method.

I will summarize the second session orally, to go on with the video-demonstration showing the emotional working through of the acute trauma, unmasking the man with the hood and thereby getting access to the trauma of childhood and reconciliation with the father.

After these 3 sessions the acute symptoms are completely dissolved.

Each session lasts 100 minutes.

At the end of the video, process of reconciliation.

The patient closes with the words: „it is ok, it is good to meet old feelings.“

It is good to meet old feelings, because he experiences a relieve and old wounds can heal. The best is: he is mastering his life, taking it in hand again himself. Changes take place and love can succeed.

Then maybe one day he can say to a woman: „ I love you and that's why I need you, instead I need you an that's why I love you.“ (Erich Fromm, The art of loving)

Thank you for your attention.