The Cutting Edge – Trauma, the new frontier of psychiatry

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Editor

The minute of gratitude

Thank you Dr. Hales for two decades of strong leadership in our department and for all your support for the underserved, education and innovation! Best wishes during this new phase of your life. You will be missed.

Welcome Dr. Hinton, our interim Chair! We are looking forward to collaborate with you during this transition.

The top of the book pile

This is an easy, relaxing and exquisite read.

The author, a French psychiatrist, addresses what I would call this intangible sought after in a mindfulness-inducing way. He uses paintings to guide the reader towards a deep understanding of the various facets of happiness. He also wrote a book called “Mindfulness” (one of my favorites; the original version is in French) which is also translated in Spanish. It is a great resource to recommend to our patients.

Trauma can affect a person’s ability to experience happiness. I think this book is highly accessible, visually pleasing and it elicits important reflections. A good buffer to stress.

Source

Career-building reflections:

Trauma is prevalent and is at the core of a multitude of disease processes. Thinking about your career path, it is highly likely that you will be faced with the clinical impact of adverse life experiences, and research will need to expand to match the needs of our ill society. Therefore, to what capacity can you make a difference?
Even though the extensive media coverage about natural or large scale disasters bring the images a lot of people associate with trauma, eliciting horror, a deep sense of hopelessness and also compassion, a lot of traumatic experiences happen in homes that might appear functional from the outside, and most of these trauma are preventable. Where will your contribution lie within such a broad field? Prevention, early identification, increasing mental health literacy (parenting classes...), research, activism? For instance, we know that homelessness is both a consequence and a cause of sexual violence.

In this issue, I am mentioning various areas that could be of potential interest and where there is definitely a need.

**The masks of PTSD**

- Porn addiction and sexual trauma-

Watching porn is sometimes trivialized in our society of high consumerism, almost viewed as a developmental stage in some repressed adolescents, usually male and feeling awkward approaching partners. I find that a lot of my patients with dysregulated sexuality (sex addiction, sexual misconduct like masturbating in public or frotteurism), if they were not directly sexually abused, they have been prematurely exposed to that distorted, denigrating notion of sexuality. Which in and of itself should be considered abuse: imagine a child viewing images containing humiliation, violence and exploitation paired with a sexual act. The shock experienced must be similar to that of trauma.

“I didn’t realize how much watching porn had manipulated my mind, warping my sexuality, numbing my feelings, and affecting my relationships with women”, wrote Dan Mahle. It seems like the exposure to porn creates an addiction that perpetuates the initial trauma.

Numerous studies have linked porn viewership and increased instances of sexism and violence. This includes an obsession with looking at women rather than interacting with them (voyeurism) and the trivialization of rape and widespread acceptance of rape culture.

Watching too much porn can also cause erectile dysfunction, difficulty getting an orgasm without porn, detachment from your physical body, emotional unavailability and numbness, lack of focus, poor memory, and general lack of interest in reality (sounds familiar? it is quite reminiscent of the intersection of a substance-related disorder and PTSD).

Source:

Storytelling

The trauma narrative is a central aspect of the therapeutic work to process and integrate difficult experiences. Storytelling is a universal need and one of the pillars of meaning. Even cave people told hunting adventures through their frescoes. Such a powerful tool allows “story-editing” which can help foster recovery, emphasize positive identity and also the development of a deeper insight through the understanding of how events shaped oneself. But there can be some barriers to an optimal disclosure, such as avoidant strategies co-created by the therapist and the patient. And there is always more to the story. The worst is always the last to be told.¹ It is also important to inquire about what was going through the person’s mind during the actual trauma, and what were her/his deepest fears. For instance, a passenger in a car accident might have thought that her child was dead from not hearing the screams or from mistaking a package on the road for the baby car seat. Therefore, there could have been a brief moment of terror over an event that did not happen but that the patient feared had. Each possibility of a frightening scenario can, in and of itself, constitute a traumatic experience (for instance, the victim of a rape who went through the fear of being murdered after the sexual assault: the shock can be as intense as the rape itself).

Beyond the cathartic effect of storytelling, there is a significant altruistic component too: by sharing their stories with an audience, storytellers aren’t just creating meaning for themselves. They are helping others to do so, too². They connect with others and through story-sharing, they convey that they are not alone. In our role as healers, we should remind each person, each patient we see that in each one of them, there is a storyteller whose voice wants to be heard.

Source:


Fairy Clonidine

– By Caroline Giroux

Kids encounter its magic
Many adults believe in it
If only fear could be hypnotized by Clonidine
(Beware, not to be confused with an imposter, Klan Hoppin!)
In the hope to recalibrate
The gone haywire stress response systems…
Once appeased, they will let you see, in life, all the gems
And your healing, celebrate
Wellness

Prevention of ACEs should be our goal. However, once adversity has already occurred, how can we assist our patients in preventing the significant biopsychosocial consequences? Deficits in emotion regulation capacities represent one set of mechanisms through which ACEs might pose ongoing risks through adulthood. Such skills are malleable targets for intervention. The authors studied the outcomes after using a psychoeducational program. The ACE Overcomers program has been developed based on the conceptualization of childhood adversity as the immutable foundation for social, emotional, and cognitive problems, which are mediating variables in relationships between childhood adversity and impaired mental well-being, physical well-being, and quality of life. Growing evidence supports the meditational role of emotion regulation tendencies in the links between childhood maltreatment and mental health outcomes or psychopathology. In other words, not being able to self-regulate leads survivors of trauma to engage into all kinds of soothing behaviors that are often deleterious to their health: overeating, using drugs, promiscuous sex. The authors have developed a program of 12 sessions, each focusing on an ACE-related topic. For instance, the first one provides information to allow a Metacognitive reappraisal of self and life in light of the ACE Study. Another one is called “Keys to Retrain the Brain” and the underlying principle is calming the threat response. Participants learn skills for improving emotion regulation, self-awareness, resilience and self-efficacy, and social functioning.

(Dr Sciolla and I are hoping to discuss with the lead author soon to find out how to incorporate elements of the ACE Overcomers Program into our trauma recovery clinic to be launched on July 5th. Stay tuned!)


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SUBMISSIONS WELCOME!