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Betrayals, cumulative hurts and shattered dignities: the changing face of PTSD

Written by Dr. Harry Zeit on May 22, 2018 for CanadianHealthcareNetwork.ca

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Working in the self-care and trauma field means all hope of black and white quickly disappears. We are the closest knit of communities, sharing hugs and tears and new ideas alongside knowledge of the most despondent and distressing themes known to mankind, including war and child abuse, genocide and torture. Often wordlessly, we share an unspoken truth that bad things happen a lot, and that facing that truth is important, not just for the most wounded of our patients but also for those who think PTSD, or burnout, will never happen to them.

This past winter, two trauma conferences reminded me that our ideas of trauma, as well as burnout and post-traumatic stress, are changing. Trauma these days is not the trauma of your grandfather's Great Generation storming the heavily defended beaches of Tarawa and Normandy, watching their mates get obliterated by enemy ordnance. Instead, we are seeing the insidious effects of an accumulation of small, unremitting hurts, which affect the brain and nervous system at a profound and mostly invisible level.

Also, there is growing evidence and awareness, in trauma research, of the caustic and under-appreciated effects of betrayal and moral injury. Together, they create a terrain on which the brain stops doing well with processing our hurts, where it is more compelling to seek revenge and retribution, or withdraw or become numb.

With my teaching partner Irina Dumitrache, I've presented on the betrayal and moral injury theme to physicians in Toronto, and some of the attendees remarked on how this material hit home in a deep and powerful way; they felt changed by hearing and sharing this knowledge. Of all our self-care presentations—and we have certainly covered a lot of ground over the years!—this has made the biggest impact.

Jennifer Freyd, (PhD), from the University of Oregon, has been studying the role of betrayal in perpetuating and worsening trauma symptoms for many years. She describes betrayal blindness, which "serves the important and adaptive function of allowing individuals to maintain needed attachment relationships with their perpetrator(s) in situations where a full and conscious understanding of the betrayal could lead to withdrawal or

retaliatory behaviours that could threaten the persistence of the relationship." Whether the victim is an abused child or a betrayed physician, dissociation is required to maintain safety, and dissociation is not good for the body or the mind. (Many articles by Jennifer and her colleagues can be accessed here).

Canadian psychologist Ken Pope (PhD) has been writing and publishing for many years on trauma inflicted by organizations, who often justify their ethical breaches by noting their own internal institutional ethical codes. Unfortunately, these codes are self-determined and insulated from outside oversight. These codes become shrouded in institutional secrecy and can end up violating ethical principles. Hurt inflicted by institutions meant to protect and guide us is registered as a betrayal and a distressing loss of support. Our nervous systems require the felt existence of support and sanctuary to keep us from falling back on desperate survival strategies. Losing that sows panic before we despair and shut down.

Dr. Jonathan Shay, a psychiatrist whose first book on his work with Vietnam War Veterans, "Achilles in Vietnam: Combat Trauma and the Undoing of Character," deservedly opened our eyes to moral injury. Over the years Dr. Shay has refined his thinking on moral injury, focussing less on the cost of being unable to do what we know is right and more on the damaging and traumatizing influence of leaders failing to protect and fairly treat those they have been entrusted by society to guide. He writes powerfully, in a manner not easily ignored:

"How does moral injury change someone? It deteriorates their character; their ideals, ambitions and attachments begin to change and shrink. Both flavours of moral injury impair and sometimes destroy the capacity for trust. When social trust is destroyed, it is replaced by the settled expectancy of harm, exploitation and humiliation from others. With this expectancy, there are few options: strike first; withdraw and isolate oneself from others (e.g. Achilles); or create deceptions, distractions, false identities and narratives to spoil the aim of what is expected (e.g. Odysseus)."

In her work on the Sanctuary Model and Sanctuary Trauma, Dr. Sandra Bloom eloquently describes those entering treatment facilities and systems of care expecting to experience compassion and safety. Instead, they are re-traumatized, and made to re-experience their pain in a hostile environment. An American psychiatrist, Dr. Bloom spoke in Toronto a few years ago, at the first Trauma Talks conference organized by Women's College Hospital. Her work gives cause to question our own psychiatric care system, where studies reveal that well over 50% of interactions involve repeating histories (and consequently less than half of interactions involve treatment. How much is the expectation of exhaustive documentation to blame?).

Donna Hicks, (PhD), a psychologist, mediator and writer, researches dignity. The gist of her message, which she learned from experience in the arena of international mediation, is that when dignity is violated, the only subject on the table is the restoration of dignity. We may say we're discussing fee relativity or professional regulation, but if indignity is perceived, we are having a very different conversation. Watch her excellent TEDx talk here.

Several weeks following my trip to the ISSTD Conference in Chicago, I braved a mid-April ice storm to attend a local event in Alliston, Ont., the CAST Canada Grounding Trauma conference. It was a fantastic opportunity to interact with first responders and front-line service workers, and to take advantage of the deserted hiking trail along the Nottawasaga River.

The conference organizers invited us to question the current trauma paradigm, built around the DSM diagnoses of PTSD rather than on the needs of individuals and groups in pain. The keynote speaker, Stéphane Grenier, a former high-ranking Canadian officer, spoke about his vision for new ways of delivering mental healthcare. Emerging from Rwanda intact, he ascribed his PTSD and the personal hell it entailed to the moral injury suffered on his return home to Canada. Now an advocate for building systems of peer support, he reminded us that when we are hurt, we need someone to ask us how we feel, as much as anything else. Human suffering comes in many different forms and we distance ourselves from the suffering of our fellow community members by pathologizing more than necessary.

Grenier's ideas around contemporary PTSD being so often an illness created by "a thousand tiny cuts" is backed up by the research of London, Ont., psychiatrist Dr. Ruth Lanius and her research colleague Paul Frewen, who write:

"… a repeatedly traumatised individual may chronically orient toward herself, others and the world around her with an increasingly altered sense of time, thought, body and emotions."

Later, Barrie, Ont., psychologist Dr. Jonathan Douglas spoke about how influential a sense of unfairness is on our recovery from mental and physical injuries, whether we are overwhelmed healthcare providers or car accident victims.

It ends up our brains care about a lot more than just feeling safe. Our ability to integrate high levels of shame, mistrust, loss of belonging and loss of dignity are also limited. There's always been a tendency to try and simplify trauma. It almost never serves us to do so. Accepting the cost of betrayal and the misapplications of power adds to our understanding of what trauma leaves behind in its wake. The cumulative effects of hurt are etched deep in our mid-brains, our brainstems and nervous systems, ultimately affecting even our bodies, our spirits and the meanings we make of life.

Inadvertently and invariably, they are passed on to the next generations. Recognizing the corrosive and damaging impact of broken trust and moral injury awakens us to include a human element in all our treating modalities, and in our interactions with peers, family and friends. Without relationships that provide honesty and trust for us, for our trauma patients and for our traumatized fellow physicians, nurses, psychotherapists and first responders (many who have never and may never be accurately diagnosed), we are unlikely to ever heal. Our lives, our profession, our communities darken.

So where does this lead us?

It leads us into the realm of accountability: What are the costs of moral injury? Who is accountable when an institution violates universally recognized standards of ethics or misuses its power to systemically oppress?

It also leads us into the realm of burnout because what drives PTSD is what drives burnout; they are both quite similar in pathophysiology. However, as much as others may try and convince us otherwise, we are first and foremost humans and we all ultimately respond to hurt and betrayal, at first with more resilience but ultimately by resorting to what is most primitive and lawless. This knowing leads us to better understanding the ineffectual nature of many burnout interventions and PTSD treatments, as well as to what forces are creating and driving the downward spiral in healthcare.

It invites us to care and to reconsider our definitions of trust, of community, of what it is to be human. Our understanding of trauma is rapidly bringing us to a crossroads. We owe it to ourselves and our world to act on what we know, rather than what we are supposed to know, and to choose a path that supports dignity, trust, inclusion, embodiment, freedom of thought and belonging. By offering kindness and compassion, by insisting on a healthcare system that is trauma-informed and can offer sanctuary, we become part of a more hopeful future.

Together with Irina Dumitrache, Dr. Harry Zeit runs the Caring for Self while Caring Others Series for physicians and other healthcare providers. You can find out more about their program on their Facebook page: https://www.facebook.com/WhileCaringForOthers/
