

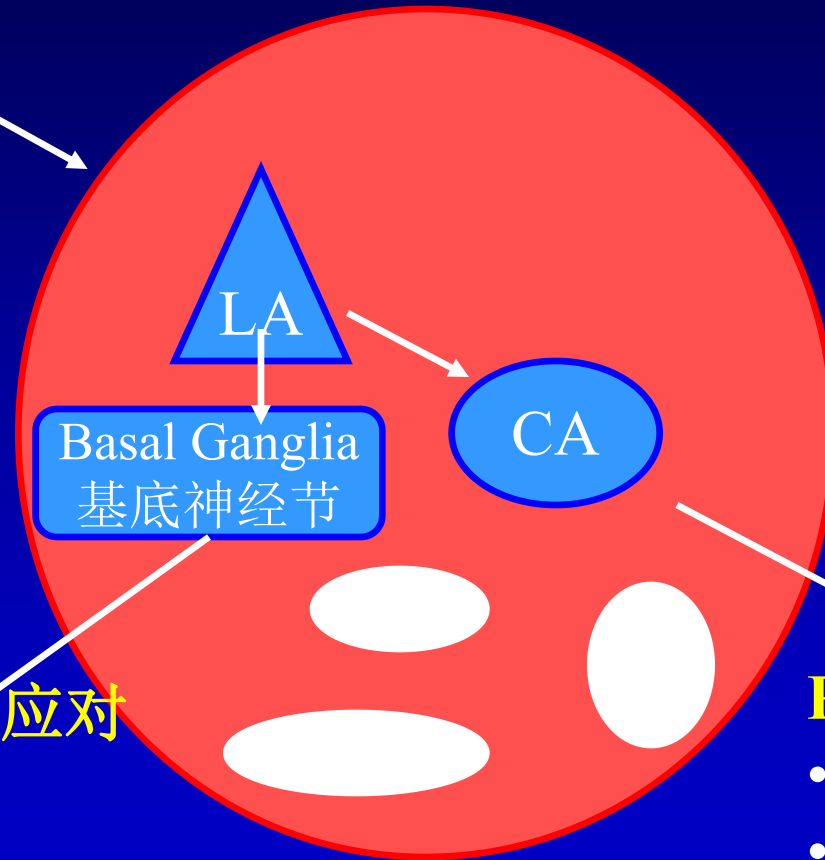
# Overcoming trauma 克服创伤

1. (re-)establishing community (重新) 建立共同体
2. Effective action 有效行动



# How the brain “gets on with life” 大脑如何 “影响生活” (LeDoux, 2003)

## Threat 威胁



### Active coping 积极应对

- Planning 计划
- Action 行动

### Passive coping 消极应对

- Freezing 冻结
- Despondency 意志消沉











# Overcoming trauma 克服创伤

1. (re-)establishing community （重新）建立共同体
2. Effective action 有效行动
3. **Dealing with affect regulation 处理情感调节**



# Dealing with hyperarousal

## 处理过度觉醒

- We have inbuilt self-regulation mechanisms for self-regulation  
我们有内置的自我-调节机制
- 80% of the fibers of the vagus nerve run from the body into the brain.  
80%的迷走神经纤维从躯体汇入大脑
- We can directly train our arousal system by the way we breathe, chant and move, and thus achieve a measure of control over our emotional brains.  
我们可以通过呼吸，吟唱和运动直接训练我们的唤醒系统，因而获取一种控制我们情绪脑的方法。
- HRV training HRV训练
- Yoga 瑜伽
- Neurofeedback 神经反馈









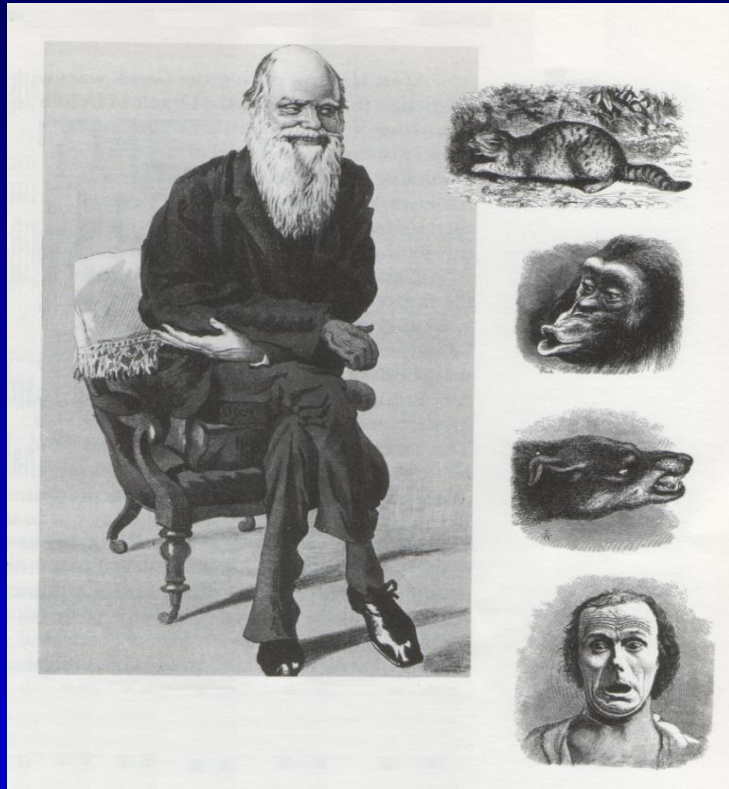
# Getting in touch 获得触摸





# Charles Darwin 查尔斯·达尔文

## 1809 - 1882



“Man and animals...all have the same senses, intuition, sensation, passions, affections and emotions; 人类和动物...都具有相同的知觉，直觉，感觉，激情，情感和情绪

The goal of emotion.. is to effect physical movement and regain a state of physical equilibrium: 情绪的目的在于影响躯体运动和重获身体平衡状态:

“the .... liberated nerve-force .... produces in us the state we call feeling, [which] *must* expend and liberate itself in intense sensations, active thought, violent movements, or increased activity of the glands. 释放的神经能量在我们体内创造了一种状态，我们称之为感受，它必须在强烈的感觉，活跃的想法，冲动的行为或腺体高度活跃下得以消耗和释放。

# The “pneumogastric nerve” Vagus – cranial nerve X “肺胃神经” 迷走神经-颅神经X

Charles Darwin (1872):

*The Expression of Emotions in Man and Animals*

人类和动物的情绪表达

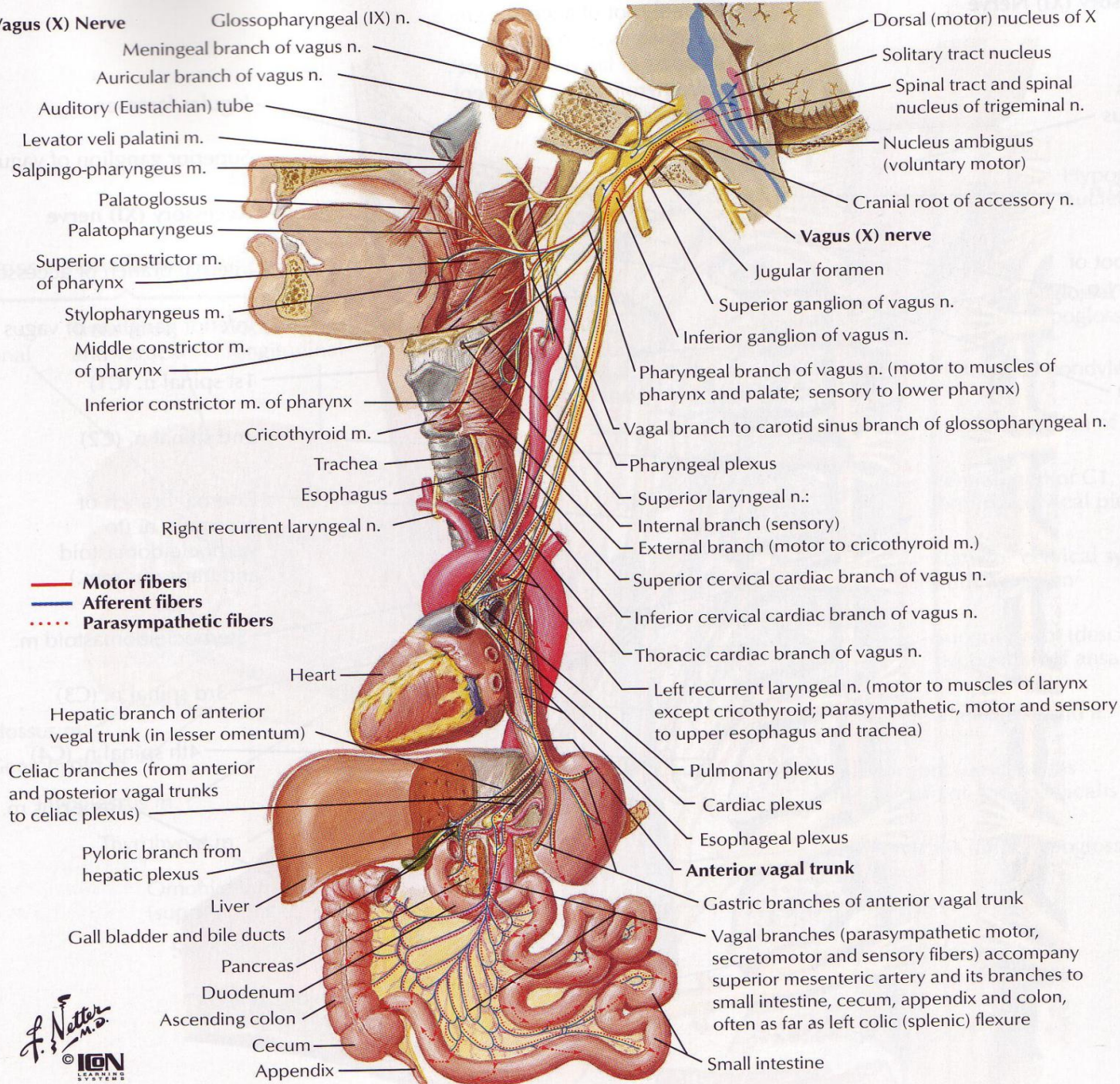
**Heart, guts and brain communicate intimately via the "pneumogastric" nerve, the critical nerve involved in the expression and management of emotions in both humans and animals. When the mind is strongly excited, it instantly affects the state of the viscera.**

心脏，肠道和大脑通过‘肺胃神经’紧密相连，这一神经对于人类和动物的情绪表达和管理至关重要。当大脑强烈兴奋的时候，它会立刻影响内脏的状态。





## Vagus (X) Nerve





- Hate, anger, love, and hope are not “psychological states” existing in some “mental” vacuum;

仇恨，愤怒，爱和希望不是存在于 “精神” 真空下的一些 “心理状态”

- They are somatic states that exist in the entirety of our living system.

它们是躯体状态，存在于我们整个生存系统中

- To change these habitual action patterns one has to change these states.

为了改变这些习惯的行为模式，我们需要改变这些状态



Traumatized people need to have **physical & sensory** experiences to: 创伤患者需要具备身体&感觉体验:

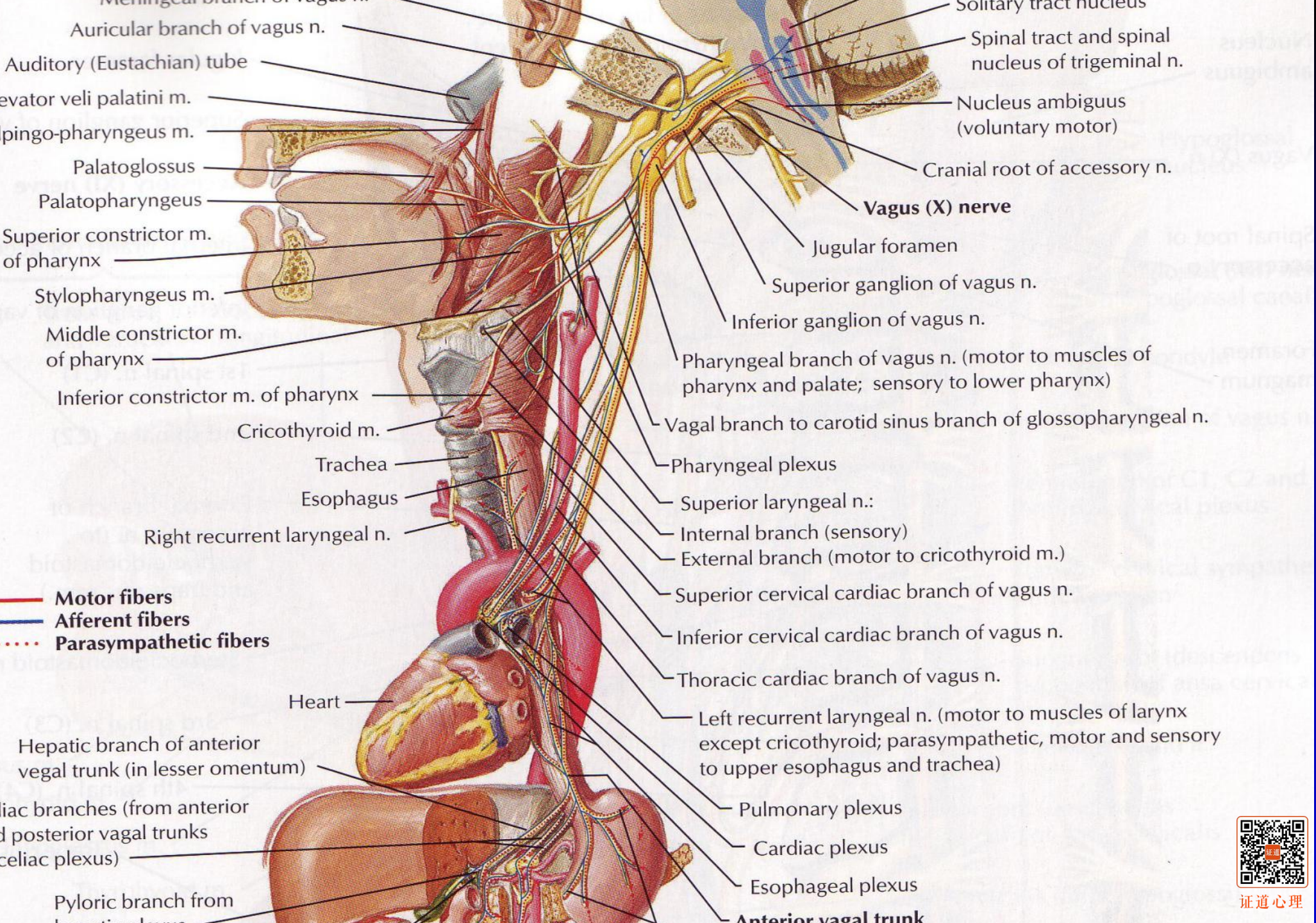
- **Unlock their bodies,** 解锁他们的身体
- **Activate effective fight/flight** 激活有效的战斗/逃跑反应
- **Tolerate their sensations,** 忍受他们的感觉
- **Befriend their inner experiences** 与内在感受友好相处
- **Cultivate new action patterns.** 培养新的行为模式



# Heart Rate Variability 心率变异性 (HRV)









# *The Interpersonal World of the Infant*

A View from Psychoanalysis and  
Developmental Psychology



DANIEL N. STERN

婴儿的人际世界

精神分析和发展心理学视角



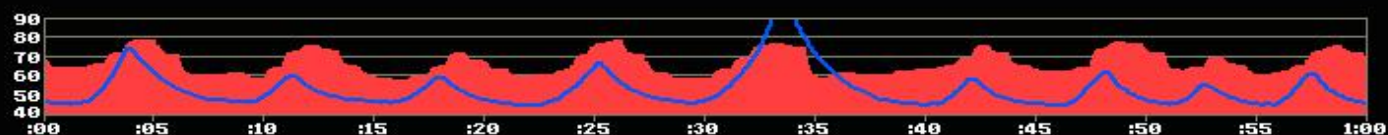
证道心理



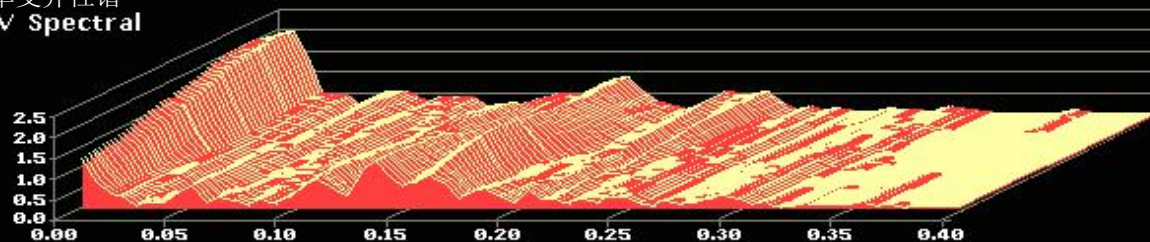
# Images of Relative Health: Multiple Oscillators of an Excluded Subject 相对健康者的图像：一例被剔除者的多重振荡（波）

## Rest After Neutral Script

中性刺激后静息记录

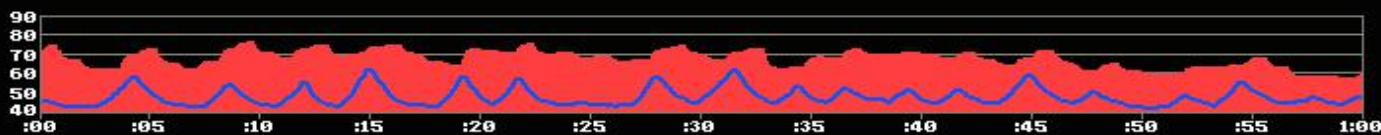


心率变异性谱  
HRV Spectral

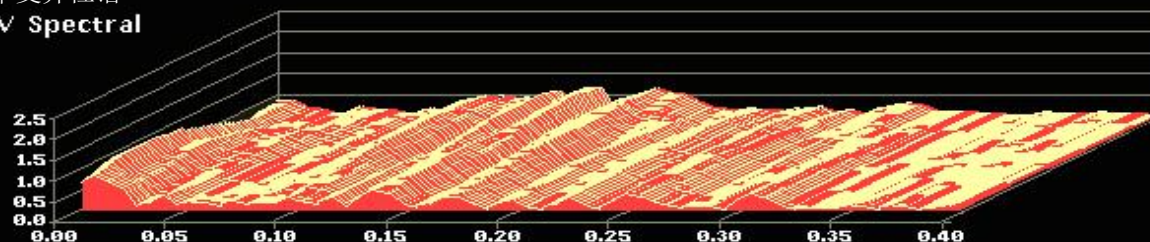


## First Trauma Script

首次创伤记录



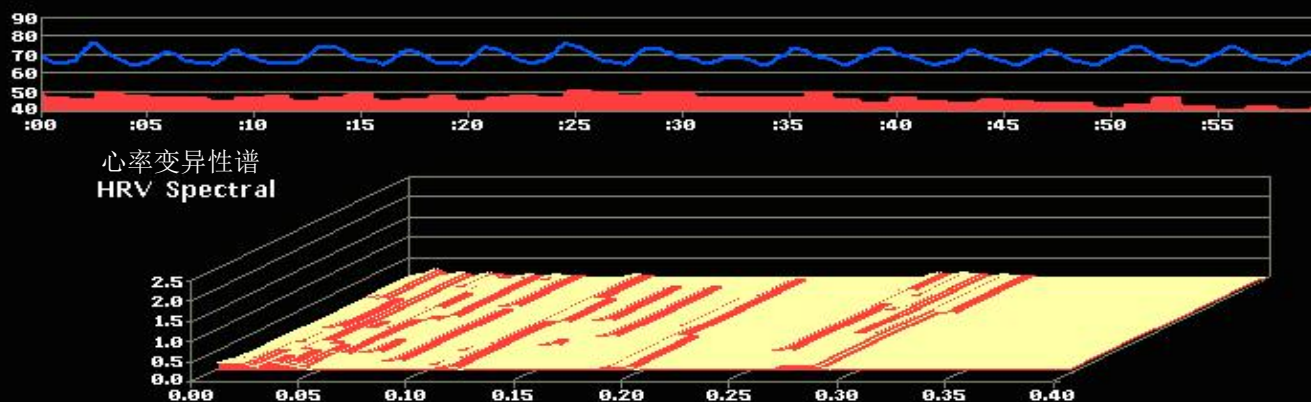
心率变异性谱  
HRV Spectral



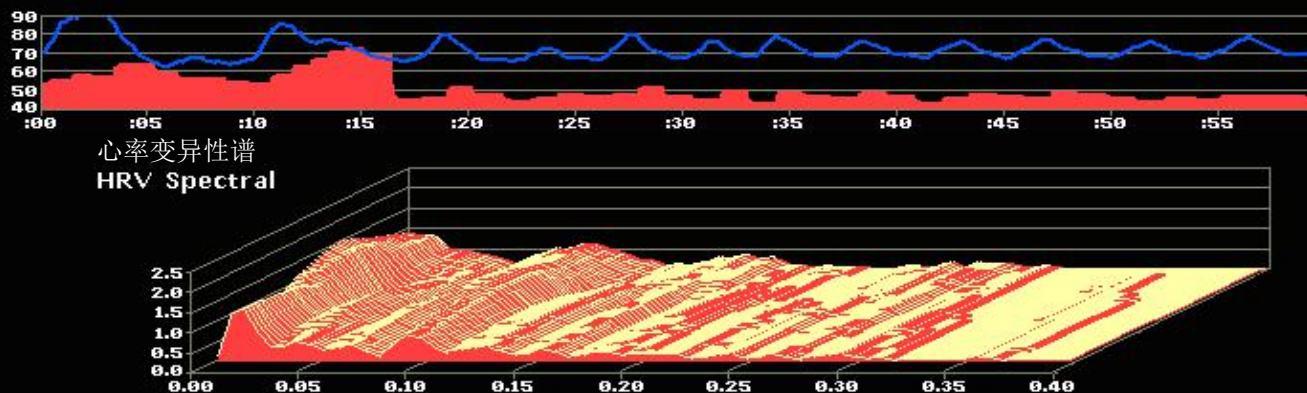
# Images of Dysregulation: Constraint Can Lead to Over-Reactions

## 失调图像：约束导致过度反应

### Baseline HRV 基线心率变异性



### Second Trauma Script 二次创伤记录

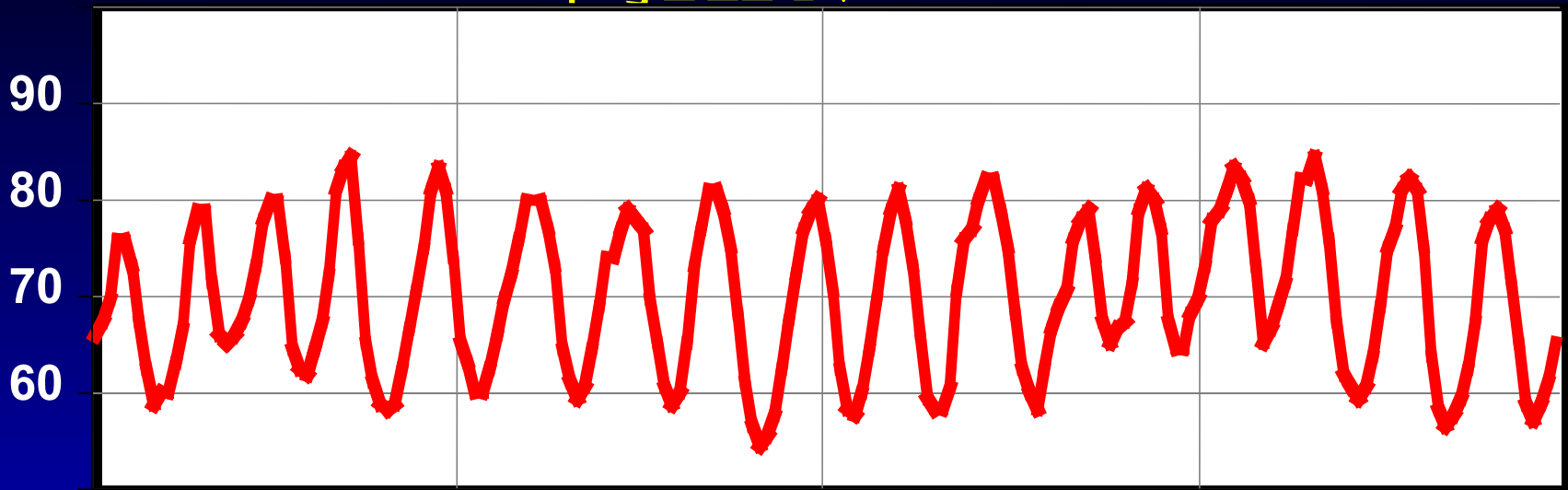


# High HRV

## 高HRV

每分钟心跳次数

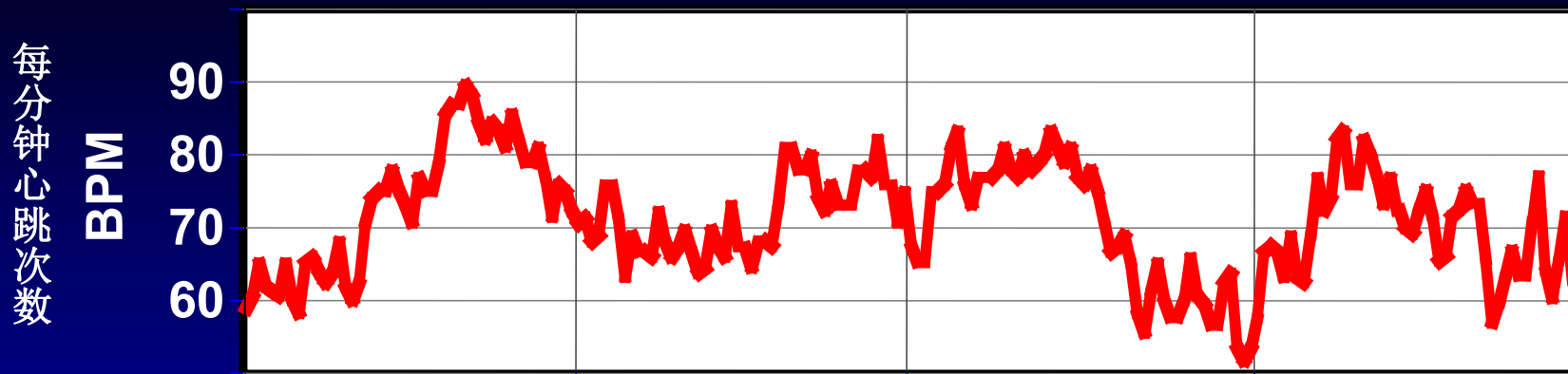
BPM



- Coherence 凝聚一致性
- Positive emotions 积极情绪  
McCraty et al., 1995 *Am. J. Card*
- Predicts resistance to stress 预测对应激的阻抗  
Porges et al., 1996 *Dev. Psychobiology*  
Katz & Gottman, 1997 *J Clin Child Psychol*



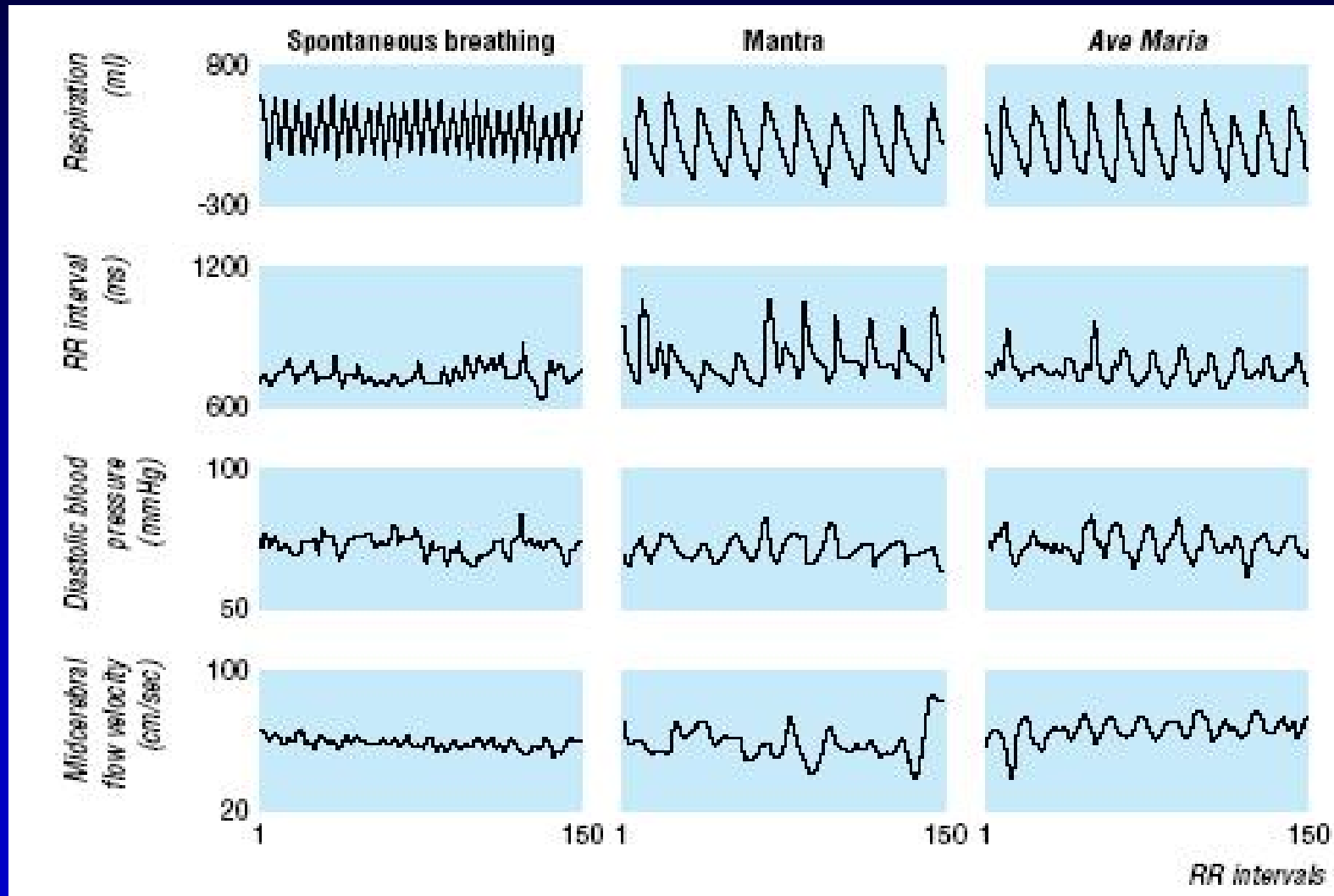
# Low HRV 低HRV



- Anxiety and depression 焦虑和抑郁  
Carney et al., 1988 *J Psychosom. Res.*  
McCraty et al, 2001 *Bio. Psychol.*  
Rechlin et al. 1994 *J. Affect. Dis.*  
Shibagaki & Furuya, 1997 *Percep. Mot. Skills*
- Predictor of mortality : Heart disease, cancer, etc.
- 心脏疾病, 癌症等致死预测因子 Tsuji et al., 1994  
*Circulation*; Dekker et al., 1997 *Am. Jal. Epidem.*; La Rovere et al., 1998, *Lancet*



# Prayer / Mantras 祈祷/祷文



Bernardi, et al., 2001 *BMJ*



证道心理





# My Calm Beat 我平静的心跳





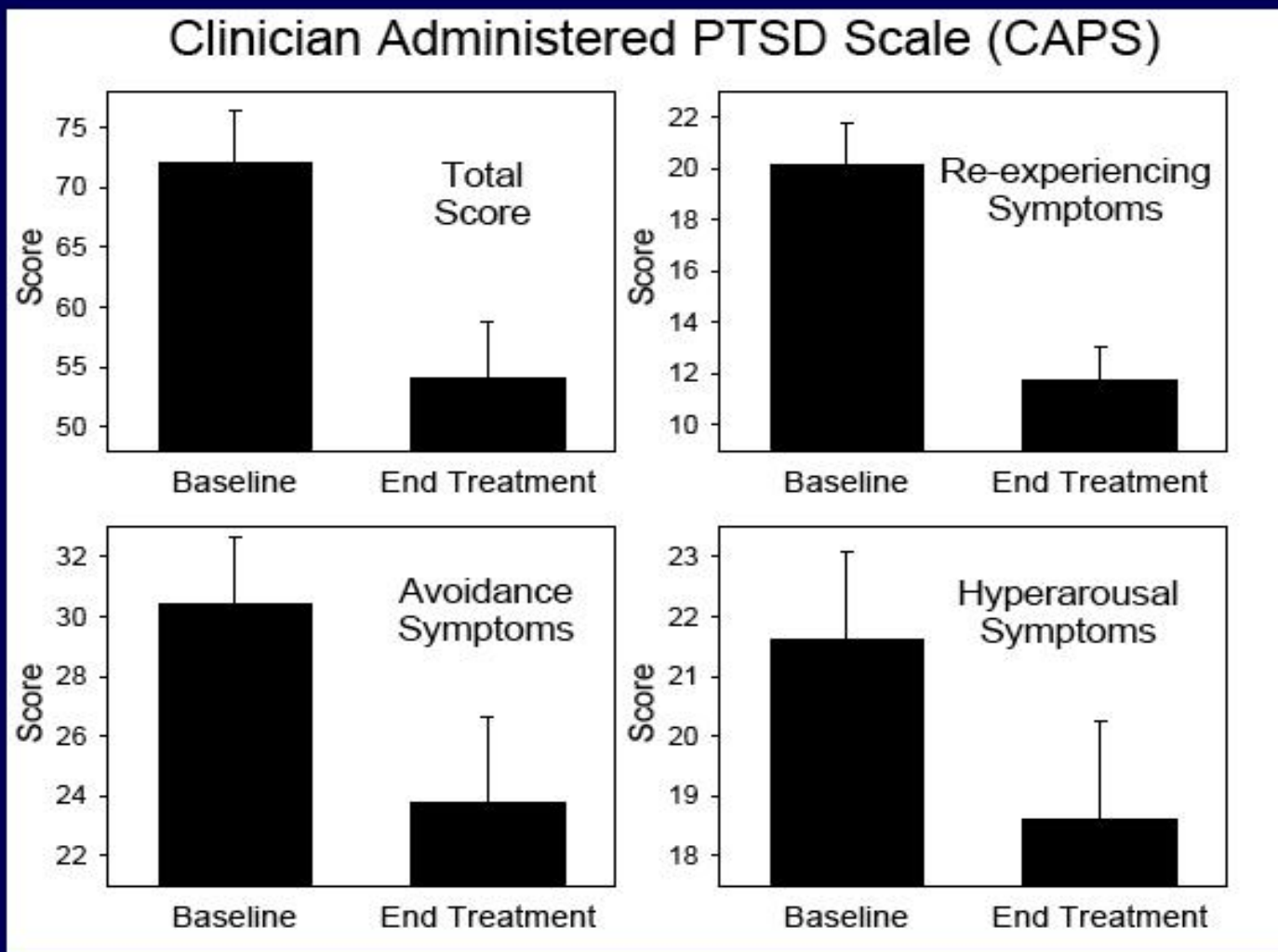
Does yoga change HRV in Normals ? 瑜伽是否改善正常群体的HRV?

Mean	Standard deviation	95% confidence interval	F	P value	P值
平均	标准偏差	置信区间			

sd, pre sess 1 - last available sdnn	-12.777	16.76	-25.66	.106	-2.27	8	.052
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# Yoga for PTSD



From: *Clinical implications of neuroscience research in PTSD*. van der Kolk BA, *Annals of the New York Academy of Science* 1071:277-93, 2006.



# Descriptives

Measure		Pre-Treatment		Post-Treatment		Pre-Post Change		
		<i>M</i>	( <i>SD</i> )	<i>M</i>	( <i>SD</i> )	<i>b</i>	<i>t</i>	<i>d</i>
Total CAPS severity	Yoga	73.94	( 20.83 )	49.48	( 25.16 )	Yoga	-24.45 ***	-5.84
	Control	76.66	( 20.83 )	63.49	( 25.48 )	Control	-13.17 **	-3.62
						Grp x Time	-14.74 *	-2.23
Des	Yoga	16.80	( 9.99 )	14.11	( 10.89 )	Yoga	-2.68	-1.89
	Control	18.06	( 13.65 )	19.78	( 14.56 )	Control	1.72	0.7
						Grp x Time	-4.40	-1.67
IAS-TR	Yoga	73.66	( 14.20 )	67.17	( 15.32 )	Yoga	-6.49 *	-2.40
	Control	67.97	( 13.81 )	68.51	( 17.17 )	Control	0.54	0.1
						Grp x Time	-7.03	-1.69
IAS-AD	Yoga	76.69	( 14.83 )	68.88	( 13.31 )	Yoga	-7.81 **	-3.26
	Control	75.50	( 13.49 )	69.48	( 14.26 )	Control	-6.02 *	-2.06
						Grp x Time	-1.79	-0.48

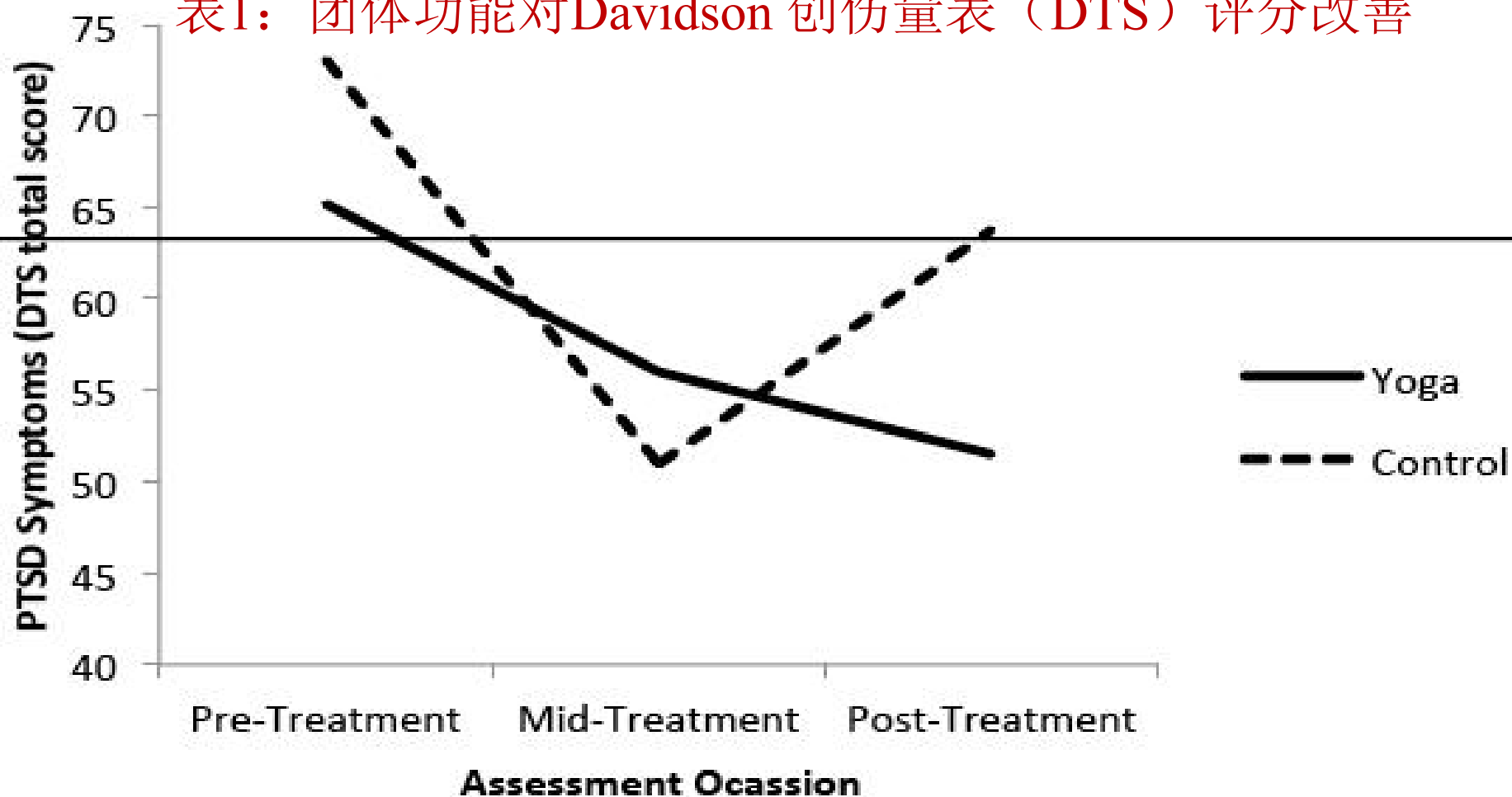
\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ ; *M* = mean; *SD* = Standard Deviation; *b* = unstandardized regression coefficient; *t* = *t*-statistic; *d* = Cohen's *d*; CAPS = Clinician Administered PTSD Scale; DES = Dissociative





Figure 1. Change in Davidson Trauma Scale (DTS) as a function of Group.

表1：团体功能对Davidson 创伤量表（DTS）评分改善



ORIGINAL ARTICLE

## Effectiveness of an Extended Yoga Treatment for Women with Chronic Posttraumatic Stress Disorder

Maggi Price, MA,<sup>1,2</sup> Joseph Spinazzola, PhD,<sup>1,3</sup> Regina Musicaro, ALM,<sup>1,2</sup>  
Jennifer Turner, MA, E-RYT,<sup>1</sup> Michael Suvak, PhD,<sup>1,3</sup>  
David Emerson, E-RYT,<sup>1</sup> and Bessel van der Kolk, MD<sup>1,4</sup>

### Abstract

**Background:** Yoga has been found to be an effective posttraumatic stress disorder (PTSD) treatment for a variety of trauma survivors, including females with chronic PTSD.

**Aim/Purpose:** The current study builds on extant research by examining an extended trauma-sensitive yoga treatment for women with chronic PTSD. The study sought to optimize the results of a treatment protocol examined in a recent randomized controlled trial with a shorter duration and without assignment or monitoring of home practice.

**Materials and Methods:** The authors examined a 20-week trauma-sensitive yoga treatment in a non-randomized single-group treatment feasibility study for women with chronic treatment-resistant PTSD ( $N=9$ ). The authors examined PTSD and dissociation symptom reduction over several assessment periods.

**Results:** The results indicate that participants experienced significant reductions in PTSD and dissociative symptomatology above and beyond similar treatments of a shorter duration.

**Conclusions:** The findings suggest that more intensive trauma-sensitive yoga treatment characterized by longer duration and intentional assignment and monitoring of home practice may be more advantageous for individuals with severe and chronic PTSD. The implications of the findings for the potentially more substantial role of yoga as an intervention for a subset of adults with chronic treatment-resistant PTSD are discussed.

**Keywords:** PTSD, yoga, chronic PTSD, PTSD treatment

### Introduction

YOGA IS AMONG the most widely used complementary healthcare practices in the United States<sup>1</sup> and has been found to be promising for the treatment of a variety of mental and physical health problems, including posttraumatic stress disorder (PTSD).<sup>2,3</sup> Yoga is hypothesized to be helpful for individuals with PTSD because the mindfulness it fosters can lead to increased emotion regulation, as noticing fear-related sensations can counteract avoidance symptoms.<sup>4</sup> Individuals with PTSD also show impaired awareness of bodily sensations and a lack of cognizance of the connection between environmental stimuli and internal reactions<sup>5,6</sup>—two areas that are addressed in yoga.<sup>7</sup>

Research indicates that time-limited yoga treatment (i.e., lasting  $\leq 10$  weeks) may be effective for treating PTSD and related symptoms in tsunami survivors,<sup>8</sup> veterans,<sup>9,10</sup> military personnel,<sup>11</sup> and survivors of intimate partner violence.<sup>12</sup> Case studies also suggest that yoga may be helpful for traumatized youth in residential care.<sup>13</sup> In addition, yoga treatments have been specifically designed for trauma survivors.<sup>7,14,15</sup> While some research has failed to find a significant difference between yoga treatment and control conditions,<sup>16</sup> a notable randomized controlled trial (RCT) indicated that adult participants with PTSD who completed an eight-session Kundalini yoga treatment exhibited significant improvement in PTSD symptomatology and greater changes in perceived stress, anxiety, and resilience

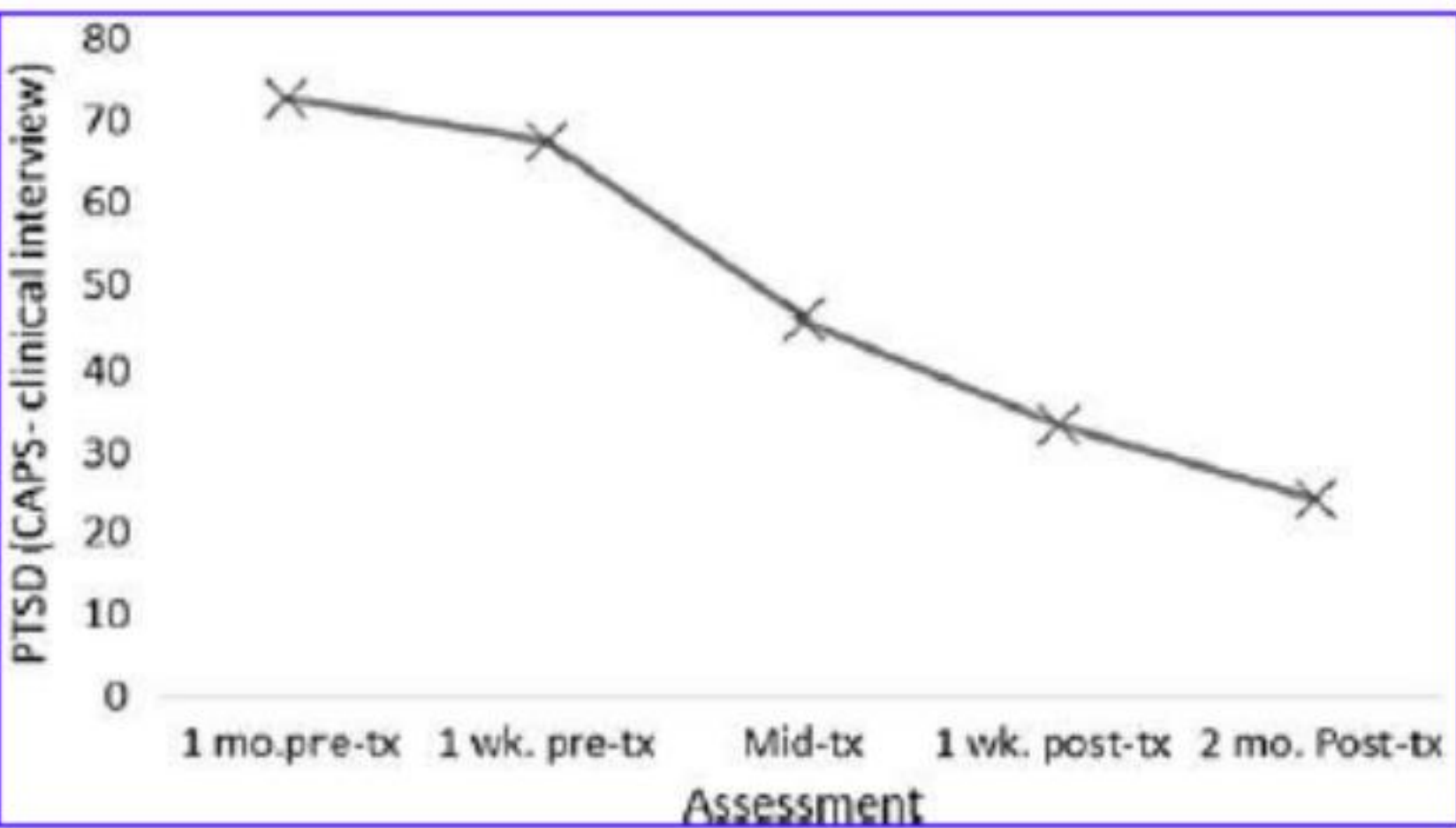
<sup>1</sup>The Trauma Center at Justice Resource Institute, Brookline, Massachusetts.

<sup>2</sup>Department of Counseling, Developmental, and Educational Psychology, Boston College, Newton, Massachusetts.

<sup>3</sup>Department of Psychology, Suffolk University, Boston, Massachusetts.

<sup>4</sup>Department of Psychiatry, Boston University School of Medicine, Boston, MA.

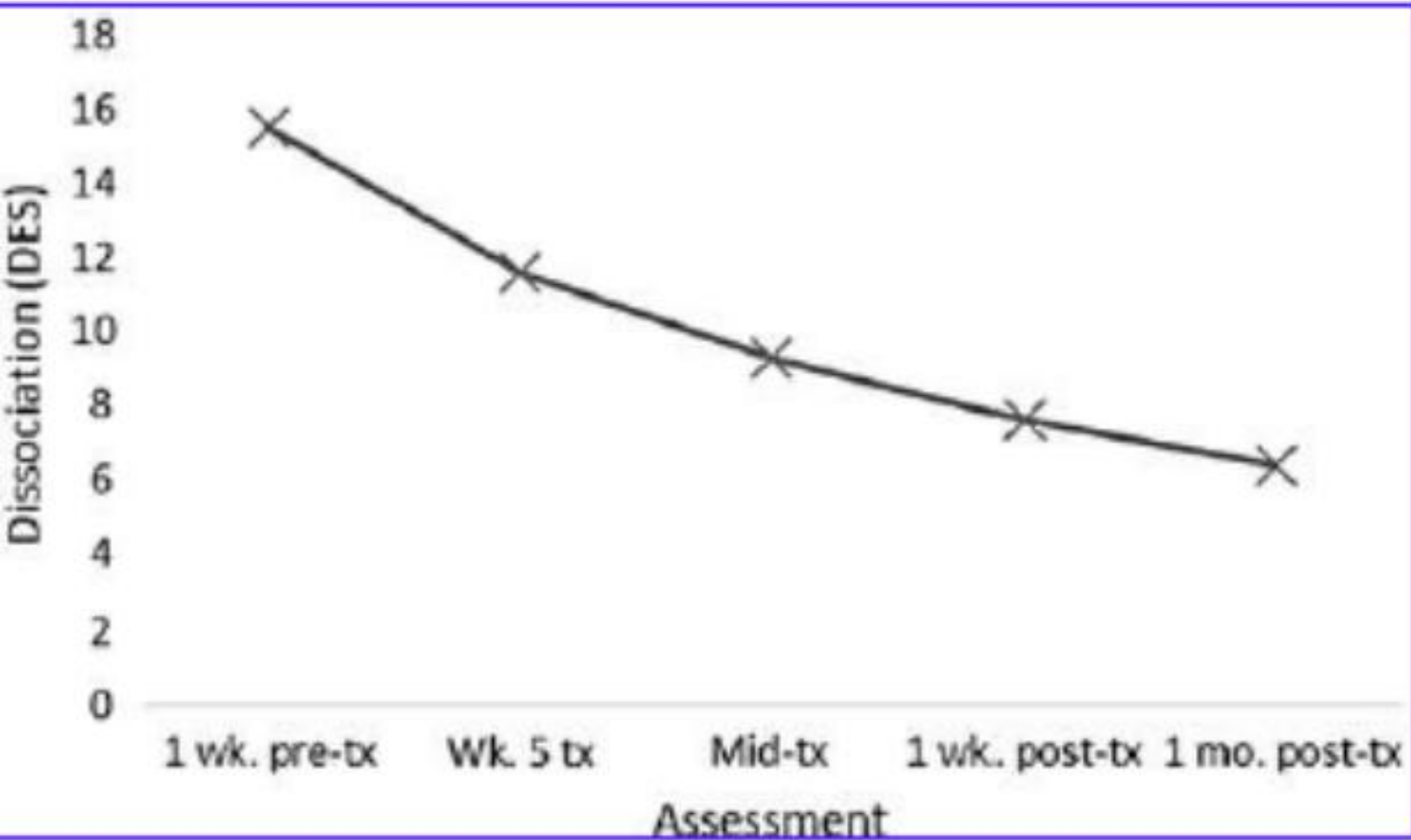




**FIG. 1.** Change in Clinician Administered PTSD Scale (CAPS). Estimates derived from the piecewise growth curve model conducted to evaluate change in CAPS. *x*-Axis: assessment; *y*-axis: PTSD (CAPS—clinical interview). PTSD, posttraumatic stress disorder.







**FIG. 3.** Change in dissociation. Estimates derived from the HLM analysis conducted to evaluate change in Dissociative Experiences Scale (DES). *x*-Axis: assessment; *y*-axis: dissociation (DES).



















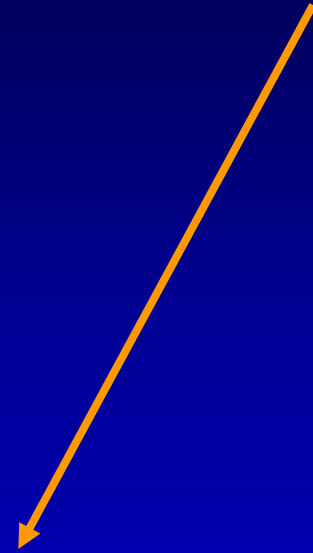
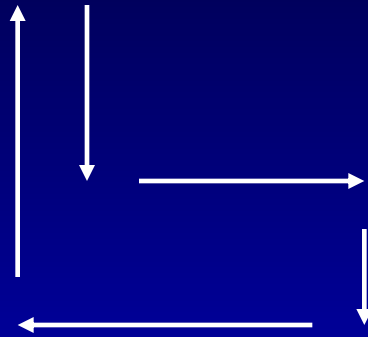
# Overcoming trauma 克服创伤

1. (re-)establishing community （重新）建立共同体
2. Effective action 有效行动
3. Dealing with affect regulation 处理情感调节
4. **Accessing the emotional brain- knowing one's self** 接近情绪脑-了解自身



Dorsolateral pre-frontal  
Cortex – working memory-  
Plans for action 前额叶背外侧皮质-  
工作记忆, 行为计划

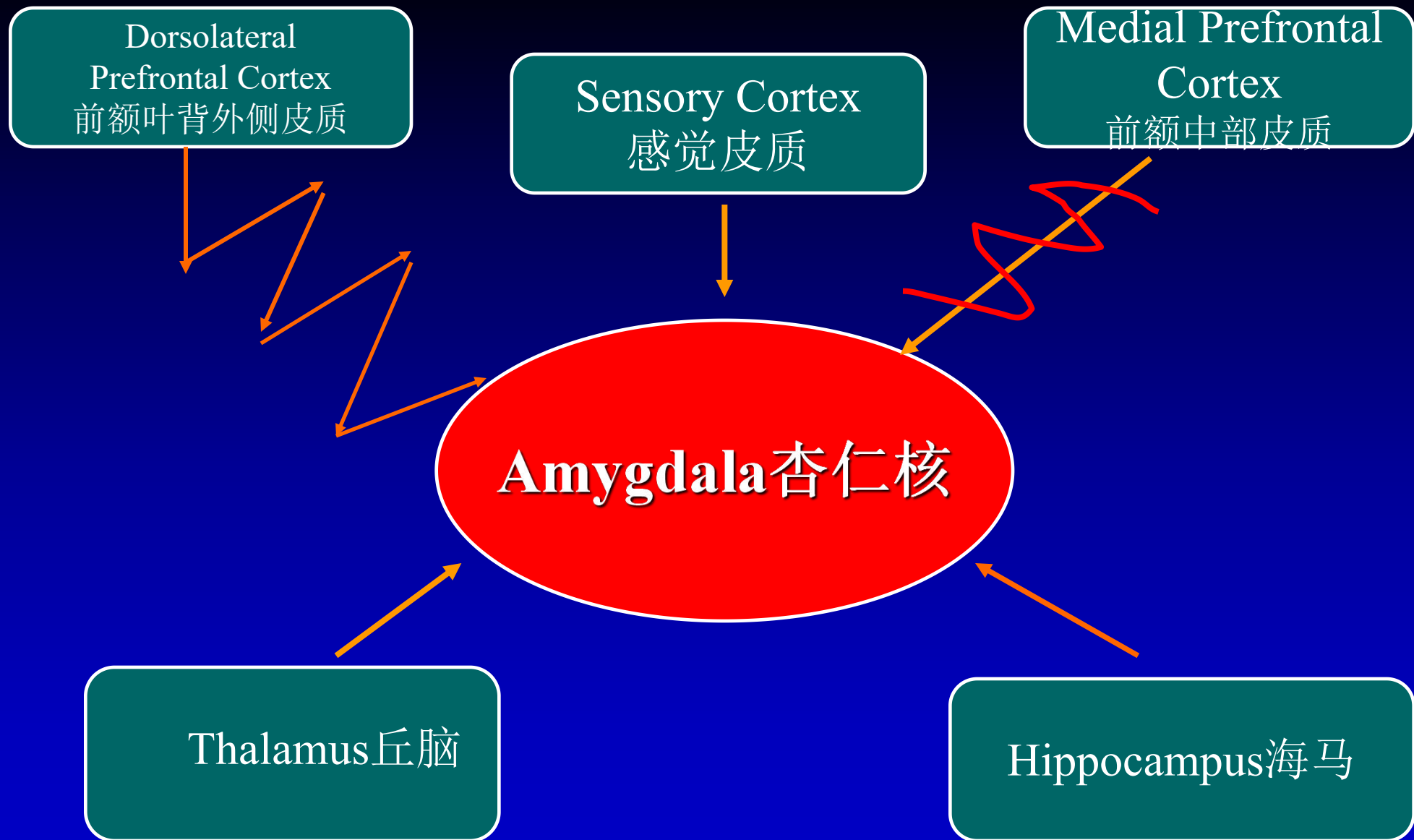
Medial prefrontal  
Experience/  
Interoception 前额中部体验/内感受



**Amygdala杏仁核**





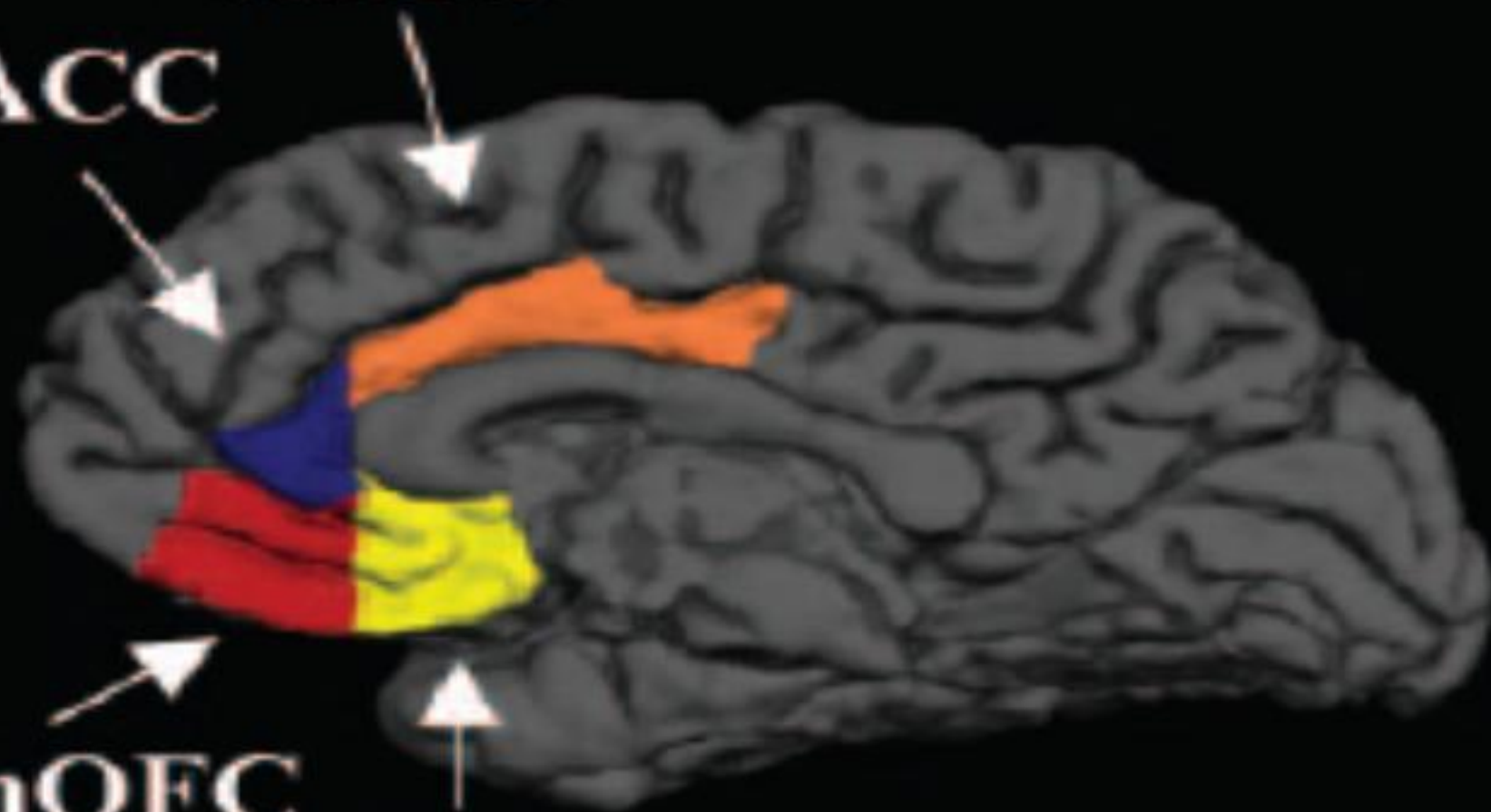


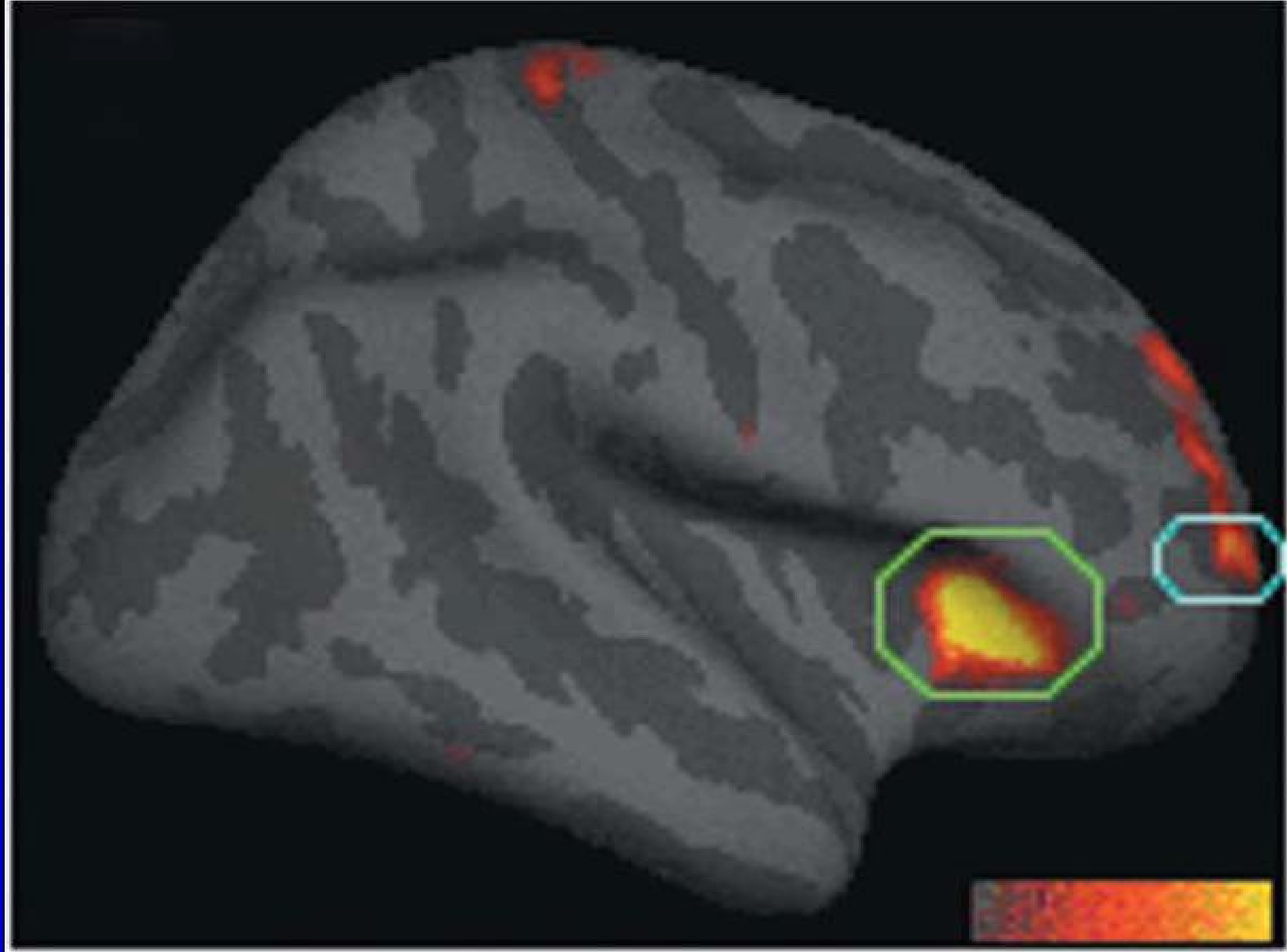
dACC

rACC

mOFC

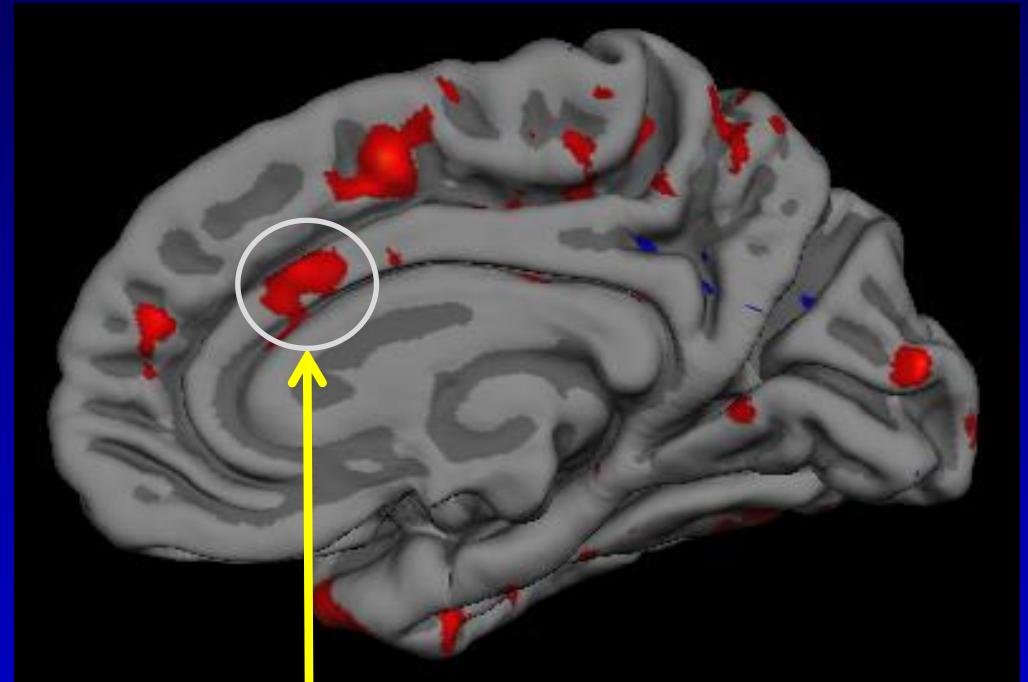
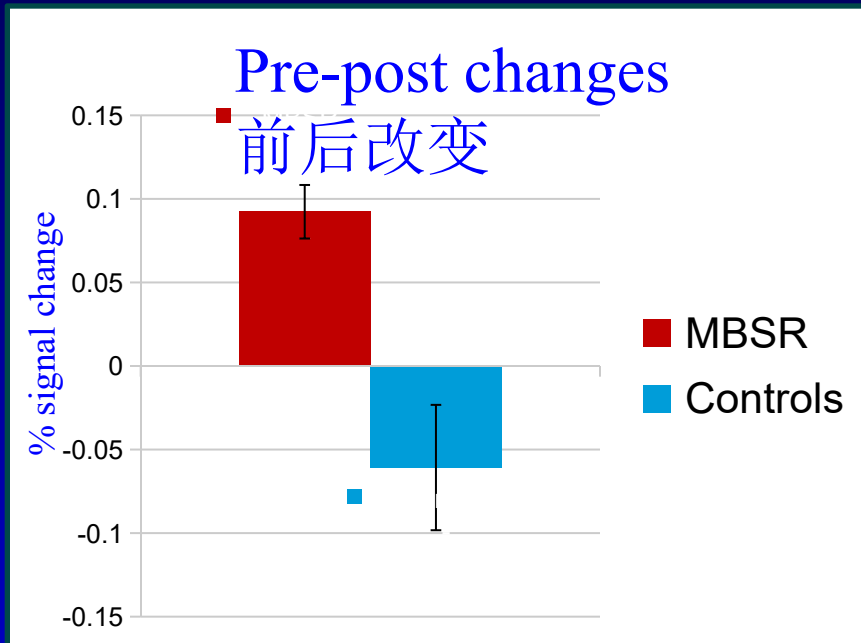
SC





# Pre-post changes in MBSR group MBSR组 的前后改变

(compared to waitlist control group与候补对照组比较)



Anterior cingulate cortex

前扣带回

$p = 0.007$ , ROI corrected

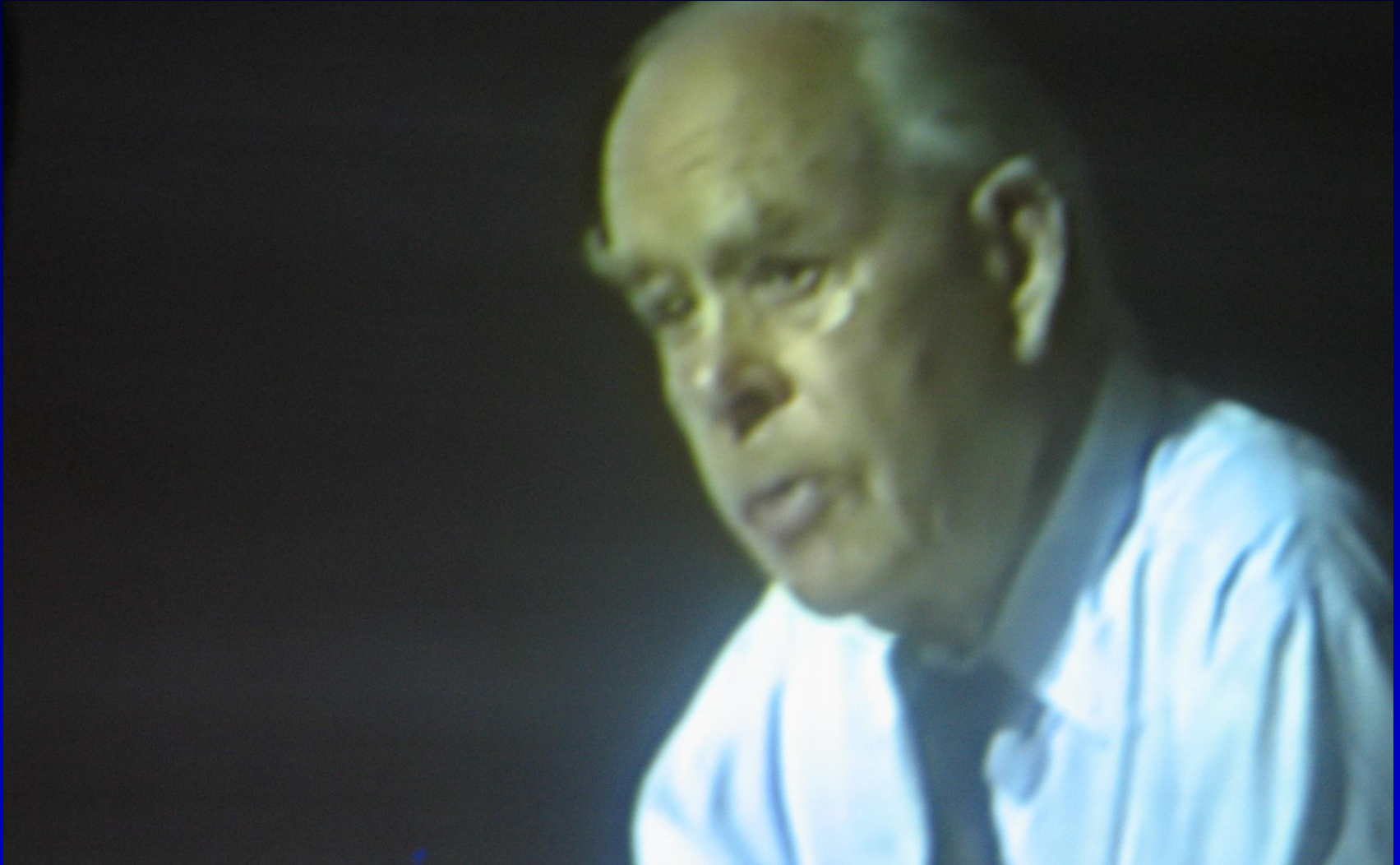




# Overcoming trauma 克服创伤

1. (re-)establishing community(重新) 建立共同体
2. Effective action有效的行动
3. Dealing with affect regulation应对情感调节
4. Accessing the emotional brain- knowing one's self 接近情绪脑-了解你自己
5. **Being able to tell the truth - not keeping secrets 能够讲出真相-不是保守秘密**





**What cannot be communicated to the (m)other cannot be  
communicated to the self.**

**那些不能与母亲/其他人交流的内容也不能与自己交流**

**Bowlby (鲍比, 1991)**



Feeling listened to and understood changes our physiology; being able to articulate a complex feeling, and having our feelings recognized, lights up our limbic brain and creates an “aha moment”.

感觉到被倾听和理解能改变我们的生理;能够表达一种复杂的感觉,并让我们的感觉被认可,照亮我们的边缘脑并创造一个 “aha时刻”。

In contrast, being met by silence and incomprehension kills the spirit.

相比之下,沉默和不理解会扼杀灵魂。

•If you hide from yourself that an uncle molested you when you were a kid you are vulnerable to react to triggers like an animal in a thunderstorm: with a full-body response to the hormones that signal “danger”.

•如果你对自己隐瞒,你小时候有个叔叔猥亵了你,那么你很容易像暴风雨中的动物一样对触发物做出反应:全身对那些发出“危险”信号的荷尔蒙作出反应。





# Language 语言

- Opens up a world that can be shared with others, even if the people we commune with are not actually present, 打开一个可以与他人分享的世界, 即使我们所交往的人并不存在。

- (as happens when we go on Facebook, write emails, or read books).

(就像我们在脸上, 写电子邮件, 或看书)一样。

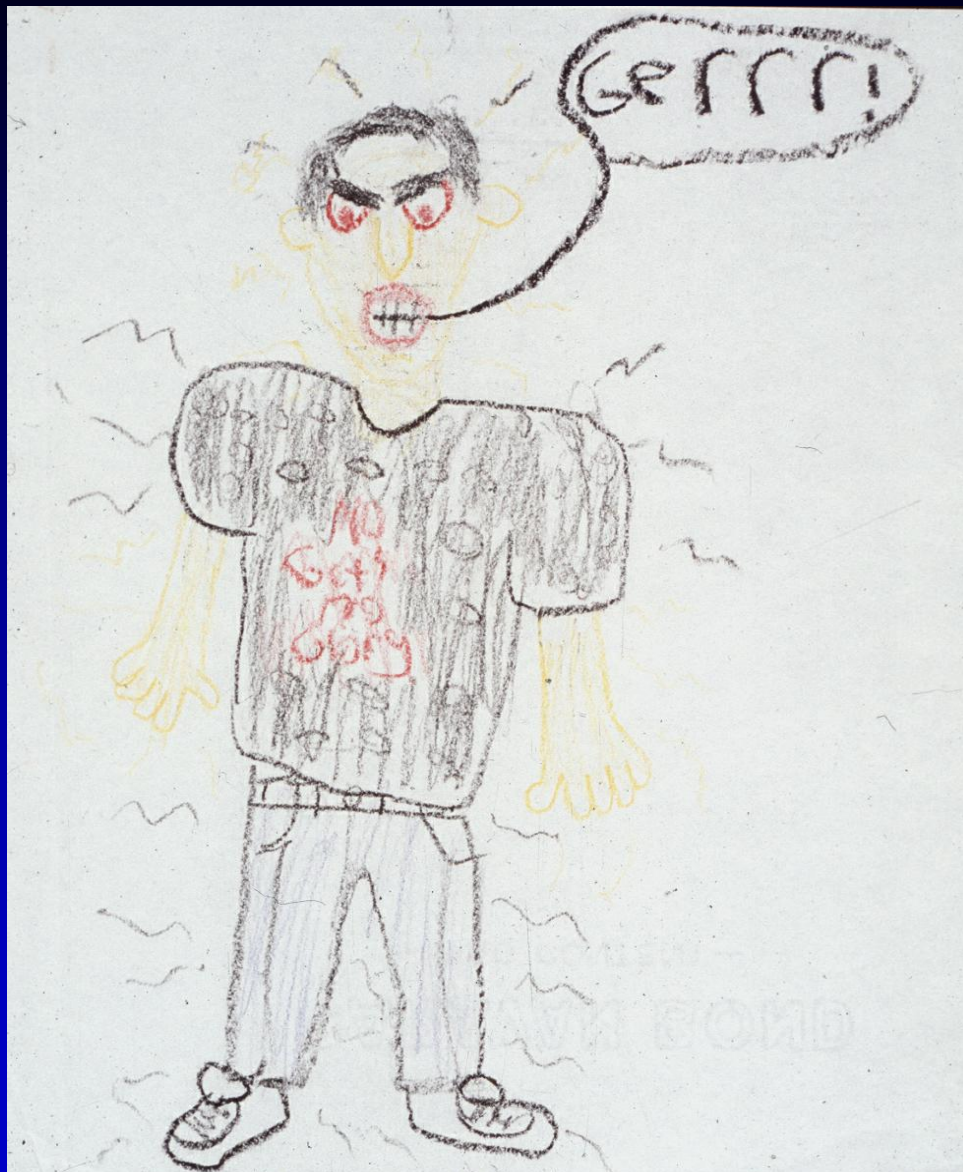
- We may think that we can control our grief, or our terror with silence, but our hormones will keep responding.

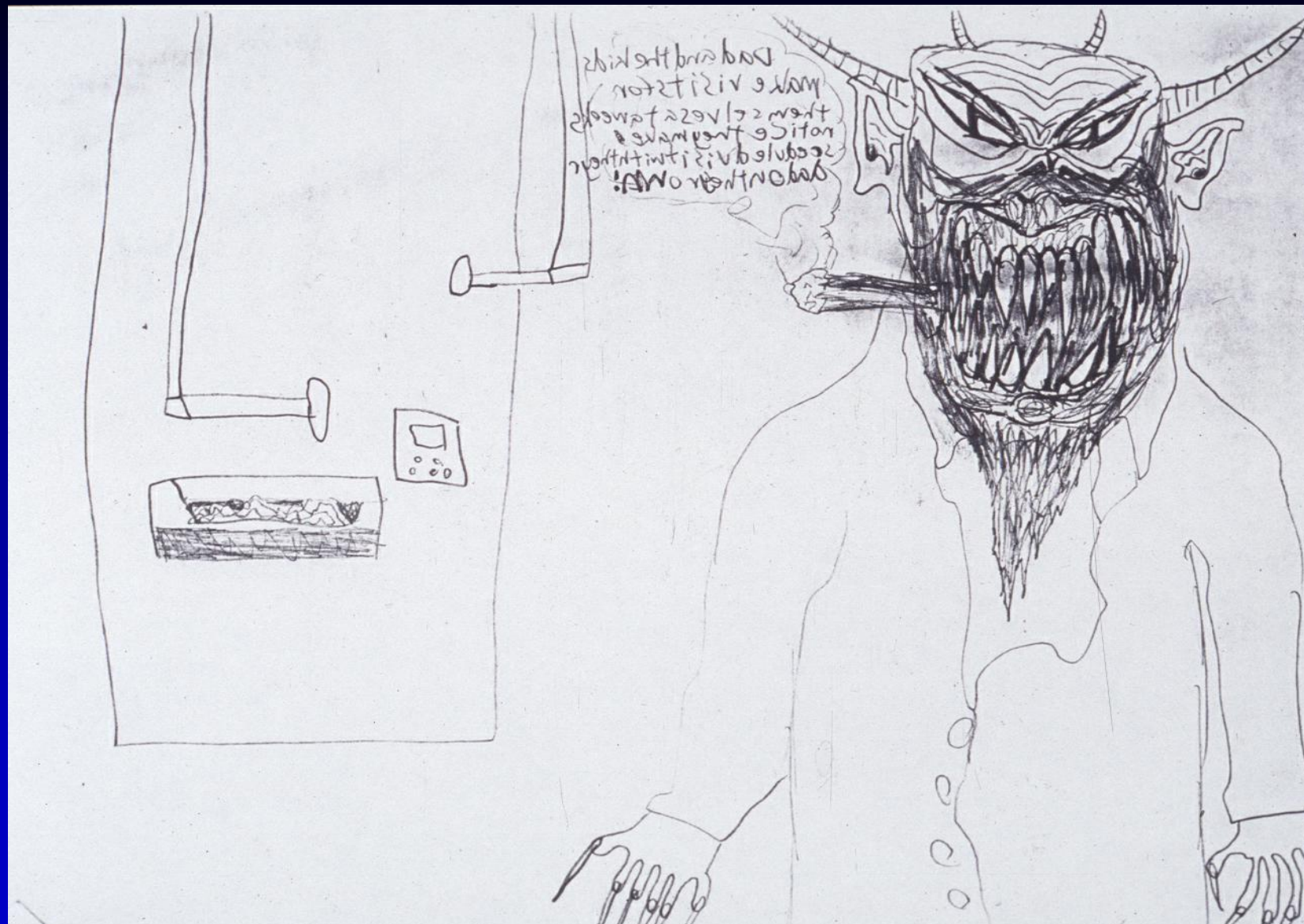
我们可能认为可以控制悲伤, 或者恐惧, 沉默, 但是我们的激素会持续反应。

- Naming offers the possibility of a different kind of control

命名提供了另一种控制的可能性。







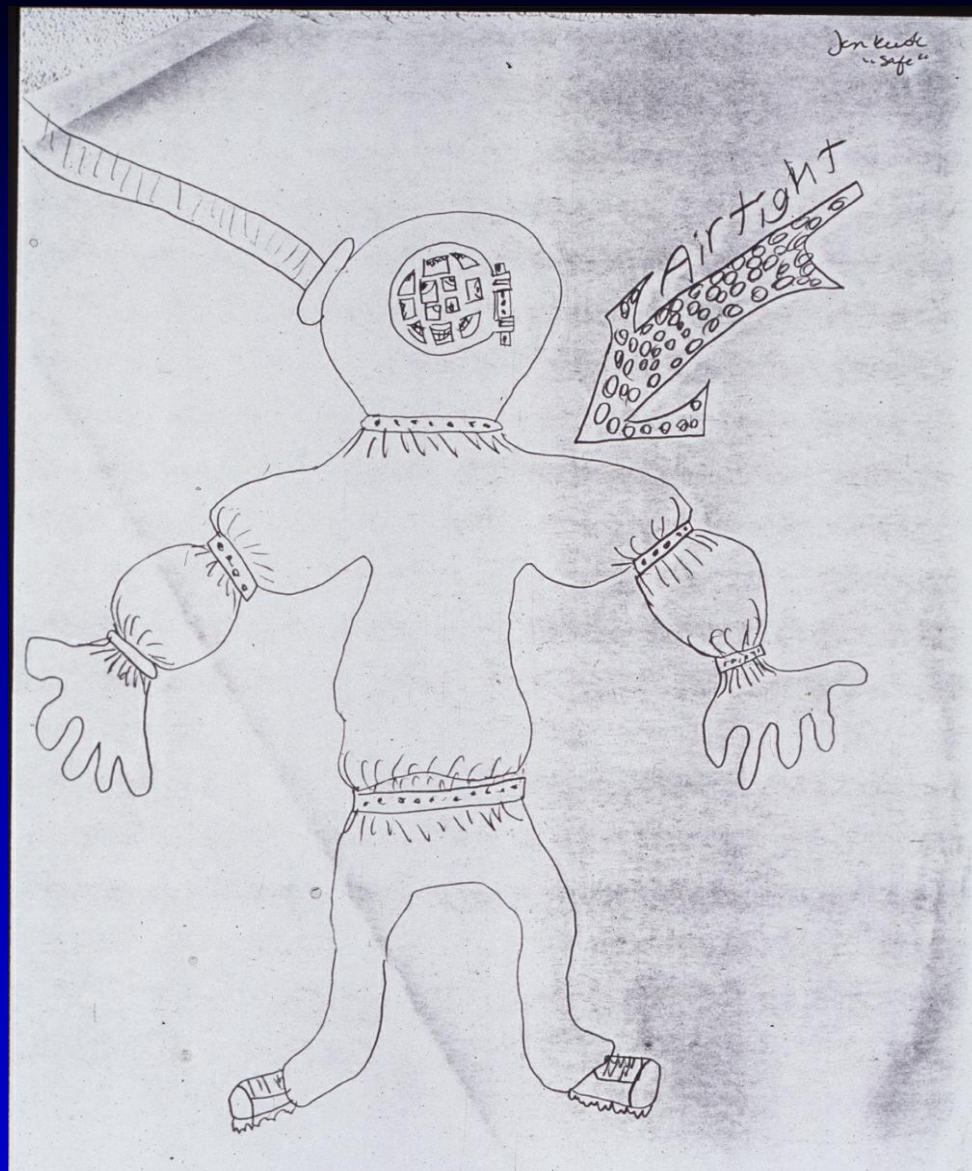


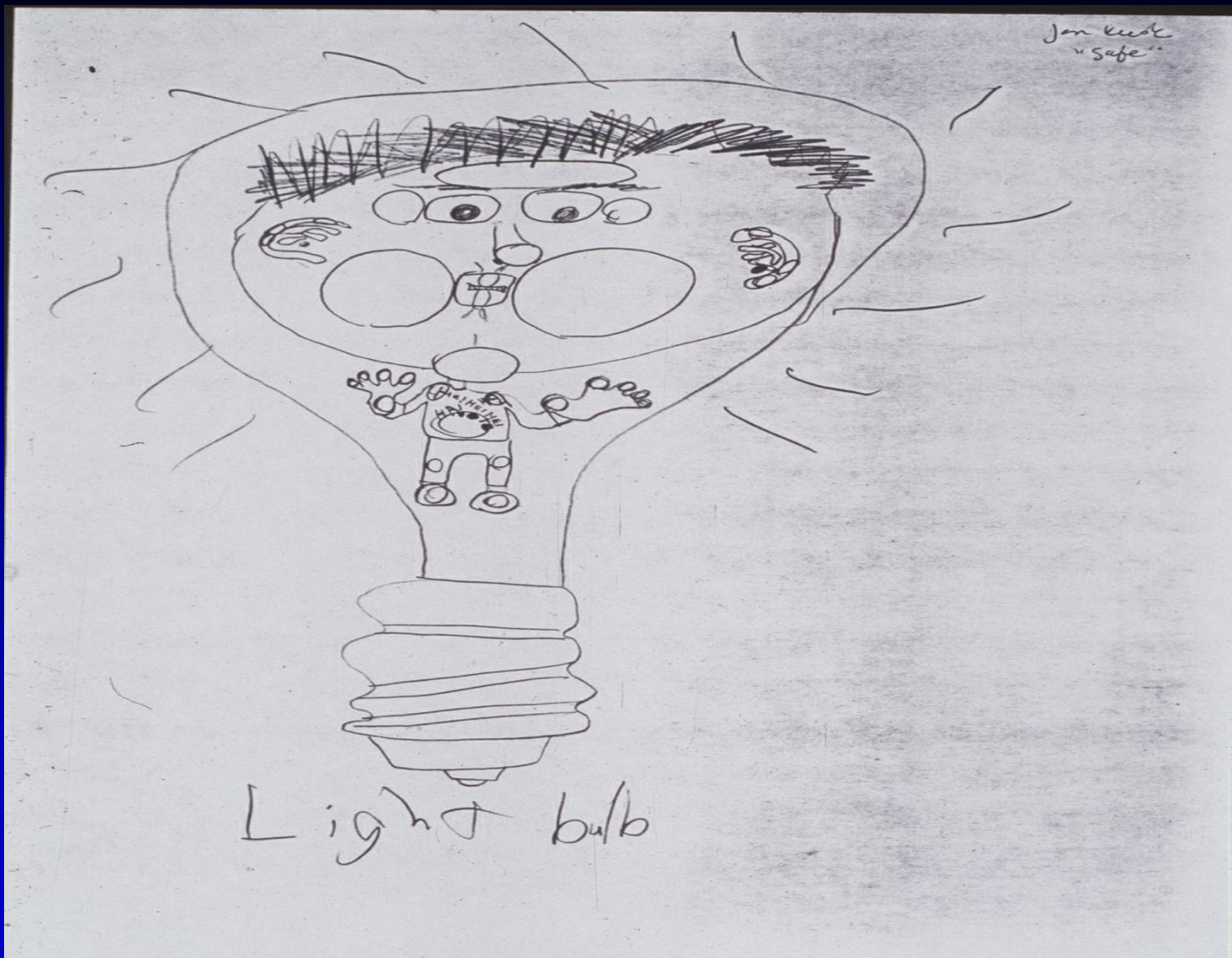
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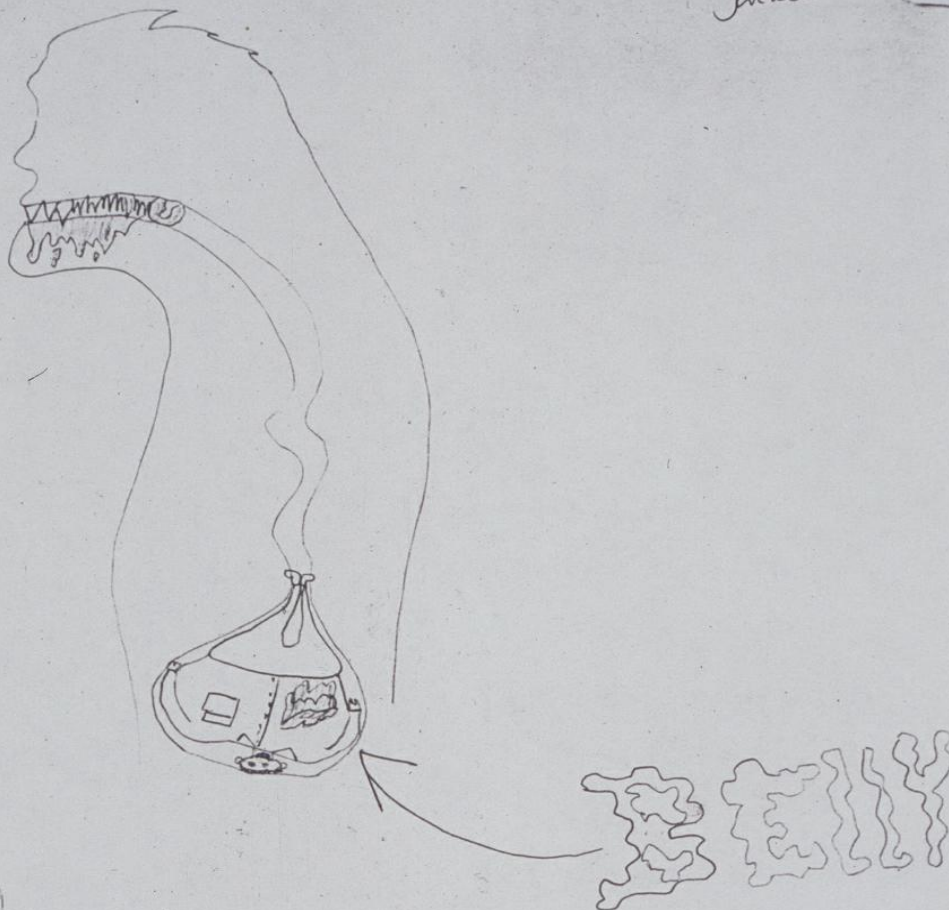
证道心理







Jan Kerse



# Alexithymia

- Without language and context, your awareness may be limited to: “I’m scared”
- 没有语言和语境，你的意识可能局限于：“我害怕”。
- Alternate between being inhibited and uptight or reactive and explosive—all without knowing why.
- 在被抑制和紧张或活性和暴躁之间交替，不知道为什么。
- As long as you keep secrets and suppress information, you are fundamentally at war with yourself.
- 只要你保守秘密，压制信息，你就基本上是在与自己作战了。
- No capacity for imagination – i.e. no way out
- 没有能力想象——即没有出路





- Hiding your core feelings leaves you feeling agitated, bored and shut down.
- 隐藏你的核心情感会让你感到烦躁、无聊和停顿。
- But stress hormones keep flooding your body, leading to headaches, muscleaches, problems with your bowels or sexual function—and to irrational behaviors that embarrass you and hurt the people around you.
- 但是，压力激素不断地充斥你的身体，导致头痛，肌肉疼痛，肠胃问题或性功能问题-以及非理性行为，使你难堪，伤害你周围的人。
- Only after you identify what is going on with you can you start using your feelings as signals of problems that require your urgent attention.
- 只有在你确定了正在发生的事情之后，您才能开始将你的感受用作需要你紧急关注的问题的信号。



# Story telling讲故事

Trauma stories lessen the isolation of trauma, and they provide an *explanation* for why people suffer the way they do. 创伤故事减轻了创伤的隔离，他们解释了为什么人们会受到伤害。

But:但是:

“The task of describing most private experiences can be likened to reaching down to a deep well to pick up small fragile crystal figures while you are wearing thick leather mittens.” Jerome Kagan “描述大多数私人经历的任务可以比喻为当你戴着厚皮手套时，伸手到深井里捡起易碎的小水晶。”杰罗姆·卡根



# Writing to Yourself: facts and feelings

## 写给你自己：事实和情感

- Allowing yourself to know what you know led to significant physiological changes, both immediate and long-term. 允许你自己知道你所知道的导致了重大的生理变化，即刻和长期。
- During the confession, blood pressure, heart rate, and other autonomic functions increased, but afterward their arousal dropped to levels below where they were at the start of the study.
- 在忏悔期间，血压、心率和自主功能都增加了，但之后他们的觉醒水平下降到研究开始时的水平以下。
- Drop in blood pressure could still be measured 6 weeks afterwards. 6周后仍然可以测量血压下降。
- Stressful experiences—whether divorce or final exams or loneliness--have a negative effect on immune function, the body's defenses against outside attack.
- 不管是离婚、期末考试，还是孤独，有压力的经历都会对免疫功能产生负面影响，影响身体抵御外界攻击的防御能力。
- Writing led to improved health, correlated with improved immune function, measured by T-lymphocytes (natural killer cells) and other immune markers in the blood
- 通过测定血液中的T淋巴细胞(自然杀伤细胞)和其他免疫标志物，写作可以改善健康，改善免疫功能



# The Limits of Language语言的局限

Trauma, by definition is unspeakable and unbearable

创伤, 从定义上来说是无法言说和难以忍受的。

Legal: asked to testify about their experiences, victims often become so overwhelmed that they are barely able to speak, or they are hijacked into such panic that they can't clearly articulate what has happened to them.

法律: 被要求作证他们的经历, 受害者往往变得如此不知所措, 以至于他们几乎不能说话, 或者他们被劫持到这种恐慌中, 以至于他们无法清楚地说出发生了什么。

Trying to avoid being triggered they come across as evasive and unreliable witnesses.

试图避免被触发, 他们被视为推托的和不可靠的证人。





# Knowing Yourself or Telling Your Story? 了解你自己还是讲述你的故事？

Dual systems of awareness:双重认识系统

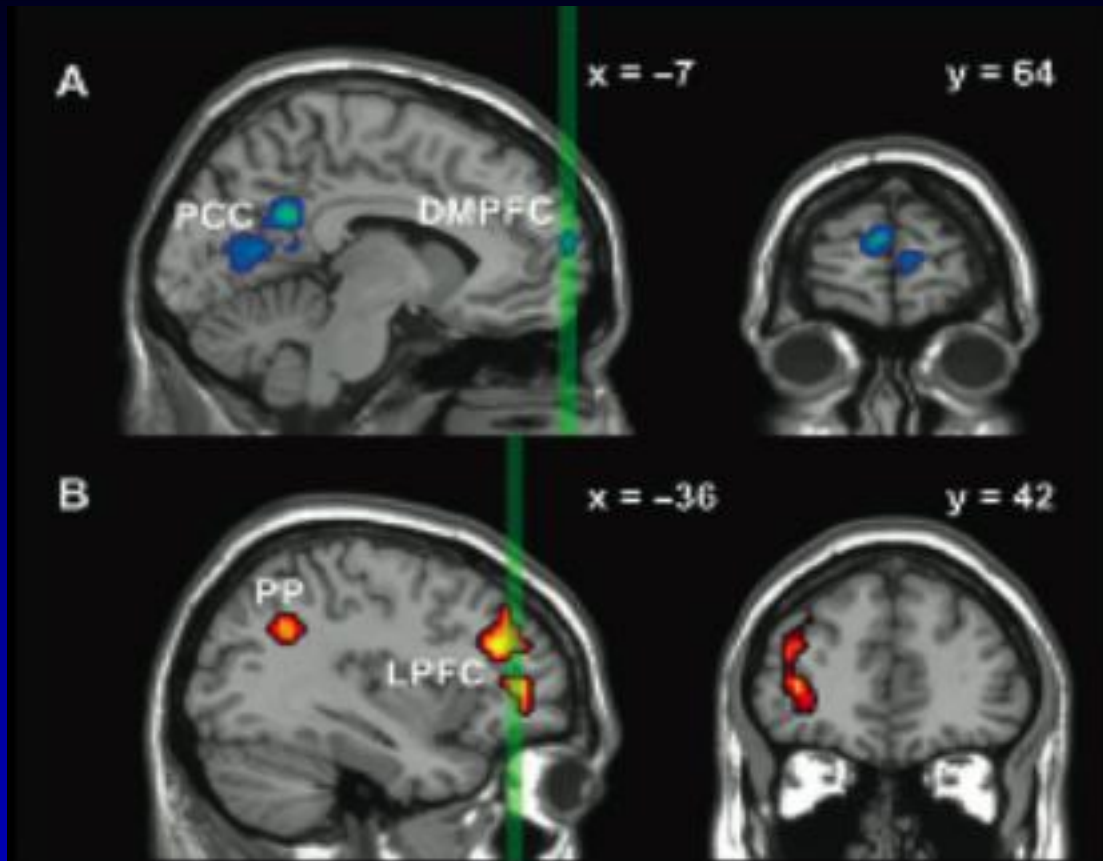
One system creates a story for public consumption, (and if we tell that story often enough, we are likely to start believing that it contains the whole truth).

一个系统为公众消费创造了一个故事(如果我们经常讲这个故事,我们很可能开始相信它包含了全部的真相)。

The other system registers a different truth: how we experience the situation deep inside. It is this second system that needs to be accessed, befriended, and reconciled.

另一个系统记录了一个不同的真相:我们如何体验内心深处的处境。正是这第二个体系需要能触及到、结交、和解。



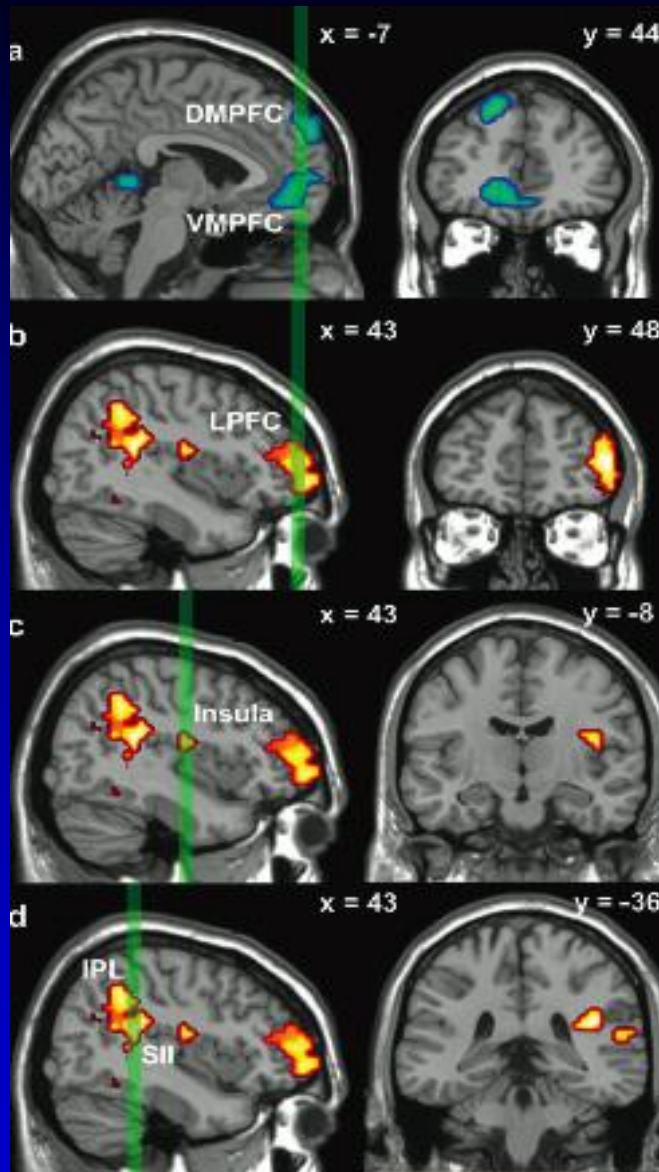


**Experiential**  
in blue

**Narrative self-**  
focus conditions  
in red..

Fig. 2. Experiential and Narrative self-focus conditions in the novice non-MH group. (A) Areas of greater activation with the Narrative condition (Narrative > experiential) are in blue, and (B) areas of greater activation with the Experiential condition (Experiential > Narrative focus) are in red. DMPFC, dorsomedial prefrontal cortex; DMPFC, dorsomedial prefrontal cortex; PCC, posterior cingulate cortex; LPFC, lateral prefrontal cortex; PP, posterior parietal cortex.





Experiential vs Narrative focus conditions following 8 weeks of MT. Areas of activation showing a greater association with the experiential condition (Experiential > Narrative focus) **red**, (Narrative > Experiential **blue**: (A) ventral and dorsal MPFC, (B) right LPFC, (C) right Insula and (D) right SII cortex. Left panel green region represents y coordinate of each ROI. novice, pre MT group; MT, post MT group; VMPFC, ventromedial prefrontal cortex; DMPFC, LPFC, lateral prefrontal cortex; Insula, insula; IPL, inferior parietal lobule; SII, secondary somatosensory area.

MT 8周后的体验性与叙事性焦点条件。激活区域显示与体验性条件有更大的关联 (经验>叙述焦点) 红色, (叙述>经验) 蓝色: (A) 腹侧和背侧MPFC, (B) 右侧LPFC, (C) 右侧脑岛和 (d) 右SII-皮质。左侧绿色区域表示每个ROI的Y坐标。新手, 前MT组; MT后, MT组; VMPFC, 前额叶腹内侧皮质; DMPFC, LPFC, 前额叶外侧皮质; 岛叶, 岛叶; IPL, 顶下小叶; SII, 次生躯体感觉区。







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