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Phenomenology of the Self in trauma patients: Methodology and clinical issues for psychotherapy

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Abstract

Phenomenology of the Self for trauma patients, we think, is based on conscious and pre reflective data of experience. Conscious data are linked to thought/behavioral symptoms in trauma patients, while pre-reflective data concern consciousness alterations, cognitive disorders and long-term memory deficits in line to the neurobiological explanation of experience. In this presentation, we are asking about the use of empirical questionnaires in mental health services following the thesis of *front-loaded phenomenology*. We claim that questionnaires based on front-loaded phenomenology can display qualitative, conscious and pre reflective, data in the most effective way. They'll be a useful tool for clinical evaluation and cooperation with trauma patients.

Keywords

phenomenological Self, clinical practice, mental health, trauma patients, front loaded phenomenology.

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I will begin with the definition of psychological trauma as borrowed from scientific literature. I refer to the revised text of DSM V TR (2023), where psychological trauma- disorders describe a broader category of dysfunctions caused by violent and abusive events. Events that involve exposing subjects to traumatic and extremely stressful situations, of shorter or longer duration [Barnhiel:2023]. Acute depressive disorder, post-traumatic stress disorder and grief disorder are more specific forms in the spectrum of mental trauma diagnosis. People who experience trauma might develop symptoms, such as: irritability, sleep disturbances accompanied by nightmares, dissociative behaviors (depersonalization and/or derealization), isolation, anxious behavior in a state of hyperarousal.

In a shorter but particularly acute observation, psychiatrist Bessel van der Klok (2014) notes, that trauma is not the event itself but the body's reaction to it. In this paper, we will try to understand psychological trauma as a set of data that includes both levels of experience, conscious and pre-reflective. Those levels, on our view, constitute together the *phenomenological self for trauma patients*. We will then, ask about the kind of appropriate questionnaires, therapists can use to capture the phenomenological Self of participants into sessions.

In the field of mental health, the diagnosis and therapeutic treatment of psychological trauma prove to be a demanding task, as patients find it difficult to recognize the causes of the symptoms they experience. Like in the case of US Army veterans of the Vietnam War [van der Kolk:2014] or, preschool and school-aged children (2-17 years old), who are victims of physical/psychological/sexual abuse [Felliti et al: 1998]. Patients attempt, more or less consciously, to distance themselves—emotionally and mentally—from traumatic events by developing defense mechanisms that in most cases prove to be dysfunctional and to cause alterations, more or less intense, at the neurobiological functions of the brain. Studies using magnetic resonance imaging (fMRI) demonstrate the connection between trauma symptoms and brain functions. Like the onset of dissociative amnesia or other psychogenic symptoms of amnesia for trauma patients. They can actually develop disorders that can harm long-term memory, cognitive functions and his/her levels of consciousness.

Traumatic patients, such as those in the aforementioned examples of populations in war zones or domestic abuse victims, manifest intense symptoms of mental distress that afflict them for a long time if not diagnosed early. P.e, in cases of developmental trauma with complex PTSD (c-PTSD trauma) we can see how negative symptoms affect both, the physical and the mental health of people who often practice self-harming. Long-term struggle with traumatic experiences, ends up finally, to reduce the life span of patients, at the average age of 70. –Those findings come from the A.C.E. report. That's the acronym for the most extensive mixed -qualitative and quantitative- research that was conducted in the United States in the 1990s on 17,337 adult volunteers, entitled: adverse childhood experiences by Vincent Felitti & Robert Anda: 1998.

Therefore, the therapeutic process tries to get traumatic symptoms under examination, especially in chronic cases, to explain how they are connected to the neuro- biological functions in the brain. Many scientists agree that there's a link holding together the psychological distress, on one side, to the neurophysiological and the cerebral alterations, on the other side, for trauma patients. The psychiatrist, van der Kolk [2003:11] states that traumatic experiences affect the neuro chemical and the neurocognitive functions of the brain as well as the neurophysiological activity of the autonomic nervous system. Let's think for example at the function and the size of the amygdala, of the hippocampus and of the prefrontal lobe in the brain of trauma patients with PTSD symptoms. Those brain structures change their functions because of the high levels of norepinephrine and cortisol released in the body in response to a prolonged state of stress and hyperarousal symptoms in a person. [Bremer: 2006, Sherin et al.: 2011]. As a result, patients with PTSD often exhibit: impairments in the processing of declarative memory, which is based on the hippocampus, overstimulation of the amygdala which is responsible for the emotional response to fear, brain dysfunctions in the areas of the prefrontal lobe that can cause cognitive disorders to patients. We can also mention the results of recent studies [Murphy:2023] showing the correlation between the hypersecretion of stress hormones in the hypothalamic-pituitary-adrenal axis and symptoms of depersonalization and derealization in cases of complex trauma.

The therapeutic process aims to control gradually the symptoms in order to improve the patient's self-image. Methodology concerns us here in terms of a qualitative approach to trauma disorders. We think then about the questionnaires therapists should address to trauma patients for a better understanding of their clinical and psychological condition.

Our attention goes consequently, to the personal narratives, patients use to describe their symptoms. Personal narratives, we assume, include both conscious and pre-reflective content of experience. The expression "pre-reflective content of experience" here follows the way it is used in cognitive sciences and phenomenological psychopathology [Fernandez:2023]. The term refers to how psychological entities respond to experiential stimuli. Pre reflective content differs conscious experience while it relates to cognitive functions and consciousness states in the brain. Conscious and pre-reflective contents of experience converge finally, to the *phenomenology of the self* for trauma patients. A better knowledge of the phenomenological Self for trauma patients, we think, it will also help mental health professionals to choose the appropriate treatment on each case.

Researchers studying phenomenology and its implementation in clinical practice, such as Anthony Fernandez & Allan Koster (2021) and Koster (2021), argue that personal experience consists of a multitude of empirical data that sometimes go beyond a person's conscious ability to describe them. Phenomenologists take then, first person's narrative under examination. Fernandez & Koster believe that personal narratives often report sensations and emotional reactions, they belong to conscious experience of people, in somehow a vague manner. It means people find it difficult to provide a more detailed description of their reactions to the experience. For example, subjects who have experienced the loss of a loved one appeal

to the emotion of "pain" to describe their feelings. They seem though, unable to describe the sharp emotion of pain with a greater clarity. The first-person narrative we use to express the phenomenology of grief, is so, limited to the conscious qualities of experience. It is still possible, according to Fernandez & Koster, for the first-person narrative, on apt questions, to expand its dynamics into a clearer description of the traumatic experience. Patients' narratives can thus expand over objective spatial descriptions [Koster:2020]. Patients refer, to the presence of emptiness and the distance that separates them from the world [Fernandez & Koster: 2021, 161]. Those sensations people experience especially, in chronic trauma cases with symptoms of PTSD and depression, suggest that patients live in a prolonged state of tension and of internal conflict. Those psychological symptoms connect also to consciousness alterations and to cognitive disorders that afflict the brain. We notice such a case in the words of a young woman, aged 49, who, after the loss of her mother, asserts: "... I feel distant from the others, I see them laughing and I observe them from a far while I am with them" [Koster: 2020]. The narrative implicates symptoms of depersonalization/derealization, that came out after the therapist encouraged the patient to describe her traumatic experience of "pain" by adopting an allocentric perspective.

Indeed, by assuming an allocentric perspective trauma patients can reconnect to the pre-reflective content of his/ her experience. As a consequence, they can have better control on the symptoms in order for them to gradually regain the functionality of his/her thoughts and behavior.

Fernandez & Koster's proposal, we are taking under consideration, attempts to apply a new methodology that puts phenomenology in the field of mental health. Their proposal, more widely known as "front loaded phenomenology", attempts to establish a valid, scientific tool in relation to narratives, people use to describe their psychological discomfort. Supporters of front-loaded phenomenology will try then, to get conscious as well as pre reflective data out of trauma patients' narratives.

Looking back at the origins of front-loaded phenomenology, we find it in the thinking of the philosopher Shaun Gallagher, who develops this thesis within the context of neuroscience. Gallagher wishes to highlight the subject's cognitive abilities and, first among others, the capacity to construct a personal narration to express his/her experience.

As Gallagher argues in a paper entitled "Phenomenology and Experimental Design towards a Phenomenologically Enlightened Experimental Scale" (2003), personal narratives - i.e. the way subjects nnarratethemselves and of the world- are based on the first-person perspective. Personal narratives raise then, the demand to put the personal judgments, beliefs, and thoughts under analysis so, to verify their phenomenological content. Gallagher replies to this demand by extending the phenomenological practice to the complementary perspectives of egocentric and of allocentric perception. His thesis of front- loaded phenomenology responds at that point to the demand for neuroscience to be conceived as an "objective" language that stays away from false thoughts.

The phenomenologists/researchers, Anthony Fernandez & Koster will convey Gallagher's front-loaded phenomenology thesis in the field of mental health. They ask for a qualitative methodology according to which therapists can refer to the phenomenological Self for taking conscious and pre-reflective data, out of the patient's narrative. Their proposal focusses on the need for therapists to build the appropriate questionnaires they could hold during sessions to capture extensively the phenomenological Self of patients.

We can similarly expand the front-loaded phenomenology thesis to trauma treatment.

Looking at the most popular clinical questionnaires widely used for assessing psychological trauma, such as the complex trauma screener, the international trauma questionnaire, and the adverse childhood questionnaire for adults, we see that they attend on conscious experience, as well as on interpersonal relationships and on family conditions trauma patients live in. However, we believe, that the aforementioned tests can hardly highlight the pre reflective data we think as necessary for giving an accurate explanation of the traumatic Self. Following the example of front-loaded phenomenology, we think instead of using questionnaires that alternate between the egocentric and the allocentric perspective within the patient's narrative. By doing that the person has the opportunity to adopt different perspectives over his/her narrative for him/her to arrest more experiential data coming from that experience.

There's a good example of how to build those questionnaires in the research study of the philosopher/phenomenologist, Yochai Ataria (2013) on a sample of 36 war veterans with PTSD symptoms. Traumatic experiences had damaged the autobiographical memory of the volunteers in the study, who had lost parts of it. They exhibited symptoms of dissociative amnesia, a defense mechanism which alters the function of long-term memory for processing autobiographical memories. Dissociative amnesia is activated to "protect" the subject from reliving traumatic events and painful emotions that come along with them. However, participants in the study report intense sensory reactions, such as feelings of coldness and shivering accompanied by a prolonged sense of anxiety [Ataria, 2014:11]. They also, notice a serious weakening of their cognitive ability to use concepts to recall traumatic experiences.

The phenomenological approach it was chosen for the research, Ataria explains [2013], proved to be particularly effective for capturing the overall experience in terms of conscious and pre-reflective data. Conscious data refers to symptoms of the post-traumatic period that affect the behavior and the thoughts of a person, p.e, sleep disorders, irritability, guilty thoughts, depressive episodes, etc. While pre-reflective content refers to a person's cognitive dysfunctions and consciousness states that escape conscious understanding. Taking down pre reflective data in the study was achieved by completing semi-structured questionnaires. Volunteers with a diagnosis of PTSD and symptoms of dissociative amnesia, were asked to put a particular attention on their sensorial experience in order to describe what escapes their fragmented autobiographical memory. This task enabled volunteers in the research to recall and to further process information from remote areas of the

memory onwards to the conscious experience. To recall hence, memories that defense mechanisms had previously blocked away from patients' conscious awareness.

The study of phenomenology and its further implementation in mental health is an ongoing challenge for multidisciplinary research on therapeutic purposes.

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