TRIAXIAL FRAMEWORK AND TREATMENT INGREDIENTS

Symposium ESTSS Conference Edinburgh May 2001

It is wonderful to be in Scotland for the first time. I can explore my wife's Scottish heritage for the first time, but more importantly I am excited to explore with you a framework which I believe helps to orientate traumatic stress phenomena and treatments.

Introduction

The conference theme states, "Hundreds of forms of therapy are currently available for the treatment of traumatic stress disorders, from pharmacotherapy, psychodynamic interventions and cognitive-behavioural therapy, to the newer therapies including EMDR." Asking the question "What works for whom, and why?" the 7th ECOTS Conference aims to synthesise a wealth of information on the efficacy of these interventions.

I would like to emphasize at this stage "traumatic stress disorders" i.e. not just one say, PTSD, and "What works for whom, and why?" suggesting that we are dealing with complex factors which do not fit a single mould.

What I want to do today is to explore the complexity of both traumatic stress phenomena and their treatments, and to make them manageable and coherent. To do so, I

will present a logical framework or perspective, which I call the wholist perspective. This framework, though new will not seem so to you. It will feel, I imagine as an "of course" phenomenon, "I knew that!" This is the way right brain information is revealed when given words. Indeed, I suggest that the framework in part decodes the organization of the right hemisphere. I alluded to it already in my workshop, and I will expand on it in my keynote address on Tuesday.

Alternative Points of View

Two major views have pervaded traumatology. One is represented in the image of a pebble hitting a pond causing multiple ripples. This suggests that traumatic stress consequences are multiple and complex and so may be their treatments. The other is the DSM view of PTSD which has a point (or unidimensional) focus. It says that PTSD is an illness different to all other illnesses. All illnesses have specific features. Treatment is point treatment - such as a particular drug fixing the specific cause of the disorder.

PTSD also sits uneasily between the paradigms, for unlike DSM diagnoses it acknowledges a line from cause (stressor) through stress responses and other events to illness. Treatments then may occur anywhere on the line.

When facts do not fit paradigms it may be best to take a fresh look.

Trauma as a Dialectic with Life

My starting point is a very broad one. Not of trauma as a diagnosis, but a view of trauma as the major protagonist of life, in what I call the life-trauma dialectic. ******1***

Philosophers in the past have assumed that death was the opposite to life. I suggest that to the living it is trauma, which represents death or really dying. What we fear in death is really the hell of trauma. Hell contains every means of dying. Heaven contains every fulfillment of life on earth. Heaven and hell are the way we see life at its extremes.

This view of trauma cannot be easily captured in a DSM diagnosis. The pebble in the pond may come closer. The pond is life, tranquil as well as reaching out to its evolutionary potential. The pebble is trauma which disrupts life and sends ripples through its length, breadth and depth.

To put it in human evolutionary potential terms, the purpose of life is to survive in order to fulfill its maximum evolutionary potential at different points in individual life cycles, and to help others do the same. Trauma threatens the purpose of life and its fulfillment.

The 100s of treatments alluded to before represent attempts to even out different sections of ripples which threaten survival or fulfillment in various places in the pond. I will present a three dimensional slide rule which will be able to pinpoint ripple positions of particular traumatic stress manifestations and of particular treatments applied to them.

Then I will switch paradigms again. Rather than argue about the efficacy of this or that treatment at various points, I will abstract common ingredients from all treatments and see how they can be tailored in the pond.

If you think that I am casting too broad a philosophical net, I would like to refer to Judith Herman who said that trauma pervades every aspect of life, and treatment requires us to be carers, judges, moralists, theologians and philosophers.

Let us first see what kinds of consequences on which ripples and where a rock in the pond can cause.

Clinical Case

In the village on the burning hillside people tried to flee in their cars along the only road out. Some picked up individuals on the side of the road, others whose cars were full drove by callously. A group of firefighters risked their lives at one time but later they huddled in a shelter and refused to take turns hosing down its roof. Some people developed chest pain. In some this turned out to be angina, in most it was muscular strain. A few developed heart attacks, one person had a stroke. Headaches and asthma were common, and some animals as well as women aborted pregnancies. Some had accidents.

A woman was torn between rushing her children out of the area, and waiting for her husband who was trying to save his cattle. He returned burnt. She was alternately enraged with him for having to endanger her children, and guilt for such feelings toward her suffering husband.

Children obeyed and helped when they could. Some elderly people clung to their homes and refused to be evacuated. Rescuers were in conflict whether to remove them by force or to obey the principle of respecting their freedom to choose. A wealthy woman whose mansion burnt down was totally chagrined having to excrete in the open lifting her only torn dirty dress.

Some found that they had physical and mental strength they did not think they had. This led to elevation of their self-esteem. Others who felt that they had not fulfilled their roles felt that they were traitors, cowards and failures.

One man emerged as a leader and he organised much clearing. He established a cafe which cheered people up no end. But he developed panic attacks when he realized that his mother did not care about his ordeal. This brought back memories of his mother's lack of interest when he nearly died some years ago. He suddenly left the cafe, moved near his mother and developed numerous symptoms. Another man who had stopped himself complaining as he considered himself to be lucky because his house stayed intact. He became clinically depressed when he realised that at his age he would never see the environment recover.

A woman 200 miles away sank into a depression as the fires brought back memories of a similar fire in her childhood. Painting fires lifted her spirits.

A woman was miserable because she realised that she was a bad mother. This meaning came to her when she put together the facts that she had not stopped her son suffering during the fires (though she saved him), and that 3 year prior she had missed noticing his squint.

A euphoric community sense of togetherness dissolved after a few weeks. Marital tensions, arguments, and anger with bureaucracies developed. The outside world poured in help which dried up and the nation was resentful of whingers wanting money.

Some children were just silent, others regressed. Some wrote and painted their experiences. Many elderly people stopped taking their medication and became ill.

At the anniversary there was a recrudescence of grief. A community play enacted killing the fire dragon. Services were held but many had lost faith in God. Some gained such faith. Many had started to rebuild homes which were going to be more beautiful

than the previous ones. Yet the mortality rate had increased and many had left the community.

After five years nature and the community regenerated. Many babies had been born. But a closer look demonstrated lasting scars.

Fifteen years later a woman who had been a schoolgirl during the fires returned after a prolonged stay overseas. Immediately, the rage with her parents which she had felt after the bushfires returned in full force. It was distressing and felt to be irrational. In therapy she realised that the rage related to her parents not having cared for her anguish during the fires. Instead she had to care for a father who took to drink and who left the family. She also had to care for mother. That is why she left for overseas as soon as she could. Now she had to face her feelings and the family situation anew.

Different types of interventions

Headaches, asthma, chest pains and abortions received a variety of medical treatments. Shelter, warmth, food, unification of families were facilitated by emergency services. In the postimpact phase psychological services provided media and personal outreach information about stress responses and available resources. They gave advice about how to go about daily activities. They facilitated local help networks, and liaised with bureaucracies. They helped with grief reactions, anger, fear, and served as outlets for outrage, sense of betrayal and collapsed meanings of the world and of oneself. They saw people with symptoms of fear and anxiety, phobias, depressions, and relivings of the fires. They helped to arrange services and memorials.

They advised about care to prevent accidents, warned about raised drug, alcohol and tobacco intake, and marital and sexual difficulties. They specially cared for children and advised parents and schools about childhood problems.

They did the same for personnel as the affected population, smoothed bureaucratic procedures and territorial disputes among services. Subsequently they helped individuals and families with specific problems, be they access to services, advocacy, or symptoms. They made special visits to retirement villages and nursing homes. In counseling and psychotherapy they helped people come to terms with consequences of the disaster over many years.

Specific techniques varied greatly. Doctors used a variety of medical techniques. Mental health workers provided social network facilitation, information, “just listening," relaxation techniques, rational therapy, rational emotive therapy, anger management, anxiety management, grief counseling, drug detoxification, individual, family, group and community therapies, supportive and insight therapy, cognitive behavior therapy, psychodynamic therapy, empowerment, salutogenic therapy where strengths were emphasized, memory retrieval, short term and long term counseling, debriefing and crisis counseling, and the hundreds of therapies mentioned in the theme of this conference.

Comments

Depending on where we look at the disaster ripples, we note that traumatic consequences occurred from the time of the fire through the post-impact to recovery and reconstruction phases, for even decades. They occurred to the community as a whole, to families, individuals, adults and children, vulnerable groups and helpers. Stress responses could be adaptive or maladaptive and they were biological, psychological and social.

They could resolve or progress to biological, psychological and social traumas and illnesses. Subjective memories for traumas fluctuated as did awareness of the significance of their consequences.

Responses ranged from instinctive levels including strategies of survival e.g., fight and flight, through judgments of responses including blame, guilt, shame and injustice, through levels of dignity, rights and principles, to religious, spiritual, existential meaning and philosophical levels.

I propose a three dimensional or triaxial framework in order to be able to orientate ourselves in this multidimensional explosion of post-traumatic manifestations and treatments.

Before we proceed I would like to orientate the triaxial framework itself. It is one of two prongs of the wholist perspective mentioned above. The triaxial framework is like the bones of the life-trauma dialectic. It describes where specific adaptive and maladaptive biological, psychological and social responses occur and from where they come. The other prong, eight survival strategies such as fight and flight is the flesh and blood. They enable us to denote the specific nature of the responses at different ripple points. I will allude to them here but I described them more fully in my workshop.

******Distribute Survival Strategies.***

The triaxial framework, survival strategies, and principles of treatment are fully described in my two books *From Survival to Fulfillment; A Framework for the Life-Trauma Dialectic* and in *Trauma and Fulfillment Therapy; A Wholist Framework*, both available in the bookshop. So are VHS tapes and CD ROM discs which introduce the wholist perspective and illustrate it with a clinical case.

THE TRIAXIAL FRAMEWORK

The triaxial framework consists of three dimensions or axes. They are the parameter axis, the process axis and the depth axis.

The Parameters axis ***2 (Cover other 2 axes)

***3** The parameter axis describes the what, when and who of traumatic situations.

The ***what*** describes the type of disaster (bushfire, floods, oil rig collapse, jumbo jet crash, combat, sexual abuse, bereavement, etc.) Each type and each traumatic situation has its own culture.

The ***when*** is described by ***phases*** - preimpact, impact, post-impact, recovery and reconstruction.

The ***who*** is described according to ***social system levels.*** They are community, groups, family, individuals.

Who is also described by the ***time of life cycle*** of affected persons - children, adolescents, adults and elderly.

The Process Axis ***2 (Cover other 2 axes)

This is the axis with which we are most commonly concerned in traumatic stress studies.

Let us quickly go through the components of this axis. Each component is complex and has theoretical and treatment specialists. ***4*

Stressors

Stressors are noxious influences on survival and fulfilling equilibria of life. They may be "everyday" or "daily hassles" in which case stress responses may deal with them to restore fulfilling equilibria. Cataclysmic, or traumatic stressors continue the process on this axis. By the way, stressors may be single, multiple, cumulative, retrospective, secondary and transgenerational.

Appraisals

Appraisals register stressors and evoke appropriate stress responses. In traumatic situations perceptions are unambiguous and lead to clear assessments of survival needs. Appraisals may include "I must get away from here." (Flight) or "I must get rid of this." (Fight) Or "I must find help." (Attachment) etc. In more ambiguous situations past experience, others' interpretations, role, beliefs and commitments influence appraisals.

Stress Responses

Stress responses counter noxious aspects of stressors. They may be adaptive or maladaptive, meaning inappropriate or insufficient. In this case tension, strain, distress or stress develop. This is akin to stress in physics where tension may or may not result in fracture, the equivalent to trauma.

Stress responses have biological, psychological and social aspects. Actually, all components of the process axis have biological, psychological and social aspects.

Biological manifestations may be hormonal (i.e., cortisol, thyroid hypersecretion), sympathetic and parasympathetic nervous system activation, and neurotransmitter and neuromodulator changes (i.e., in serotonin and endorphin levels).

Psychological manifestations may be cognitive and emotional (i.e., time distortion, fear, sense of abandonment).

Social stress responses may include altruism, selfishness, communal cohesion or social disintegration.

Stress responses are parts of survival strategies. ******5*** In this Table ******6, ***7*** I indicate the great variety of survival strategy stress responses. They are a core focus of three dimensional ripple effects. I will return to this point.

Trauma ******5***

Trauma occurs when stress fails to act as an adequate buffer and a break occurs from previous equilibria. Maladaptive stress responses intensify and together with all prior components gather into a crucible, a turmoil. Death or a compromise equilibrium must result.

Examples of psychological trauma states are a sense of immediate engulfment, total helplessness, being overwhelmed, and a sense of disintegration.

Defenses

Defenses mitigate trauma. Psychological defenses do so through the use of unawareness. Information is disconnected or dissociated from full knowledge by storing it in the nonverbal right brain. This allows the left brain to process moment by moment needs of survival which awareness might nullify. For instance, awareness that one's family members have been killed may negate survival efforts. Awareness that parents do

not love and protect, but rather hate and exploit might lead to a child's death. Awareness that knowledge makes parents angry and rejecting can block such knowledge.

Other defenses can organize information within the unaware right brain. Examples are denial, fragmentation, suppression, repression, displacement and somatization.

Memories

Diminished awareness of trauma translates into diminished awareness in memories over time. Traumatic memories have right brain features - they are timeless, nonverbal and accompanied by sensations, bodily responses, and actions.

Symptoms, Illnesses, Disorders

The events which coalesce in the high energy crucible or lens of trauma are refracted during an altered state of consciousness into compromise equilibria. They make up various symptoms, illnesses or disorders. Because their precedents are very variable, so are the illnesses. They comprise many biological, psychological and social dysfunctions, and are associated with variable memory or awareness of their origins.

Strengths and vulnerabilities

Throughout the process a variety of biological, psychological and social strengths and vulnerabilities feed into each component.

It can be seen in the arrows that the process is dynamic, each component feeding into the others. The process can also spiral. For instance, an illness may be a new stressor.

The previous two dimensions identified what traumatic situation affected whom when and how. The depth axis examines to what extent.

The Depth Axis ***2 (Cover other 2 axes)

The depth axis represents different levels of brain, what is called specifically human development. ***8*

Physiological Needs, Instincts

These are innate imperative motivators of biological, psychological and social behavior. Examples are obtaining food and water in order to maintain life. Physiologically based instincts are served by the primitive hindbrain.

Survival strategies

Survival strategies are evolutionary templates located in the limbic system. While still serving survival they contain a degree of flexibility in order to deal with different circumstances.

The limbic system, including the right orbitofrontal cortex is important because it straddles the developmentally unselfconscious and emerging self- conscious aspects of survival appraisals, cognitions and emotions. It is the intermediary between physiological responses and instincts, and higher human developmental levels.

Judgements and Morality

Judgements serve as feedback on survival strategies. They include judgements on them by others whose survival is affected by them. These judgements thus serve to balance survival needs of self and others. In traumatic situations negative judgements are

endemic. We saw an example in the woman torn between saving her children and herself, and her husband

Judgements are of three types. *Authoritarian morality,* where parents or authorities declare good and bad, evoking virtue or guilt respectively. *Morality of worth* reflect judgements on the worthiness of people. They evoke self-esteem or shame. *Morality of justice* reflects fairness and unfairness. Rewards and punishments signify just recompense for right or wrong actions.

Basic meanings

Survival strategies and judgements on them compound to create basic meanings such as "I am a bad mother." "I must be unlovable for my father to have done this to me."

Basic nodes of information

Traumatic events form a basic nodal package of information which consists of the event, biological, psychological and social facets of the survival strategies used, judgements on the survival strategies, and a basic meaning. These packages are stored in the right brain out of conscious awareness. Perhaps only one or two aspects reach awareness as symptoms. However, each component of the packages has to be dealt with when traumatic experiences are assimilated into consciousness.

Right brain morality may differ widely from left brain morality. For instance, in right brain morality innocent victims may feel guilt shame and deserving of punishment. This is because such judgements help survival and because the guilty have the power of inflicting not only trauma but also judgements.

Ideals, values and principles

Higher function levels build unselfconsciously on lower function level packages. Such packages may be objectively adaptive or distorted.

For instance, ideals concretize what has been authoritatively learned to be virtuous and good. Similarly values subsume worth and esteem, and principles contain judgements of what is fair.

Codes, dignity, rights

Codes subsume authority and ideals. Dignity subsumes people's worth and values. Rights subsume principles and justice such as right to life and fulfilling potentials.

Myths, religion, ideology.

They subsume all previous levels and add magical hope to means of fulfillment.

Identity, Self

Identity subsumes all previous function levels in a more complex nodal package.

Symbols

Symbols may be verbal but in the right brain all prior function levels can be represented by emotionally imbued objects such as territories, flags and anthems.

Creativity, aesthetics

Function levels can be synthesized to produce something new. Aesthetics connects creativity with universal harmony, symmetry and proportion.

Sacredness

Sacredness connects previous function levels with the universe. It evokes awe, cognitive holism, existential joy and ethical compulsion. It includes mystical consciousness.

Wisdom, Knowledge, Truth; Existential Meaning

Wisdom navigates us through the exigencies of life.

Positive outcomes at all levels provide fulfillment. Trauma can disrupt all function levels and lead to existential meaninglessness.

Summary ***9

The triaxial framework is like a three dimensional slide rule ***2/9** which can be immersed into the pond of evolutionary fulfillment or its disruption. It can orientate ripples at any point in the pond and it can provide a pathway through which all points can connect meaningfully with the initial disruption and with each other. The framework therefore combines exact orientation with dynamism.

The triaxial framework does not tell us what happens at different places. Survival strategies do that. I have intimated them as specific stress response templates such as fight, flight, attachment, competition, etc. These survival strategies and their biological, psychological and social facets radiate along the triaxial framework in the pond and have specific features at each point in it. ***10, 6**

If we return to the bushfires, each part of the turmoil can be oriented on the triaxial framework. For instance, the frightened firemen are in the helper part of the social system and in the postimpact phase on the parameter axis. On the process axis their withdrawal represents a maladaptive social stress response incidentally belonging to the survival strategy of flight. On the depth axis they were functioning on the survival strategy level.

The woman who vacillated between anger and guilt toward her husband operated on the parameter axis in a family context in the impact phase of the disaster. On the process axis her survival strategies vacillated between flight with her children and saving her husband. This led to unresolved symptoms of anger and guilt post-traumatically. On the depth axis she operated on the judgements level.

The woman enraged with her parents fifteen years after the fire on the parameter axis was a secondary child victim in the context of her family now in a delayed reconstruction phase. On the process axis her attachment needs were unmet and she felt abandoned though she suppressed this through travel. On the depth axis her anger was still judging her parents for the abandonment, but she wanted to reconstitute a meaningful family for herself and her own children.

The advantage of the framework is conscious acknowledgment of what is perceived. Those experiences are made real even if they have no formal diagnosis, as none of the above examples have.

CONCEPTUALIZING TREATMENT

One way to assess treatments is to take a triaxial point such as PTSD and compare which point treatment alleviates PTSD symptoms such as reliving anxiety. That is the approach in the ISTSS treatment guidelines.

Another approach may be to research volume treatments on volumes of symptoms. Here specific interventions become harder to correlate with specific outcomes. Efficacy research here requires nonlinear approaches.

An alternative is to look at “the hundreds of therapies," and see if we can distill common treatment ingredients or principles which they all use to varying degrees. Then we can see which therapies apply them how on the triaxial framework. This should then give us an understanding of how to tailor which common ingredients through which therapies where on the triaxial framework.

COMMON INGREDIENTS IN TRAUMA THERAPIES

I suggest that there are 4 common principles which all therapies use in various combinations. ******11*** The 4 ingredients I will call recognition, non-specific therapy, symptomatic treatment, and specific trauma therapy.

Recognition

Recognition involves acknowledgment that the person(s) have been greatly affected by major traumatic event(s). It includes belief in the persons’ testimony and readiness to be a witness to it. Withholding such recognition causes what is called the second wound. Recognition that one has been traumatized causes relief.

Recognition includes the probability that not all traumatic events and consequences are remembered clearly.

Non-specific or Counter-Trauma Therapy.

Many supportive aspects of therapy which come naturally are actually specific counter-trauma strategies and corrective emotional experiences. For instance, a safe environment with defined territorial boundaries and space counters fight and flight. Empathy, “being human, being there," caring, holding, nurturing enhance positive attachment experiences and counteract maladaptive abandonment, rejection, neglect and abuse. Kindness and comfort provide attachment too, as well as grief support. Encouragement supports goal achievement, empowerment promotes assertiveness and generosity promotes gratitude and give and take. Non-judgemental attitudes counter guilt and shame. Reliability and kept promises counter lack of principles. Individual attention counters alienation.

The therapeutic relationship includes all these factors. If therapists are available throughout their triaxial frameworks, it means that clients can safely anticipate empathy for whatever problems they bring up in whichever mode.

Symptomatic Treatments

Symptomatic treatments are directed to alleviation of particular symptoms. They may be any one or more of the biological, psychological and social symptoms radiating from traumatic stress. Frequent symptoms are physical sensations, anxiety, depression, anger, alcohol intake and relationship problems.

Specific trauma therapy

Specific trauma therapy has three parts.

12 They are recognition of trauma fragments and their sense, breaking the nexus between past and present through dual focus of attention, and reworking one's narrative including the trauma story.

1 Clinical recognition of trauma fragments and their origins. This is the opposite process to the one where traumatic fragments were refracted throughout the triaxial framework. In this case the fragments are returned to the lens of the trauma, and made sense of in terms of survival strategy stress responses evoked in traumatic situations.

Clinical recognition can be straightforward in some cases. In others, such as in early sexual abuse or where defenses are intense it can take a long time.

2. Breaking the nexus between past and present through dual focus of attention. Past traumatic circuits and new opposite realities are focused on simultaneously. The dual focus of attention creates a high energy paradox, which helps to break the nexus between past trauma and current reality.

Dual focus of attention must address all components of basic nodal information, that is appraisals, sensations, emotions, relationships, judgments and basic meanings. Partial 'repackaging' of one or other aspect such as rational explanation, cognitive restructuring, appeasing sensations, emotional catharsis, or conflict resolution, are insufficient on their own.

3. Relearning one's narrative including the trauma story. As the nexus between past and present unravels, the nodal components of trauma appraisal, biological, psychological and social symptoms, intolerable judgments and unacceptable meanings are reassessed according to objective history. Post-traumatic symptoms become poignant past stations within coherent narrative memories. All triaxial ramifications are reassessed similarly, forming a new network of deeper meanings. The trauma disrupted life resumes its existentially meaningful purpose.

In summary, to a major extent all therapies recognize that trauma has occurred and caused problems. They all provide non-specific counter-trauma support, they try to relieve suffering, and whether overtly or by implication they all break the nexus between past traumatic events and the safe present. What varies is where on the triaxial framework they do so, and the techniques they employ.

USE BY DIFFERENT THERAPIES OF BASIC TREATMENT INGREDIENTS ACROSS THE TRIAXIAL FRAMEWORK

Rather than taking randomly hundreds of therapies and comparing their usefulness, I will take points, lines and volumes of the triaxial framework and see which therapies fit them how. It will be seen that therapies may overlap point line and volume distinctions. Recognition and non-specific treatment ingredients are assumed to be active at the particular triaxial framework sectors where treatments are applied.

Generally, the greater is the trend toward line and volume treatments, the more extensively are specific trauma therapy components used. The more recognized sophisticated therapies all extend over volumes of the triaxial framework.

When I mention therapies I want to make two caveats. First, no therapy is better than any other. They all specialize to smaller or larger extents and often complement each other. Second, sophisticated therapists of different treatment persuasions actually resemble each other in what they do when confronted by complex problems.

Point therapies

use mainly symptomatic treatment ingredient in the relief of specific symptoms at particular triaxial points.

Let us now look at various points on each axis in turn to see which treatments address problems on them. On the process axis ******4*** stressors are alleviated by provision of shelter, warmth and food. Information feeds into appropriate appraisals. At the stress response or survival strategy point medical treatment deals with biological responses, information about normal responses to stressful events with cognitive dissonance, abreaction, emotional containment and grief support with emotional aspects. Advocacy, networking, facilitating use of bureaucracies and skills training are specific social treatments. Salutogenic therapy maintains strengths and adaptive responses. Specific maladaptive stress reactions such as tension, anxiety, anger, and other stress responses may be addressed by relaxation, anxiety, anger and varieties of stress management which may include specific advice, education and reassurance. Safety and a holding environment are often the first point treatments mitigating trauma. Psychodynamic approaches may thaw defences and retrieve memories. Among specific illnesses, medical

treatments may address say, angina and bedwetting, and psychotropic drugs and CBT address psychological disorders such as depression and panic disorder.

***2** On the parameter axis child, family, individual and community treatments such as sweat lodge therapy address different social system levels. Decompression, defusing and debriefing are early disaster phase treatments, while long term counseling and therapy are features of the reconstruction phase.

Depth axis treatments include cognitive restructuring, pastoral care, empowerment and political activism.

Line treatments

acknowledge that dysfunctions are influenced by progressive dynamic processes. Interventions early in the process or at multiple points may prevent deterioration down the line.

As an example on the process axis, treating hypertension (or even earlier suppressed anger) may preempt angina and heart attacks. Similarly grief therapy may preempt depression, and treating dissociation may preempt PTSD and dissociative disorders. On the parameter axis early outreach treatment may prevent later dysfunction, and treating children may prevent adult problems. Similarly on the depth axis realigning maladaptive judgements may prevent distortions of the self and existential meanings.

Volume treatments

Volume treatments include all axes at least to some extent. Most sophisticated trauma treatments by whatever name address physical, cognitive, emotional and social distortions, at different times, in different social systems. They address anger and guilt, shame and injustice, and meanings. They maintain dignity and ethics, and they may

address questions of the self in the universe. The larger the volumes of the triaxial framework which treatments include, the harder are they to describe without the triaxial framework. That is why sophisticated therapists who cover similar areas similarly may resort to communication according to apparently different (and simpler) treatment persuasions.

They may emphasize different techniques which reach similar ends. For instance, dual focus of attention on past trauma from a position of current safety may use eye movements in EMDR, relaxation in cognitive therapies, a variety of techniques where one looks on at oneself while reliving the trauma. Psychodynamic interpretations also bring past and present into simultaneous focus.

Nevertheless, not all sophisticated therapies cover the whole volume. Some ignore physical symptoms, defenses and absent memories on the process axis, others ignore child and group therapies, and many ignore much of the depth axis.

APPLICATION OF THE WHOLIST PERSPECTIVE TO TAILORING TREATMENTS

Planning

Planning involves the whole triaxial framework. On the parameter axis preparations are made for all disaster phases and social levels, for adults and children, for vulnerable groups, and helpers. On the process axis preparations are made to alleviate stressors, advance strengths and adaptive survival strategies, cater for vulnerabilities and

biological, psychological and social strains and traumas, be prepared to recognise defences, and be prepared to treat a variety of biological, psychological and social symptoms and illnesses. On the depth axis one prepares to alleviate a variety of unnecessary painful judgements and meanings. One makes sure that justice, dignity, and professional ethics will be preserved.

Checklist

An abbreviated checklist includes, “Have all biological, psychological and social stressors and consequences been accounted for? Have all symptoms been made sense of and treated? Have all axes and survival strategies been considered? Have all treatment ingredients been used to the full?

Such planning and checking ensures against omissions. Common parameter axis omissions include children, relatives, vulnerable community pockets, helpers, and later disaster phases. Common process axis omissions include strengths and adaptive responses, defenses and many physical psychological and social symptoms which do not fall into common diagnoses. The depth axis is often omitted altogether. For instance, victim anger may evoke rejection rather than understanding.

Helpers

The triaxial frameworks of helpers meet those of victims. Helpers’ own stressors, stress responses, memories and personal blind spots influence their perspectives and biases. So do their parameters, i.e. their own group, hierarchy, role and leadership, and their depth axis judgements, meanings, dignity, ideals and ideologies. These should be taken into account in planning and checking as work progresses.

SUMMARY

And so we come back to the beginning of this talk. We have covered much of life and trauma and their dialectic. Now we need to make our journey coherent and comprehensible. The understanding should help us too, to tailor treatments which maximise tipping the balance from trauma to life.

In modern physics quantum mechanics and chaos theory use virtual reality, and beautiful equations and pictures to denote the life and black holes of the universe. In a much more modest way let me also paint a beautiful picture which may capture something of the complexity of what I have been presenting.

Imagine that the brain is a galaxy whose purpose is to preserve itself, and evolve and fulfill itself in ever greater complexity, harmony and beauty. The galaxy can clash with other galaxies which result in damage to many of its stars. In order to make the picture more earth bound, let us consider that the galaxy is a complex three dimensional arrangement of light bulbs. The bulbs have eight different primary colours (the eight survival strategies), and three different shades, representing biological, psychological and social aspects of survival strategies. The lights may be bright, shaded or dark representing adaptive, maladaptive or defensively obscured manifestations.

After traumatization of the galaxy of light bulbs, we come in to fix the galaxy with our own hopefully intact galaxy or galaxies if we are a group. Potentially our own well functioning light bulbs can match or tune into the other set and find the faults. This means that our right brains can tune into the right brains of traumatized people.

However to orientate and understand what has gone wrong we need our triaxial slide rule to locate the faults, and a manual, the wholist language dictionary which enables us to read light bulb colours. Between the slide rule and dictionary we can develop hypotheses about what happened in the circuitry which affected the bulbs not burning efficiently and brightly.

Some repairing galactic brains, or switchboard operators are selectively turned on themselves and can only repair bulbs in certain situations of certain colours and shades. Therefore we need a hierarchy of repairers whose leaders can coordinate the specialists to their right places.

The basic ingredients to effecting repair are the following. First it must be recognized that the system has been damaged in some way and needs repair.

Next the damaging agent must be stopped, and conditions conducive to repair established. This is non-specific or counter-trauma therapy. The well trained, tuned in but protectively insulated electrician gently holds the bulb, establishes its problems and connections in the web of other bulbs. Other colours and shades within the bulb, and other near bulbs are likely to be affected too and need some attention. This is clinical recognition and making sense of symptoms.

Specialists may deal with the bulbs differently. Some may add filters, others boost well functioning bulbs and local currents. Some may make up for faults from outside sources, others may show how to function with deficiencies in some colours or shades. These are various symptomatic treatments.

Specific treatment involves realigning trauma induced lights with current requirements. As the light is corrected energy exchanges occur, the light flickers back

and forth, but eventually the correct energy is restored. Doing the same for many bulbs will require readjustment of the whole circuitry and its web. This can take some time and will require maintenance. Eventually the web or the galaxy can return to its purposeful path, a little vulnerable, a little wiser. The repairers need to recuperate and digest what they learned.