A Conceptual Model of Traumatic Stress Reactions
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In this paper I am going to present a brief summary of a conceptual model of traumatic stress reactions. This article is a significant condensation of a larger article. Parts of the conceptual model were successfully tested with a large sample of police (Higgins, 1994; Higgins, 1995; Higgins & Viney, 1995).

In the complete article the conceptual model provides a viable explanation for the relationship between personal factors, characteristics of traumatic events, the recovery environment and the outcomes for trauma survivors. The model encompasses the spectrum of negative and positive consequences following traumatic events, including Posttraumatic Stress Disorder (PTSD). The differential severity of trauma symptoms is examined as is recent relevant research. A developmental process linking the past, present, and future of the trauma survivor is proposed without prescribing individual solutions for any particular life event.

The History of PTSD

History has seen periods of vehement societal denial of the devastating impact traumatisation can have on individuals, organisations, and communities. When such negative consequences are recognised they are usually conceptualised within theoretical frameworks that focus on the deficits, weaknesses, and the erroneous assumptions of trauma survivors rather than their strengths, courage, creativity, and resources. It is hardly surprising that "far too often secrecy prevails, and the story of the traumatic event surfaces not as a verbal narrative but as a symptom" (Herman, 1992, p.1).

Despite this extremely invalidating context, convincing evidence for high and persistent rates of PTSD among trauma exposed groups has been well-documented (Davidson & Foa, 1993; Green, 1994; Wilson & Raphael, 1993). The inadequacy of current formulations, and the need for an integrative theory has been noted by prominent writers in the study of traumatic stress reactions (Bayn et al., 1993; Wilson, 1994b; Wilson & Raphael, 1993). A number of writers have attempted to integrate some very disparate theoretical traditions to generate clinical treatment models which may have utility in facilitating the recovery of traumatised individuals (Loo, 1993; Marmar & Horowitz, 1988; McCann & Pearlman, 1990; Scurfield, 1985).

Unfortunately, the assumptions underlying these clinical treatment models are very dissimilar. Eclecticism has been accepted by these writers at the cost of theoretical integration. Scant attention has been paid to the fact that these diverse interventions have competing views of individual circumstances, of capacities to change, and of people's ability to influence the outcome of events. Despite their attributes, these mixed formulations do not provide an integrated model of traumatic stress reactions.

The Diagnosis of PTSD

Kelly's (1955) description of a diagnosis was that it was "all too frequently an attempt to cram a whole live struggling client into a nosological category" (p.775). I agree! PTSD is a medical diagnosis and the use of this term has legal and compensation implications. Even the most recent diagnostic criteria for PTSD have severe limitations and they suffer from various anomalies (A.P.A., 1994; Higgins, 1995; March, 1993; Oksana, 1994). Classification systems inspired by the medical model have sometimes encouraged a view of traumatic stress reactions where the survivor is seen as sick, and needing to be cured, rather than as playing a critical role in their own healing process.

Relationships Between Personal Factors, Characteristics Traumatic Events, Recovery Environments, and Traumatisation

Traumatisation sometimes occurs when an event is construed as a "threat" that is, "the awareness of imminent comprehensive change in one's core structures" (Kelly, 1955, p.489). Traumatisation is a threat to the core processes or core roles, of an individual, organisation, community, or society. Core processes are concerned with identity or self, sense of reality, value or worth, and power (Mahoney, 1991). Core roles involve "one's deepest understanding of being maintained as a social being" (Kelly, 1955, p.502). Traumatisation, depending on its severity and its unique psychological proximity for an individual, is accompanied by threat, anxiety, fear, guilt, shame, and anger. In this model these emotions have very specific definitions and are explained as teaching people something about the adequacy of their attempts to
make meaning from their experiences (McCoy, 1981; Neimeyer, 1993).

**Personal Factors**

There is an extensive literature trying to link both personality traits, and other personal characteristics, to traumatic stress reactions. Some workers have argued that these personal vulnerabilities or strengths play a causal role in determining who will be traumatised by particular events (Fenichel, 1945). Despite methodological difficulties with many studies, there is clear empirical support for the moderating role of personality processes and past experiences on mental health outcome, following exposure to traumatic stressors.

In this model it is proposed that personality "traits" are not absolute and unchanging. They are fluid and fundamental personal theories or core processes, confirmed by experiences. People bring these personal theories to life events resulting in specific predictions about how their owners will cope with stressors. These theories are complex and interrelated systems of meaning (Neimeyer, 1987). Individual characteristics and past personal experiences influence and are influenced by these personal theories in a reciprocal and ongoing way.

People will experience a range of feelings of differing intensities depending upon whether a particular life event signals the need for a change in the very essence of the way they view their personal power, their personal worth, their sense of reality, and their identity (core processes) or some less significant change (peripheral processes). Their feeling, and the intensity of these feelings, will also vary depending upon whether this change is all encompassing (comprehensive) or relatively trivial (incidental). The psychological proximity of life events will depend on people's unique systems of meaning (McCoy, 1977). Two broad options for action, with infinite possibilities for individual variation, are available in response to these feelings. Two extreme responses will be discussed below.

**Aggressive elaboration of the personal construct system.**

Aggressiveness has a very special meaning in this context. It means "the active elaboration of one's perceptual field" (Kelly, 1955, p.508). It involves the tendency to make a choice that extends a person's predictive system without endangering it (McCoy, 1977).

People choosing an "aggressive" option for action will allow themselves to feel the discomfort and disruption of sometimes painful and extremely uncomfortable emotions, signaling the need to develop new meanings for life experiences. These individuals will be able to deal with many new events, because they will be able to change their personal theories. These people will eventually view even powerful, painful, and extremely uncomfortable feelings as opportunities to change positively. They will allow themselves to express their feelings in a safe and validating environment. When such an environment is not immediately available they will continue to try to find it. They will develop quality social networks. They will risk experimenting in their attempts to develop new meanings for traumatic life events. These People can be helped or hindered at every point in their healing journey by environments and people that are favourable or unfavourable to optimal functioning. This proposal provides for the psychological acceleration seen in some survivors following recovery from traumatisation towards increasing psychological integrity and differentiation.

**Hostile efforts at confirmation of predictions without personal change**

Hostile behaviour is "the continued effort to extort validation evidence in favor of a type of social prediction which has already proved itself a failure" (Kelly, 1955, p.510). People who have prolonged previous experiences of an unfavourable and invalidating environment or who have formed fundamental personal theories viable in such an environment, are likely to have negative views of themselves, their value, their perceptions of reality, and their personal power. They are more likely to anticipate and construe events as traumatising. When they do experience traumatising events, such events will again confirm the viability of their negative views and make these negative personal theories even stronger. These people will be more susceptible to traumatisation and its negative consequences.

Hostile behaviour may only occur following traumatisation, in those people previously coping aggressively with transitional life events and still, until that point in time, moving towards cognitive complexity. These people may have found the experience of extremely painful and excruciatingly uncomfortable feelings signalling the need for comprehensive and immediate core process change (traumatisation) just too
When faced with stressful transitional or traumatising events, people will choose aggressive or hostile behavioural options or various combinations of both (Kelly, 1969). "Hostile" behaviour may manifest itself in various trauma symptoms. The occurrence, unique individual expression, and duration of these urgent behavioural questions will depend on the structure and content of people's construct systems, characteristics of traumatic events, and the favourableness of recovery environments.

Characteristics of Traumatic Events

There is substantial research evidence suggesting that there are particular characteristics of a traumatic event which are more likely to make the event traumatising for an individual. Some specific risk factors that appear to occur across many different traumatic events and populations include threat to life and limb, severe physical harm or injury, receipt of intentional injury or harm, exposure to grotesque sights, the violent or sudden death of a loved one, witnessing or learning of violence to a loved one, learning of exposure to a noxious agent, causing death or severe harm to another, and multiple versus single exposure to traumatic events (Green, 1993).

In this model, the common thread linking these traumatic events is that the events were construed as a "threat" to core processes, including core roles. There are some characteristics of traumatic events that are more likely to represent a threat to core processes. For example, if people identify with the victims, if people feel powerlessness to influence the outcome, if the event involves impossible moral choices and ethical dilemmas, and if people perceive that their own life is in danger. Research findings support a critical role for the psychological proximity of life events (Higgins, 1995). The profoundly negative impact of a psychologically close relationship between a perpetrator and a child has also been extensively documented in cases of child abuse (Bass & Davis, 1988; Herman, 1992; Oksana, 1994).

Recovery Environment

The trauma literature has generally focussed on individual ways of coping as being a critical factor in determining who will be traumatised and by what events. Intervention efforts have been targeted, under the best conditions, at strengthening these individual ways of coping. Under the worst conditions, the traumatised

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individual experiences secondary victimisation, is labeled mentally ill, or seen as a malingerer. This experience has been well-documented in the lives of many returning war veterans and has occurred for many other traumatised people (Herman, 1992; Wilson et al., 1988).

In this model it is suggested that societies, organisations, and families are often more willing to help facilitate change in one or several traumatised individuals or alternatively to discard, discipline, or incarcerate them, than to look at making fundamental changes in their own ways of functioning. This is because of the threat represented by traumatised individuals and traumatic events to their own core processes and core roles. For example, survivors of organised sadistic abuse challenge the core processes of communities. As a consequence, decision-makers within communities may experience threat and anxiety and frequently react to these trauma survivors with hostile behaviour. It is immediately easier for communities to extort confirmation for outdated theories and ways of operating, than it is to experience the upheaval involved in making fundamental structural changes and developing new understandings of organised sadistic abuse and its causes (Higgins, 1995; Raphael & Wilson, 1993; Toohey, 1993).

An environment favourable to recovery from traumaisation will have the following characteristics. First, it will be validating to the formation of new personal theories (core processes). It will gently confirm a sense of personal power, unique identity, positive personal value, and a reality that can make meaning out of traumatising experiences. It will allow for the gradual development of continuity between past, present, and future (Viney, 1993). Second, it will be safe enough for the expression of powerful and fundamental emotions. Finally, it will be conducive to trial and error experimentation, or the trying on of new personal meanings (Kelly, 1955).

Unfortunately, survivors of sadistic abuse are likely to be repeatedly exposed to ongoing traumatic stressors while they are trying to escape from an organised group of perpetrators. These experiences represent repeated exposure to threat to core processes. Threat provides the most unfavourable condition of all for the formation of new meanings (Kelly, 1955; Watson, 1993). The milieu of society is not at all favourable to the formation of permeable and more complex fundamental theories for survivors of organised sadistic abuse. There are also significant efforts by perpetrators and their supporters to undermine the credibility of survivors of organised sadistic abuse as is evidenced by the biased media coverage of the delayed memory controversy.

Recovery environments are extremely unfavourable for many traumatised people. This has been extensively documented in veterans, survivors of internment, domestic violence, child sexual assault, and organised sadistic torture (Herman, 1992; Loo, 1993; McCann & Pearlman, 1990; Oksana, 1994; Raphael & Wilson, 1993; Wilson et al., 1988). Creating favourable recovery environments involves extensive systemic changes in families, communities and societies (Higgins, 1995).

People who develop trauma symptoms have a right to treatment opportunities which respect their efforts, acknowledge their courage, recognise their simultaneous strength and fragility, and empathise with the difficulty of their struggle. In this model such interventions attend immediately to urgent safety and survival issues. Treatment is highly individualised and acknowledges the fluid and reciprocal relationship between people, their context, and their behaviours. Interventions are characterised by trust and confidentiality. Helping relationships are ethical, collaborative, gentle, and provide consistent support. The traumatised person is able to freely experience and express all feelings at their own pace (Neimeyer & Harter, 1988). Individuals seeking help are empowered with resources and abilities to choose their own life course. Helpers facilitate a sense of continuity between the past, present, and the future of the traumatised person (Kelly, 1955; Mahoney, 1991; Neimeyer, 1993). The therapeutic strategies used to facilitate this process can be technically eclectic providing they are theoretically integrated and client rather than helper focused.

**The Consequences of Traumatisation**

The full spectrum of negative sequelae following traumatic events will have psychological survival value for some individuals. This includes PTSD and associated problems such as substance abuse, overwork, overeating, depression, obsessive compulsive behaviour, panic disorder, somatic complaints, and seemingly entrenched character and personality changes diagnosed as Borderline Personality Disorder, Complex PTSD, and Disassociated Identity Disorder (Herman, 1992;
In this model, the symptoms of PTSD have psychological and physical survival value until the traumatised person is able to develop new meanings to understand traumatic events. They allow the traumatised people to continue to make predictions and receive some validation, however minimal. The discussion of the symptoms of PTSD is separated into the DSM-IV symptom groupings for ease of explanation, but these symptoms are interrelated and overlapping.

Intrusive or Re-experiencing Symptoms

Intrusive or re-experiencing symptoms are reminders of the traumatizing event. These reminders include dreams, flashbacks, and psychological and physical distress associated with reminders of traumatic events. Such symptoms have survival value when people enact any one of a number of aggressive or hostile behavioral options whether it be seeking help or hiding under the house. The powerful emotions (if feelings are not dissociated from the content) and physiological reactivity that sometimes accompany these reminders can be seen as recollections of the threat represented by the traumatic event. These forceful prompts signal the need for revision of the construct system, if the experience cycle is to be completed. If people have no meanings for these events, these intrusive recollections will continue to occur (except when the numbing and avoidance symptoms are successful). Traumatic events represent threat to the psychological, social, occupational, and perhaps physical integrity of the people involved, and they generate overwhelming emotions. Unless the avoidance and numbing symptoms are successful, people keep re-experiencing traumatic events until they can understand them, and predict when they might happen again.

Re-enactment Of The Traumatic Event

This phenomenon is not discussed in DSM-IV for adults, although it is described in children (AAPA, 1994). Re-enactment of traumatic events in adults is well-documented in the literature on traumatic stress reactions and it is part of the way unresolved traumatizing events continue to intrude into the lives of trauma survivors. It is consistent with the description of "hostile" behavioral options after exposure to traumatizing life events. This behavior is seen in its most literal form amongst some survivors of horrific domestic violence, organised sadistic abuse, or political captivity, who will sometimes return to horrific situations of abuse, even when in a situation seemingly capable of sustaining economic and social independence. Herman's detailed descriptive analysis of traumatic bonding is also useful in understanding this behavior (Herman, 1992). All trauma survivors need to keep re-enacting aspects of the traumatic event for which they have formed no new meanings. This helps us to understand the entrenched victimology seen in some survivors of traumatic events. This exercise of hostile behavioral options also explains the less sensational re-enactments so characteristic of trauma survivors who are developmentally stuck and not completing experience cycles.

Persistent Avoidance of the Trauma or Numbing

Avoidance and numbing symptoms are also ways that people survive extreme psychological injury and try to protect themselves from any future such injuries. These strategies may be essential survival tools in traumatic environments, or environments unfavourable in other ways, to recovery. Such survival skills can be creative and may include avoiding feelings, conversations, activities, places or people associated with traumatic events. Disassociating from the entire content, or from the sights, feelings, sounds, or smells of traumatizing events are means of avoiding overwhelming experiences. Being detached and estranged from others, being unable to envisage a future, and having a restricted range of feelings are other ways people try to keep themselves safe from traumatizing events.

These strategies can be seen as efforts to protect the core processes of traumatised people from further threat or dislodgment by allowing them to act, think, or try to feel, as if threatening events did not occur. This happens to allow traumatised people to continue to make predictions with the old construct system, and to avoid enormously painful feelings, which signal a need for immediate and sometimes complete revision of core processes. Some people will go to great lengths, sometimes in the most destructive ways, to avoid this challenge to their identity, their sense of worth, their perceptions of reality, and their sense of personal power to influence the circumstances in their lives (core processes).

These methods are usually only partially successful and necessitate marked constriction in the social, perceptual, and emotional worlds of people with PTSD. This explains the relationship difficulties and extreme social isolation often
seen in trauma survivors. They may go from one extreme form of behaviour to the other extreme for example, from complete celibacy to sexual promiscuity. Promiscuity may also be associated with reenactment of the traumatic event for some survivors.

Substance abuse is often used to assist both survivors and their "supporters" to avoid the threats to core processes represented by traumatic events. If trauma survivors do not allow themselves to feel the emotions associated with traumatic events, they may not feel as immediately vulnerable, but they also sentence themselves to not being able to experience other feelings such as love, compassion, warmth, joy, and spontaneity.

The complete disassociation of the content of traumatic events or of identities formed during traumatic experiences, serves people as the most extreme ways of protecting core processes from further threat, and the overwhelming emotions associated with such threats (Bass & Davis, 1988; Herman, 1992; Lifton, 1986; 1993; Smith, 1993; Oksana, 1994). Amnesia for childhood experiences of abuse is well-documented and is most often found in adult survivors who have experienced particularly violent and prolonged abuse, multiple perpetrators, physical injury, and threats of death upon disclosure of the abuse (Briere & Conte, 1993; Cromwell, Sewell & Langell, 1993; Herman, 1992; Oksana, 1994; Smith, 1993). It is suggested that although the links between the content of the person's experience of the traumatic event and the rest of the construct system are seemingly unavailable, the powerful emotions generated by the assault to core processes remain in various forms for example, body armouring, somatic complaints, body memories, and alternative identities. These ways of surviving are precipitated thereafter by events generating similar feelings to traumatic events. The emotions generated by these latter events will be construed as a threat to core processes when there are no new meanings to understand the original events that were traumatising.

There are few theoretical conceptualisations that attempt to account for PTSD in perpetrators of violence. One such explanation is the doubling phenomenon described by Lifton (1986; 1993) when discussing the brutalising and horrific "experiments" performed by Nazi doctors. In doubting, the Nazi doctors were said to be making a psychological adaptation to avoid objective and superego anxiety. This adaptation allowed them to select the people who would be killed in the gas chambers and to inflict horrific torture in the name of healing the Nordic race. Lifton suggests that these doctors formed a part self, which could function autonomously from the other self, and perform evil acts. The formation of a part self is described as a way of allowing these doctors to kill and maim others to overcome their own death anxiety and avoid guilt (Lifton, 1986; 1993). In this model of traumatic stress reactions trauma symptoms, including extreme symptoms such as disassociated identities, sometimes follow in such cases because of dislodgment from core roles, evoking guilt or shame (Kelly, 1955; McCoy, 1977). Such reactions are compatible with Kelly's (1955) fragmentation corollary which says "a person may successively employ a variety of construction systems which are inherently incompatible with each other" (p.83). Complete disassociation can develop as a way of surviving a wholesale assault to core processes including core roles (Cromwell et al., 1993; Landfield, 1982; Leitner, 1987). The phenomenon of disassociated identities is described amongst survivors of organised sadistic child abuse who are often forced, by means of severe physical or psychological coercion, to commit atrocities. These situations are deliberately orchestrated by perpetrators so that the traumatised and disassociated identities of these horrifically victimised children will perform acts of unbelievable violence on behalf of the group. These children are then told they acted by choice, they are evil, and they will not be believed (Oksana, 1994; Smith, 1993).

**Heightened Physiological Arousal**

For traumatised people, traumatic events are not over. They have not completed the experience cycle and are stuck at the point of traumatisation. These symptoms of heightened arousal can be explained as an attempt to protect the person from the next traumatising event. In the case of unresolved traumatisation, people are anticipating further threat. The continued "hostile" use of failed constructs explains symptoms of irritability and destructive expression of anger. People can use anger and rage as a vehicle for personal empowerment and protection, or destruction. When anger and rage are used to extort evidence for failed theories, they can result in extreme physical and emotional violence directed towards others or the self. These behaviours, along with emotional numbing and detachment, help to explain the severe interpersonal problems and self-destructive behaviour of many trauma
survivors. Without the construct to give meaning to and predict the next traumatic event, trauma survivors need to stay vigilant for possible threats. This explanation is consistent with the two most robust findings on the biology of PTSD namely, higher baseline sympathetic nervous activity and hyperreactivity to trauma-related cues (Pitman, 1993). It is not surprising that traumatised people find it difficult to relax into a peaceful and refreshing sleep when they are expecting a further threat to core processes. Nor is it astonishing that such people would have difficulty concentrating when they truly believe, sometimes with great current validity, that they may soon be dealing with a situation of life and death. An exaggerated startle response can be understood in terms of a personal construct definition of startle, "Sudden awareness of a need to construe events" (McCoy, 1977, p.117).

Conclusion

It is on this basis that survivors of organised sadistic abuse are invited to construe themselves as courageous, creative, strong and yet vulnerable human beings who are fully capable of undertaking the painful task of healing in a favourable recovery environment. Survivors of organised sadistic abuse are also able to become very wise, integrated, differentiated, flexible, and empowered people.

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References

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