



# How Post-Traumatic Stress Disorder Works

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Dr X was an intelligent and articulate psychiatrist. She had also developed a terror of old people. A grey head or a stooped posture was enough to cause her heart to race and her palms to become sweaty.

She had diagnosed herself as having Post Traumatic Stress Disorder (PTSD) – an excessive firing of the fight or flight response. She had taken time off with stress and told me that it had got to the point that just catching sight of a grey haired person over sixty five was terrifying for her. Her life was becoming unbearable.

She had read about the famous 'rewind technique' and had heard that I could do it. She also told me she knew exactly why she had the problem and where it had 'come from'.

Her plight highlights one of the great fallacies of psychotherapy. Freud and his followers argued that if you discovered 'root causes' of a problem, then the problem would dissolve. But, as Dr X and many others have found, this is not the case. Emotional patterns can run despite us knowing why they do and how they originated.

Dr X knew all too well that her trauma stemmed from a shocking incident which took place one afternoon in the psychiatric unit in which she worked.

## **Near death experience**

An elderly man, a resident in the unit, suddenly attacked her and tried to strangle her. The incident was all the more nightmarish because she discovered, as she fought for her life, that this seemingly frail and harmless man in his 70s was immensely strong! Fortunately, the other staff came to her aid and rescued her. But in those moments of terror Dr X went into a state of frozen fear – a type of trance state which occurs at times of great threat. In this state, her instincts were open for programming – identifying and storing the patterns that would alert her to such a dangerous threat in future. Now, whenever she was confronted with anything that even vaguely reminded her of the initial trauma, such as seeing an old person, this would act like a post-hypnotic trigger, and she would go back into the terror trance again. She knew what was happening, but she just didn't know how to stop it.

## **Unconscious Programming**

Most learning occurs unconsciously or instinctively. During the attack Dr X 'learned' certain things. A tiny structure deep within her brain called the amygdala caused a massive fear response. It encoded memories of the near death assault. In future, anything at all that reminded her amygdala of the initial trauma would produce strong feelings of fear and drive her to take avoiding action.

It's a common assumption that your thoughts determine your feelings, but actually your amygdala produces emotion before your thinking brain gets a look in. It needs to be quicker than the speed of thought for basic survival.

## **Dream like horror**

During a traumatic experience we respond instinctively, without thinking. A particular brain activity called the 'orientation response' occurs and things can seem dreamlike and unreal during the emergency. Time becomes distorted and seems to flow more slowly. This dreamlike feeling of unreality is key to how trauma becomes encoded in the brain. Recent research by psychologist Joe Griffin has shown that instincts are programmed into us through the REM (rapid eye movement) state. REM consciousness doesn't just happen when we dream at night.

Hardwired instincts (instincts you are born with) are programmed into a REMing foetus before it is born. To learn new instinctive responses (such as automatic fear of something we were not previously afraid of) we need to go back into the REM state. Hypnosis and shock are both ways to access the REM state. Trauma is entrancing because attention is entirely locked. So during the trauma trance, instincts learn to fear.

## **Taking Out Trauma**

75% of people who experience trauma will eventually dream it out (the brain's built in way of releasing emotional arousal) or eventually be able to talk about it. This causes the memory banks of such people to re-locate traumatic memory into 'narrative memory'. They'll know it was bad at the time, but it won't feel bad to think and talk about it any more. The remaining 25% have persistent trauma. Weeks, months, even years later it will still feel very current and awful to even think about, let alone discuss. As you'd expect, these are the people who also make the best hypnotic subjects. The traumatic memory doesn't fade for these people and is logged as a current not a past threat.

Their brain will be on the look out for anything that reminds them of the initial trauma. This is the way the protective emergency part of your brain errs on the side of caution. So, for Dr X, all old people felt threatening because one had actually been.

Trying to get someone who is deeply traumatised to 'talk about it' may only make it worse as 'getting back into the memory' re-traumatises the person. Dr X couldn't talk about the initial attack at first. Had I insisted on making her talk about it in detail to 'explore her feelings', her session would have been painfully distressing and ineffective.

As trauma becomes encoded instinctively through the REM state, it is best treated by accessing the same REM state – and this can easily be done through relaxed hypnotic trance. Relaxation and disassociation are key to lifting trauma quickly and comfortably. Dr X needed help fast.

## **The Rewind Technique**

What she needed and I offered was a way to re-code the traumatic memory as something that is no longer threatening. The rewind technique (also known the fast phobia technique because it's also used to lift phobias) is the quickest and most reliable way to lift trauma.

The procedure involves relaxing the subject deeply and encouraging them to imagine a comfortable and relaxing place. Maybe a favourite place they've been to or would like to go to. Within the comfortable place they are encouraged to visualise a TV set with a video and remote control switch. They are then asked to imagine floating out of themselves to one side, so that they can see themselves, looking calm, watching the old memory in fast forward. At this point they can't see the memory itself (as they are looking from the side) but they imagine themselves watching it. This keeps them comfortable and protected.

They are then asked to drift to a time after the memory when everything had calmed down again. From this point they experience 'rewinding' back through the memory experiencing it backwards. This process takes the feeling out of the memory and therefore the person is de-traumatised.

Then they imagine floating back out into their comfortable place. From here they view the memory 'on TV' in fast forward while feeling relaxed. This process is repeated three times or until there is no emotional arousal around the memory. At all. The memory is now de-conditioned and the trauma is gone. Nightmares and flashbacks stop as a result. Now when the person thinks about the time they can feel calm and detached from it.

The technique is safe, fast effective and comfortable. The therapist does not even need to know what traumatic memory is being worked upon, so it is also non-intrusive.

The rewind technique mirrors what your brain does naturally with emotionally arousing memories. We all have memories which were scary at the time but which we can now look back on and talk about with detachment and even amusement. Those memories have moved out of the emotional centres of the brain and into normal narrative memory. PTSD sufferers haven't managed to do that for themselves, so they need a helping hand in a process that mirrors the natural healing process. The rewind technique seems to be the best way of doing that.

And Dr X? I'm happy to say she is back at work, the memory is comfortable and fading and that she even helped an old man across the street recently.

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