

# ***A Crime Scene Reconstruction Workshop***

## **CONDUCTING A CRIME SCENE RECONSTRUCTION INVENTORY**

(How to Make an Inventory of Bio-Psychic Damage)

*or*

## **Critical Incident Debriefing and Trauma Recovery**

(Developing a Self-Help Trauma Treatment Training Manual)

## Overview: A Crime Scene Reconstruction Workshop

### Background:

At a 1989 dissociative disorders conference in Chicago the keynote address was given by Michael Durfee, an LA physician who investigated child homicides, not an easy job. With more than a little gallows humor his talk was called “How to Make a Multiple” (multiple personality disorder – now dissociative identity disorder). If you want to deliberately create a profound dissociative reaction in someone how would you go about doing it? Essentially our workshop will answer the question “How do you make an adult child?” and then what do you do to heal and integrate the adult/child division? (What do you do to unmake an adult child?).

At an earlier conference a paper was presented (Smith, 1987) in which a definition of trauma was provided. Prior to this everyone agreed that being traumatized was not a good thing and after-trauma consequences were debilitating; however, no one was exactly sure how to define what it was that happened to which everything else was then post.

The entry on trauma in Campbell’s Psychiatric Dictionary noted that the term had been so over-used and misused that it had ceased to be useful as a descriptive concept. In the paper (Post Traumatic Stress and the Loss of Ontological Security) the definition of trauma was pegged to the action of the “flight or fight” (sympathetic) nervous system. Trauma was defined as the maximum arousal of the “flight or flight” nervous system by pain or the threat of pain (fear). It can’t be pushed any higher no matter what happens.

Ellert Nijenhuis and his colleagues in a 1998 article “Animal Defensive Reactions as a Model for Trauma-Induced Dissociative Reactions” looked at this “pedal to the metal” reaction from the point of view of animals in the wild focusing on “circa strike” literature or “around the time of the strike”. The strike in this case is when the lion jumps or “strikes” the antelope. When the definition of trauma and the strike idea are put together we can call a trauma event a “trauma strike”. The trauma strike is the basic unit of measurement for determining how much personal damage is done as a result of living in what is primarily a self-perpetuating trauma delivery system which is a way of describing a major family dynamic in our dominator/competitor culture.

Bill W. (True Self Inventory – bottom right corner of the schematic) said it might be possible to devise some common denominators of psychiatry that neurotics (adult children) could use with each other (what in the 1980s was called co-counseling). The common denominators are the trauma strikes and their cumulative, debilitating after-effects, or what in the First Step is referred to as the “effects of alcoholism and dysfunction” over which we have no power and that make our lives unmanageable (loss of control). The descriptive versions of these effects are the Laundry List traits, and as The Problem says they are the “result” of being raised in an alcoholic/dysfunctional family.

There are experimental, empirically measured laboratory equivalents of trauma strikes where the sympathetic nervous systems of animals have been deliberately raised to the top, and they can be used to illustrate how to make an adult child. These experiments are openly acknowledged and not hidden and denied as they are in an alcoholic/dysfunctional family.

Three well-known groups of lab experiments over the years have been used to explain post-trauma reactions; learned helplessness, neophobic perseveration, and experimentally induced neurosis (Kolb, 1987). Learned helplessness (Seligman, 1975) involved dogs that became immobilized after being shocked and would no longer jump over a small barrier to escape the electric shock. Neophobic perseveration (Mitchell, et al., 1984, 1985) involved mice in a T-maze that would stop alternating (going first down one arm of the maze and then the other) after being shocked at the top of the T, at the choice point, and would keep going down the chosen arm even when they were shocked again at the end of the arm. Experimentally induced neurosis (various experimenters) (Anderson, et al., 1939, Watson, 1954) involved the whole barnyard (cats, rats, sheep, etc) where the animals were put in a “damned if you do, damned if you don’t” situation and went nuts. In humans

the “Stockholm Syndrome” (Graham and Rawlings, 1991) has received a great deal of attention. This is where hostages bond with their captors or approach the person(s) who terrorize them. These studies can be called 3P Psychology – the psychology of Paralysis, Perseveration and Pathological attraction (3P’s).

Seligman (1975), in writing about learned helplessness, was fortunately very clear when he uses the phrase “traumatic electric shock” and in specifically stating the dogs were traumatized in the experiments. Animals in these God-awful lab experiments receive a set number of deliberate trauma strikes to bring about the 3P’s. There’s no debate about experimental cause and effect. For children who receive trauma strikes in an abusive environment it’s another story. The strikes are generally hidden and the after-effects are ignored and denied. The Laundry List characteristics and The Problem detail the effects of trauma in the home.

The Basic Five in the upper left corner of the schematic are the daily needs children should have adequately met as their birthright. The extent to which a predictable and stable daily adequacy routine for all the Five Needs cannot be maintained is the extent to which the childhood barriers and impediments originally designed to defend and protect us are still operating. These are the problems the Six Essential Tasks are meant to address and solve.

For each animal in these experiments there is a certain trial, which varies by the individual animal, where a decision and conclusion is reached that all is hopeless and nothing will ever change and no effort will succeed in making things better. After a few trials in the learned helplessness experiments, for instance, the dogs sprawl out and give up. They are confused and demoralized. The AA Big Book uses the memorable phrase “pitiful and incomprehensible demoralization”. This fits both dogs and people who have been subjected to repeated inescapable trauma. For them it’s better to forget, go unconscious and just mark time. It is these decisional/conclusional moments that need to be uncovered so we can re-conclude and re-decide in the hopeful sustaining context of the 12 Steps. The Fourth Step then becomes a thorough inventory of demoralization – actual episodes of bio-psychic insult and injury.

Roger Watson (1954) in discussing his experiments on experimentally induced conflict in cats noted that many cats are totally dependent on humans for the satisfaction of some basic needs and “in this aspect, the adult cat can be compared with the human child.” Both the experimenter and the parent have the power to preserve or destroy the cat or the child respectively even though the animals and children can “no more evaluate our intentions in this regard (preservation by authority – parentheses added) than they could evaluate our possible intentions to destroy them” if they screw up and disobey irrational authority.

This view and expectation of authority is crucial in considering the Second Step. It’s almost as if rational outsiders need to come in and shut down the experiment as was done in Zimbardo’s prisoner/guard study when the whole thing had gotten away from both the experimenters and the experimental subjects. The outsiders would tell the experimenters/caregivers? in our laboratory of origin to go to their rooms or a neutral corner and then tend directly to the injured and frightened children. They would demonstrate that a somewhat Higher Power could take steps that would restore us to sanity, consciousness and wholeness. We could then proceed from there in rethinking our concept of God.

All of our act-outs and act-ins, are re-enactments (van der Kolk, 1989), trauma repetition compulsions. We compulsively re-create the same insane social arrangements in which we are abandoned, abandon others and most importantly abandon ourselves in a hopeless, never ending cycle of struggle and fail, seeking oblivion while desperately trying to keep a foot in reality at the same time.

By contrast, the impulse in children is to maintain adequacy or better with the Basic Five as a matter of course. That’s what instincts and our nervous system are designed to do. The Six Essential Tasks are meant to uncover the history of accumulated hurts and fears that reveal why a person couldn’t and still believes she or he can’t keep what Karl Menninger (1963) called “the vital balance”. The 12 Steps can then be used to show how this can be done and how the “how” can be put into practice by walking through the broadened and

deepened re-parenting process. Or put another way, recovery is to a great extent a matter of breaking the learned, traumatically conditioned habit of basic inadequacy.

In natural and man-made disasters first responders are sent to the scene to treat and stabilize the injured and to treat or prevent for shock (to prevent the dangerously low blood pressure that is the hallmark of shock). This is done even for people who are not physically injured because the emotional jolt alone can cause the blood pressure to plummet (fainting, passing out). Children learn to over-ride and avert this collapse with a surge of adrenaline and internal pain-killers which are frequently boosted with outside chemicals. Lab animals and soldiers become hardened after repeated trauma strikes. For every trauma event there is an increase in resistance. This “robbing Peter to pay Paul” arrangement can only go on for so long before we pay the piper and reach the breakdown/exhaustion phase of Selye’s (1976) “general adaptation syndrome”.

At critical incidents like the Minnesota bridge collapse or the Virginia Tech shooting trauma teams also work to prevent the development of full-blown post trauma reactions. As children we should not have had to endure injury and harm in the home. But because that was a given we should have at least had emergency medical technicians (EMTs) and trauma teams coming through the door after every critical incident to treat our injuries and provide critical incident debriefing. The damage done in a traumatizing family is a crime and this is why our workshop will show how to uncover our hurt and wounded inner children and make our 9<sup>th</sup> Step amends by providing a new level of re-parenting. This may start by becoming our own loving paramedic and might involve an extended period of rehabilitation in which we give the wounded self the comfort, care and support that was tragically absent in our homes.

### **The Actual Workshop:**

Omer G. and Marty S. will go through the schematic and connect the dots between Bill W’s In-Depth inventory and the First Step effects of alcoholism and family dysfunction and the Laundry List traits which are the tangible results of being raised in an alcoholic/dysfunctional family. Omer will describe how our traumatically conditioned habits of dissociation that were supposed to protect us and keep us safe now prevent us from taking proper care of ourselves and allow us to heal. He will then discuss how the Six Essential Tasks can be used in the context of the 12 Steps to uncover the self-defeating habits and beliefs so they can be acknowledged and released, and the positive aspects of recovery can begin to materialize. (The Six Essential Tasks outline a recovery process in which the focus is on; recognizing the signs of distress and dysfunction, uncovering and embracing the hidden vulnerable self, breaking the habits of distortion and denial and affirming that it’s possible to say “No” to insanity, disinhibiting the nervous system and ejecting the introjects, acknowledging the need to detach from the past and consider the possibility of becoming an individual, completing and forgiving the past, recovering and accepting the disavowed self, regaining self-worth and becoming happy, joyous and free).

Jim S. will then go through the 3P Psychology experiments and make the all-important link between these openly acknowledged, non-debatable effects of trauma and the unacknowledged, denied effects taught in our home-based laboratories.

Tracy L. will explain how the body powers up and prepares itself for an imminent dangerous encounter and how with every trauma event, there is a corresponding increase in resistance (armoring and hardening). She will also explain how, when the system is pushed into running high and hot for too long, the body becomes Hypoxic (low oxygen), Hypercarbic (too much carbon dioxide) and Hypoglycemic (blood sugar depletion). These 3H’s are the physiological basis for dissociation (when you’re spaced out you don’t think very well).<sup>1</sup> Ultimately the three H’s rest on the three D’s: Debility, Dependency and Dread (Lemov, 2005).

Don C., based on his experience at a youth crisis shelter, will cover how Critical Incident Debriefing techniques, used at acknowledged disaster scenes can be adapted for use in retroactive debriefing, particularly with the child or children within.

Debbie M. will interact with the workshop participants to reach and reconnect with the hurt, frightened and vulnerable parts of ourselves hidden in our protective prison behind a wall of dissociation and denial. She will use her experience to communicate with the participants about how to establish the trust needed to encourage the cautious, uncertain and perhaps mistrustful and angry parts of the self, hiding in protective seclusion, to risk coming up and out into the light of day. This of course will require that we prove to the hidden self we have the willingness, knowledge and support necessary for healing and we can be trusted to provide the soothing, comfort and care needed to make the body and our surroundings a place to come home to.

### **Summary:**

The Basic Five are the non-negotiable demands of reality - they must be met at a minimal level in order to survive. In an alcoholic/dysfunctional family we are forced to accept a grossly inadequate system and schedule of supply and provision (taught and learned insanity). Bill W. wrote at the root of every disturbance is an unhealthy dependency and a consequent unhealthy demand. We internalize the unhealthy (insane) demands of a confused and confusing culture and then demand of ourselves that we make do and turn a sow's ear into a silk purse; that we accept the habits of basic inadequacy. With the Twelve Steps we can come to reject unhealthy demands and withdraw from false dependencies and replace them with adequacy and sanity (reality based hope).

<sup>1</sup> Sandor Ferenczi, a contemporary and confidant of Freud, developed a theory of trauma that Freud strongly criticized and the psychoanalytic community ignored. In this entry from his clinical diary (10 January 1932 [1988]) Ferenczi clearly indicates the importance of hypoxia and hypercarbia in creating dissociation.

*In moments of great need, when the psychic system proves to be incapable of an adequate response, or when these specific organs or functions (nervous and psychic) have been violently destroyed, then the primordial psychic powers are aroused, and it will be these forces that will seek to overcome the disruption. In such moments, when the psychic system fails, the organism begins to think.*

*An example: someone, in childhood, is sexually assaulted by a brutal giant. For a time all mental powers remain fully active, all possible effort is made, though in vain, to ward off the attack (struggling, screaming, for a short period even conscious emotions of hate, thirst for revenge, etc.). But when the weight of the man pressing down on the child becomes more and more unbearable, and especially when the attacker's clothing unrelentingly blocks the child's air passages, causing extreme shortness of breath, all sensation of pressure, of genital injury, any knowledge of the cause of the painful situation and its antecedents disappear; all available psychic force is concentrated on the single task of somehow getting air to the lungs. Yet even this task becomes progressively more and more difficult. Evidently as a result of carbon dioxide poisoning, violent headaches and a sensation of dizziness develop. (In the analytic reproduction, as well as in the nocturnal reproductions in nightmares, this stage is accompanied by a typical Cheyne-Stokes respiratory pattern. The muscles are tensed to the maximum, then relaxed completely, the pulse is accelerated and irregular.) pg. 6*

## References:

- Anderson, O. D., Parmenter, R., Liddle, H. S. (1939). Some cardiovascular manifestations of the experimental neurosis in sheep, *Psychosomatic Medicine*, Vol. 1, No. 1, 93-100.
- Ferenczi, S. (1988) *The Clinical Diary of Sandor Ferenczi*, Harvard University Press, Cambridge.
- Fitzgerald, R. (1995). *The Soul of Sponsorship*, Hazelden Press, Center City Minnesota.
- Graham, D. and Rawlings, E. (1991). Bonding with abusive dating partners: dynamics of Stockholm Syndrome in dating violence, ed. Levy, B., *Dating Violence*, Seal Press, Seattle
- Kolb, L. C. (1987). A neuropsychological hypothesis explaining post traumatic stress disorders. *American Journal of Psychiatry*, 144:8, pp. 989-995.
- Lemov, R. (2005). *World as laboratory: experiments with mice, mazes, and men*, Hill and Wang, New York
- Menninger, K., Mayman, M., Pruyser, P. (1963). *The Vital Balance*, The Viking Press, New York.
- Mitchell, D., Kolezar, A. S. & Scopatz, R. A. (1984). Arousal and T-maze choice behavior in mice: A convergent paradigm for neophobia constructs and optimal arousal theory. *Learning and Motivation*, 15: 287-301.
- Mitchell, D., Osborne, E. W. & O'Boyle, M. W. (1985). Habituation under stress: Shocked mice show nonassociative learning in a T-maze. *Behavioral and Neural Biology*, 43: 212-217
- Nijenhuis, E., Vanderlinden, Y., Spinhoven, P. (1998). Animal defensive reactions as a model for trauma induced dissociative reactions, *Journal of Traumatic Stress*, Vol. 11, No. 2, 243-260.
- Reik, T. (1962). *Masochism in Sex and Society*, Grove Press, New York
- Seligman, M. E. P. (1975). Depression and learned helplessness. In Rosenhan, D. & London, P. (eds), *Theory and Research in Abnormal Psychology* (2<sup>nd</sup> Ed.), Holt, Rinehart and Winston, Inc, New York.
- Selye, H. (1976). *The Stress of Life*, (rev. ed.), McGraw-Hill Book Co., New York.
- Smith, M. R. (1987). Post-traumatic stress and the loss of ontological security: overcoming trauma-induced neophobia in adult children of alcoholics, in B.G. Braun, ed., *Proceedings of the Fourth International Conference on Multiple Personality/Dissociative States*, Chicago.
- Sullivan, H. S. (1953). *The Interpersonal Theory of Psychiatry*, Norton, New York
- Watson, R. E. (1954). Experimentally induced conflict in cats, *Psychosomatic Medicine*, Vol. XVI, No. 4, 340-347.
- van der Kolk, B. (1989). The compulsion to repeat the trauma, *Psychiatric Clinics of North America*, Vol. 12 No. 2, 389-410.