



Centre for Remote Health  
A joint centre of Flinders University and Charles Darwin University

## Conflict and Control: Considering what's traumatic about traumatic experiences

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Centre for Remote Health  
Central Australian Mental Health Service




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## Outline

- Distress: the trauma of trauma
- Identifying the distress
- Working therapeutically with distress


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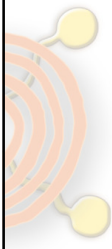
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## Who am I?


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Who are you and  
what do you want?



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## Key Reference

Carey, T. A., Mansell, W., Tai, S. J.,  
& Turkington, D. (2014). Conflicted  
control systems: The neural  
architecture of trauma. *Lancet  
Psychiatry*, 1, 316-318.



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Is all trauma  
distressing?  
Why or why not?



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## Two case studies



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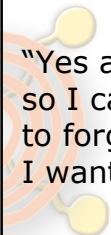
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## Sam's Childhood Traumas

"Does it bother you that you can't get his image out of your head?"

"Yes and no. I need to remember it so I can keep hating him but I want to forget him so I can be the person I want to be."



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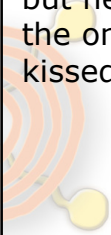
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## Regina's Family Trauma

"I hate to admit it but a part of me really liked it. I know it was wrong but he made me feel special. It was the only time he ever touched or kissed me."



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## What's Distressing About Distressing Images?



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## Trauma for UK Veterans

- Burnell, K. J., Boyce, N., Hunt, N. (2011). A good war? Exploring British veterans' moral evaluation of deployment. *Journal of Anxiety Disorders*, 25, 36-42.
- 30 veterans interviewed (from WWII, 1950s-1970s, 1980s-2000s)
- 4 groups were delineated from the interviews: justifiable, implicitly justifiable, unclear, and unjustifiable



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## Trauma for UK Veterans

- Perceptions and evaluations appeared to delineate the justifiable and implicitly justifiable groups from the unclear and unjustifiable groups. Veterans able to justify the need for deployment also reported positive descriptions and benefits of having served. These men also perceived societal support as being present and commemoration as important, even if it was not always needed.
- Veterans in the unclear and unjustifiable groups differed in the reasons why they found it difficult to justify their deployment. For the two veterans in the unjustifiable group, there were feelings of being taken advantage of, but veterans who were unclear in their evaluation did not seem to feel used or that their actions were questionable. Rather, they had misgivings about conflict generally and loss involved.



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## A Comment on Resilience

- The concept of resilience in mediating the individual's response to stress has been a focus of recent research interest (Connor & Zhang, 2006). From the evidence of these interviews, the authors argue the importance of the moral dimension: even an individual with the best-developed coping strategies will find it hard to adjust to their view of themselves as a perpetrator of unnecessary or even immoral acts. On the other hand, participation in even the most brutal conflicts may have a relatively low impact if it is felt that the defense of territory and loved ones makes it necessary (Hautamäki & Coleman, 2001).



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Where does  
distress come  
from?



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## The Relativity of Psychological Distress

Thoughts, images, behaviours,  
feelings, and beliefs are only ever  
distressing *relative to* other  
thoughts, images, behaviours,  
feelings, and beliefs



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## Epictetus

Men are disturbed not by things, but by the view which they take of them.



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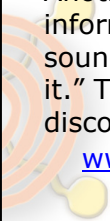
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## Cognitive Therapy

- The way we perceive situations influences how we feel emotionally
- Another person reading this information might think, "Well, this sounds good but I don't think I can do it." This person feels sad and discouraged.

[www.beckinstitute.org](http://www.beckinstitute.org)



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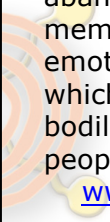
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## Schema-Focused Cognitive Therapy

- When a person has an EMS [Early Maladaptive Schema] like abandonment, they have all the memories of early abandonment, the emotions of anxiety or depression, which are attached to abandonment, bodily sensations and thoughts that people are going to leave them.

[www.cognitivetherapy.me.uk](http://www.cognitivetherapy.me.uk)



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## Rational Emotive Behaviour Therapy

- "I MUST be thoroughly competent, adequate, achieving, and lovable at all times, or else I am an incompetent worthless person."
- This belief usually leads to feelings of anxiety, panic, depression, despair, and worthlessness.

[//en.wikipedia.org/wiki/Rational\\_emotive\\_behavior\\_therapy](https://en.wikipedia.org/wiki/Rational_emotive_behavior_therapy)



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## The Problem With the Problem

- Identify a recent problem or difficulty
- What made this problem a problem?



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Distress arises when the thoughts that are relative to each other are in conflict



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Conflict is widely acknowledged clinically and in life generally



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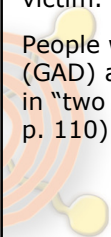
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Conflicts are included in the assimilation model of psychotherapy: "She tended to blame herself and yet to see herself as a victim." (Stiles et al., 1990, p. 415)

People with Generalised Anxiety Disorder (GAD) are in conflict in the sense that they are in "two minds about worrying" (Wells, 2005, p. 110)



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### Motivational Interviewing

- Ambivalence takes the form of a conflict between two courses of action (e.g., indulgence versus restraint), each of which has perceived benefits and costs associated with it. [www.motivationalinterview.org/clinical](http://www.motivationalinterview.org/clinical)

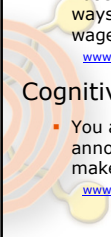
### Acceptance and Commitment Therapy (ACT)

- Based on Relational Frame Theory, ACT illuminates the ways that language entangles clients into futile attempts to wage war against their own inner lives. [www.contextualpsychology.org/act](http://www.contextualpsychology.org/act)

### Cognitive Therapy

- You are waiting for a friend who is late. If you are feeling annoyed, you might be thinking, "He is always late and makes me wait."

[www.spiritize.blogspot.com/2006/12/cognitive-therapy.html](http://www.spiritize.blogspot.com/2006/12/cognitive-therapy.html)



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## A Very Old Phenomenon

Plato (427 – 347 B.C.) (Read, 2004, p. 12)

- Identified a “reasoning” versus “desiring” dilemma



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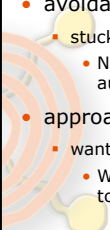
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## Experimental Studies of Conflict

(Miller, 1944)

- approach – avoidance
  - biting the hand that feeds you
    - Wanting to be honest, wanting to avoid a friend's disapproval
- avoidance – avoidance
  - stuck between a rock and a hard place
    - Not wanting to be bullied, not wanting to involve the authorities
- approach – approach
  - wanting to have your cake and eat it too
    - Wanting to spend a lot of time with your family, wanting to pursue career aspirations



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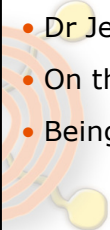
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## Part of Everyday Language

- A double-edged sword
- Arguing, struggling, fighting with myself
- Dr Jekyll and Mr Hyde
- On the one hand but on the other hand
- Being in two minds



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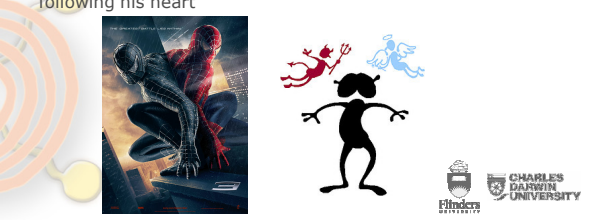
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## Movies and Cartoon Images

- A scene from *Tangled*:  
<https://www.youtube.com/watch?v=wVovNi55HrU>
- Gollum in conflict:  
<https://www.youtube.com/watch?v=DLvIFRNbqOs>
- *The Book of Life* is the journey of Manolo, a young man who is torn between fulfilling the expectations of his family and following his heart




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## Clinical examples




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Patient Characteristics	Context and Symptoms	Expressed Conflict
Female, no dependents, in a long term relationship, 24	Sexually abused in the work place. Now ongoing sexual problems in current relationship.	Feels she has "sorted" the sexual abuse incident and knows it wasn't her fault/Feels the sexual abuse incident is not "sorted" and wonders if she may have contributed to it in some way.
Female, no dependents, 23, has partner	Anxious, pre-occupied about weight and appearance, makes self sick, worried about teeth, difficult relationship with mother.	Wants to be accepted by mother/Wants to do her own thing.
Female, single, 2 grown up children, 48	Left abusive husband and moved to a different location to be with new partner. Crying, anxious, indecisive, sleep problems, general lack of motivation	Wants to divorce husband and be with new partner/Doesn't want to hurt husband and doesn't want to be away from family and friends.




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Patient Characteristics	Context and Symptoms	Expressed Conflict
Male, 27, single, no dependents, unemployed	Gets "stuck" doing rituals until feels they are right. Had been checking but successfully reduced this and then rituals appeared.	Feels as though subconscious is fighting with conscious. Tells self not to do something but subconscious comes up and tell him to do it.
Male, married, number of dependents unknown, 55, PhD in Physics, employed	Bullied and harassed at work, recovering from cancer, teary, disturbed sleep, lack of confidence, unable to work.	Wants to stand up for himself/Doesn't want staff to think he's touchy.
Married, retired, 1 grown up child, 57	Took early retirement after being a CEO and living all over the world. Moved to a country town. Prescribed antidepressants by GP, irritable, sleep problems, withdrawal from social activities, marital problems	Wants to move to a new location/Wants to remain married to wife (and wife is happy in current town)




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Patient Characteristics	Context and Symptoms	Expressed Conflict
Female, single, 38, unemployed, no dependents	Attacked and threatened with rape and murder. Socially withdrawn, irritable, frustrated.	Wants to go out – used to be the life of the party/Is terrified of going out – feels there is an impostor in her body
Male, engaged, 41, no dependents	Recurring periods of extreme low mood since adolescence, a number of failed long-term relationships, disturbed sleep patterns, impaired concentration, lack of motivation.	Feels as though he is 22, has lots of time and things don't matter/Knows he's 42 and time is running out.
Male, 42, divorced, no dependents, unemployed	Severe alcoholic for more than 5 years, has been abstinent for last 5 years. Has developed rituals and obsessions related to daily routines. Also has low mood.	Wants to be liberal, relaxed and easy going/Is being conservative and wants to be in control.




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- Has a "thirst for life" and a "desire for oblivion"
- Reaching out to people for help and also pushing people away
- "negative and hopeful ... that doesn't make sense does it?"
- "Head is full of shit ... there's a constant fight going on in there all the time"




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A 32 year old woman described having conflicted parts. She has a "go with the flow" self that just wants to drift along and another "get it done" self that wants to go back to uni, have a career, and have a purpose in life. Wants children but won't allow herself to have children because she thinks she will treat them the way her mother treated her and she doesn't want that. Won't allow herself to be angry.



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A 41 year old man, recently married, thinks wife is having an affair. Wants to believe it isn't true but thinks it is true. Has been told to "switch off those thoughts" but can't get them out of his head. He said "I have to get these thoughts out of my head", I said "Do you want to get the thoughts out of your head", he said "Not really" then laughed. He went on to say he's hoping it isn't true but he thinks it is true.



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A 21 year old male who is studying full time and also working full time. Has been looking after himself since he was 17 because his parents split up and his mother's new partner did not think they should look after him. Said that he puts on his accounting clothes everyday and goes to work and uses his best accounting voice but in his head he's just thinking about being a normal 21 year old.



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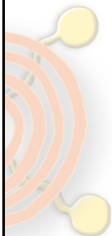
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# Why is conflict such a problem?



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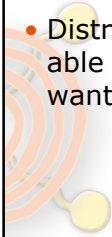
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## Conflict Prevents Control

- Control is the process of making things be the way we want them to be
- Conflict impairs control
- Distress arises because people are not able to make things be the way they want them to be



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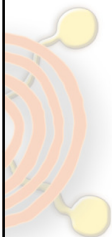
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## Resolving conflict



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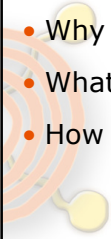
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## Conflict as Choices

- Identify a choice you made recently
- What were the different options you had to choose between?
- Why did you have to choose?
- What was the experience of choosing?
- How did you make a decision?



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## The Hierarchy in Action

- I came to this workshop today
- Why
- How



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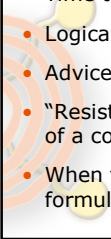
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## Conflict – So What?

- Solutions will be successful when both sides of the conflict are accommodated
- Solutions will be unpredictable and novel
- Change is nonlinear
- Time taken to resolve a conflict will vary
- Logical problem solving might be ineffective
- Advice will be of limited value
- “Resistant” clients might be operating from one side of a conflict
- When therapy is less than effective a conflict formulation might be useful



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## Shining a Light on Clinical Phenomena

- Resistance
- Ambivalence
- Argumentativeness
- Relapse
- Rebound
- Contradictory behaviour
- Indecision



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## Conflict regarding medication adherence



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## Conversations to Resolve Conflicts

- Question curiously about both sides of the conflict
- What's the problem with the problem?
- Look for indicators of higher level thoughts or reflections
- Question curiously about these to draw the person's attention to them



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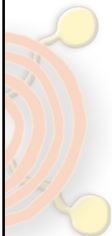
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# Over to you



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## In Summary

- People who are psychologically distressed by trauma are conflicted about the trauma
- Distress arises through the juxtaposition of opposing ideas. Ideas are only ever distressing *relative to* other, incompatible ideas
- Conflict is a natural, very common feature of the way we are organized
- Conflict will be resolved by going to levels above the conflicted goals



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## Resources to Help

- A website
  - [www.methodoflevels.com.au](http://www.methodoflevels.com.au)
- An app
  - MindSurf 
  - <https://itunes.apple.com/us/app/mindsurf/id930776225?mt=8>
  - <http://tinyurl.com/q7u7cno>



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**More Information**  
[Tim.Carey@flinders.edu.au](mailto:Tim.Carey@flinders.edu.au)  
[www.mindreadings.com](http://www.mindreadings.com)  
[www.livingcontrolsystems.com](http://www.livingcontrolsystems.com)  
[www.perceptualcontroltheory.org](http://www.perceptualcontroltheory.org)  
[www.pctweb.org](http://www.pctweb.org)  
[www.iaact.com](http://www.iaact.com)




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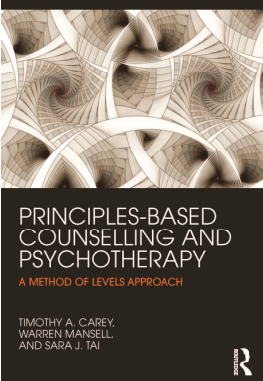

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**A New Resource**


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