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Review Paper

Trauma, stress sensitization, culture, and psychotherapy: on reflexivity

Geert E. Smid

Abstract. *Exposure to traumatic events may lead to increased susceptibility to new stressors, also called stress sensitization. Stress sensitization may manifest as interpersonal emotions, such as mistrust, anger, and alienation. Psychotherapy in sensitized trauma victims requires the therapist to adopt a reflexive attitude, in which the therapist's thoughts and feelings evoked by the patient during the therapy are reviewed in the light of the patient's history of trauma, losses, and cultural transitions.*

Keywords: PTSD, complex PTSD, psychotherapy, stress sensitization.

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INTRODUCTION

Following exposure to traumatic events, increased responsivity to new stressors has been reported, originally in a neurobiological (Post & Weiss, 1998) and later in an epidemiological context (Smid et al., 2012). The stress sensitization model has important implications for psychotherapy for patients with posttraumatic stress disorder (PTSD) or other stress-related psychopathology, specifically patients from a minority or immigrant cultural background or identity (Smid, Drogendijk, Knipscheer, Boelen, & Kleber, in press). The present review aims to increase understanding of these implications. First, the potential interpersonal consequences of trauma exposure will be outlined, introducing the concept of complex PTSD. Second, the concept of stress sensitization will be elaborated within cognitive, interpersonal, and neurobiological dimensions. Third, cultural transitions will be described within these dimensions. Fourth, the concept of reflexivity will be introduced. Fifth, implications of stress sensitization, cultural diversity, and reflexivity for psychotherapy will be discussed. Sixth, ethical implications will be illustrated, culminating in the need for a politics of alterity. Seventh, the review will be briefly summarized in a concluding statement.

COMPLEX PTSD

The personality can be considered a dynamic interplay of modes of reacting by an individual to his or her environment. When exposed to traumatic events, by their extreme nature, an individual's usual reactions fail to regain control over the situation. The experience of fear and powerlessness that ensue can contribute to the development of PTSD. In PTSD, the memories of a traumatic event and the

Dr. Geert E. Smid, M.D., Ph.D. is a consultant psychiatrist and associate director of residency training at Foundation Centrum '45 / Arq Psychotrauma Expert Group, the Dutch national expert center for diagnosis and treatment of (complex) psychological trauma. Dr. Smid researches PTSD, stress sensitization, traumatic grief, and mental health services especially in refugees and other ethnic populations. His published works focus on the prevalence, diagnosis, and treatment of PTSD and traumatic grief as well as stress sensitization.
Mail: g.smid@centrum45.nl

associated thoughts and feelings are so disruptive that the individual tries to avoid these memories as much as possible. In addition, individuals with PTSD show increased responses to perceived threat. With prolonged, interpersonal trauma, such as childhood abuse, exposure to war or torture during detention, the individual can learn different response styles that hinder or undermine the adjustment after trauma. In Holocaust survivors, for example, a "lifelong sense of increased vulnerability and awareness of dangerous situations" has been described (Niederland, 1971, p.7). The proposed diagnostic entity “complex PTSD” refers to the situation that the personality is changed by the traumatic event, leading to affective dysregulation, negative self-concept, and interpersonal problems (Cloitre, Garvert, Brewin, Bryant, & Maercker, 2013).

STRESS SENSITIZATION

Sensitized trauma survivors react strongly to stressful events, such as serious illness or death of a family member or friend, divorce or loss of employment, with stress-related problems such as insomnia, depression, anxiety, anger, and intrusion and avoidance reactions related to the previous traumatic event (Smid et al., 2012). Stress sensitization is a key concept in complex PTSD, as it may increase insight into how trauma exposure affects personality.

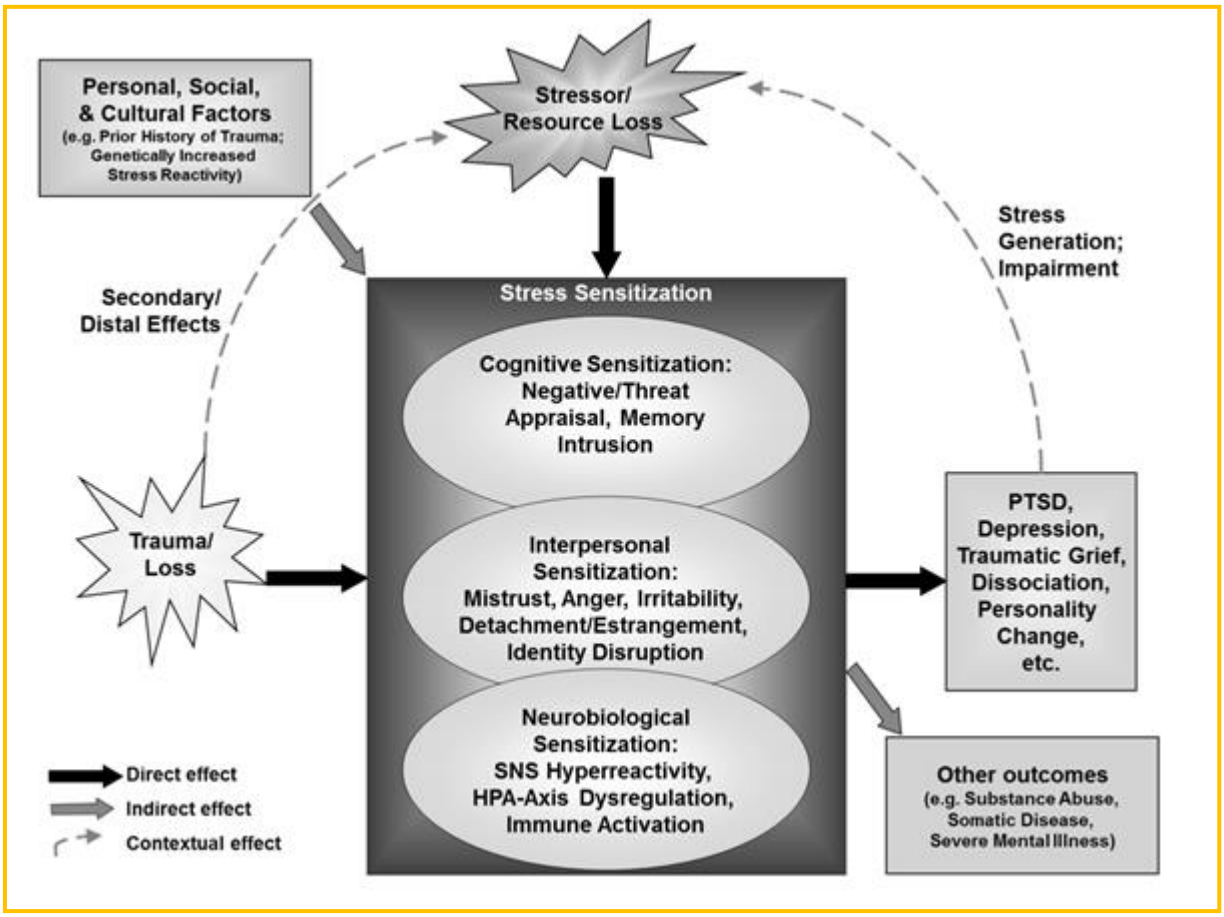

Figure 1 Model of stress-sensitization

A contextual stress sensitization model specifies processes contributing to enhanced stress sensitivity in three different dimensions: cognitive, interpersonal, and neurobiological. The cognitive dimension includes enhanced responses to trauma-related memories, enhanced perception of threat, and reinforced negative interpretations of events. The interpersonal dimension includes increased distrust, irritability, detachment or estrangement, and identity disruption. The neurobiological dimension includes different neurobiological systems that may show increased responses due to previous excessive stress reactions. The impairments that result from stress-responsive distress may cause loss of resources through contextual mechanisms (for example, job loss after a conflict at work in a trauma survivor with increased irritability), leading to persistence or increases in distress over time.
Stress sensitization manifests itself after exposure to trauma or (traumatic) loss as increased responses to stressful events and/or loss of resources. According to the theory of conservation of resources (Hobfoll, 1989) impending loss of resources is a characteristic part of any stressful event. Stress sensitization is assumed to be a mediating factor in the development of PTSD, traumatic grief (Smid et al., 2015), depression, dissociation, and other stress-related psychopathology. The impairments that may result from this pathology may again cause further loss of resources (for example, job loss in a patient with PTSD and increased irritability). A schematic representation is shown in figure 1.

CULTURAL TRANSITIONS

Migration and the inherent transitions in cultural identity may impact on cognitive, interpersonal, and neurobiological stress sensitivity (Smid et al., in press). Components of cultural identity, including language, dietary habits, and leisure activities change with migration and acculturation (Bhugra & Becker, 2005). Disruptions in cultural identity lead to cultural bereavement (Bhugra & Becker, 2005; Eisenbruch, 1991), that may be reflected in preoccupation with memories of family in homeland, continuing experiences from the past, visitations from ghosts or spirits in dreams, guilt feelings, personal experience of death, funerals and graves, and anxiety and anger in response to separation from the homeland (Eisenbruch, 1991). Likewise, immigrant ethnic minorities may experience cultural incongruity in case of dissimilarity between beliefs and expectations in the culture of origin and the culture of settlement (Bhugra & Becker, 2005), leading to alienation and thereby contributing to detachment, estrangement, and distrust. In addition to these interpersonal processes, the experience of discrimination may increase susceptibility to stress through different neurobiological systems, including the central nervous system, hypothalamic-pituitary-adrenal axis, and autonomic nervous system (Berger & Sarnyai, 2014). Discrimination may affect immigrant, minority, or politically oppressed cultural, religious, ethnic, racial, or language groups.

REFLEXIVITY

Reflexivity can be defined as self-awareness and agency within that self-awareness. We think about our thoughts and feel about our feelings, and these reflexive thoughts and feelings flow out into action (Rennie, 2004). Stress sensitization has characteristics of reflexivity. In cognitive sensitization, memories of traumatic events or traumatic loss of loved ones evoke strong emotions and emotional pain. The individual realizes this pain and gives a negative meaning (for example: "If I'd allow my feelings to run loose, I would turn crazy"). In response, avoidance behaviors ensue. In interpersonal sensitization, experiences of powerlessness during the traumatic event towards perpetrators or persons held responsible for the event cause the individual to adopt altered interpersonal response styles. Interpersonal interactions become strongly influenced by mistrust, anger, alienation, shame, and other interpersonal emotions. This may entail a risk of new negative interpersonal experiences, creating a cyclic transaction (Kleber & Brom, 1992).

PSYCHOTHERAPY

Psychotherapy for PTSD is primarily aimed at overcoming avoidance, promoting cognitive and emotional processing and finding a more adaptive meaning. Exposure to the traumatic memories during therapy aims at decreasing the sensitized responses to trauma-related memories and emotions. After traumatic loss of loved ones under violent circumstances, exposure may also focus on the irreversibility of the death of the loved one in order to accommodate the associated emotions of grief and pain. Following successful exposure, the patient may respond reflexively in a different manner, since thoughts, feelings and actions are no longer dominated by the fear of memories and emotions. Safety, trust, control, intimacy and self-esteem then become important themes in the therapy in the quest for a more adaptive meaning (Smid et al., 2015).

Overcoming avoidance, cognitive and emotional processing of trauma and loss, and strengthening of reflexivity by psychotherapy can entail recovery from PTSD. A basis of trust and explicit mutual agreements between the therapist and the sensitized survivor are necessary, since treatment efforts may be complicated by a lack of synchronicity (Mollica, 2006). “Often if the therapist is ready to listen to the story of the patient, the patient is not ready to tell. And if the therapist is not prepared, the patient is often on the verge of full disclosure. This lack of synchronicity between therapist and patient is a mysterious obstacle in the healing process. Because the trauma story is so laden with meaning and is so closely associated with the essential worldview of the traumatized person, it can only indirectly be presented to someone else” (Mollica, 2006, p. 20-21). Involving the close others to the patient in the treatment may help establishing a basis of trust and creating a supportive treatment context.

It is important for the therapist to be aware that the reactions of the patient to the person of the therapist can be influenced by interpersonal trauma. Therefore, psychotherapy with trauma survivors relies on reflexivity from the side of the therapist. The horrific events and details, the intensity of the patient’s emotions and the way they may interfere with the patient’s current living conditions often evoke thoughts and feelings in the therapist. The way the therapist evaluates these eventually determines the therapist’s interventions. Handling interpersonal feelings and reactions in interpersonal sensitization and complex PTSD may pose a challenge for the therapist, who may therefore find it helpful to be able to be part of a professional team.

ALTERITY

As life moves on, trauma survivors with PTSD may face a variety of new stressful events and losses of resources, sometimes resulting from their symptoms and limitations. In addition, the traumatic event itself may have distal or secondary effects, by itself causing new stressors (see Figure 1). An example is rape, which could cause new serious stressors such as unwanted pregnancy or infection with sexually transmitted diseases in the absence of adequate aftercare. Another example is political violence, which can lead to forced migration and exposure to associated stressors. The tragic fatality of these complications befalling the sensitized survivor may cause feelings of commitment but also of helplessness in the therapist. The French-Jewish philosopher Emmanuel Levinas describes how ethical conduct is the answer to the confrontation with the defenselessness in the face of the other (Levinas, 2011). The otherness of the other, referred to as alterity, by its defenselessness poses a moral imperative. A "politics of alterity" (Kirmayer, Rousseau, & Guzder, 2014, p. 16) constitutes an important starting point for the therapist and the organization to which the therapist belongs when dealing with individuals from different cultural backgrounds undergoing acculturation or cultural transitions. A politics of alterity requires manifest endorsement of values and practices such as cultural diversity and hybridization, multiculturalism, pluralism, and dialogue in a globalizing world. A clear politics of alterity by the organization of which the therapist forms part shows a reflexive handling of the situation of the sensitized trauma survivor, enabling him or her to develop trust in the organization responsible for providing the treatment.

CONCLUSION

In summary, stress sensitization following trauma and loss may occur in cognitive, interpersonal and neurobiological dimensions, contributing to the onset of PTSD and other stress-related psychopathology. Each of these dimensions may be influenced by cultural transitions. Reflexivity plays an important role in psychotherapy for PTSD and other stress-related psychopathology. For the patient after successful PTSD treatment, reflexivity is possible in a different way, since the fear of own memories and emotions has been reduced, enabling the patient to find a more adaptive meaning to having survived trauma. Therapist reflexivity regarding own feelings and reactions evoked during psychotherapy is crucial. An important challenge is to prevent a lack of synchronicity between the sensitized trauma survivor and the therapist. A basis of trust and explicit mutual agreement are needed to manage stress sensitization during therapy. The sensitized trauma survivor, due to his radical otherness (alterity) poses an ethical appeal to the therapist to acknowledge the vulnerability and needs of the other as a moral imperative. A "politics of alterity" is essential to support recognition of the agency and voice of the sensitized trauma survivor.

NOTES

Parts of this review were previously published in Dutch (Smid, 2015).

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