

A Case of Successful Intervention Using the FAP Therapy for Complex PTSD Arising from Bullying Trauma

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Introduction

Traumas accumulated from childhood are associated with symptoms in adulthood (Marylene Cloitre et al, 2009).

The patients with complex PTSD, as compared with PTSD, have been reported to show higher levels of aggression and self-harm (Kevin F.W. et al, 2009), and also more marked disruption of cognitive schemata (Elana Newman et al, 2006). Because the treatment for complex PTSD is difficult, it may be hampered by confusion and the treatment period tends to be long (James A.Chu MD, 2011; Bessel van der Kolk, 2014). It has also been reported that trauma memories are often erased from a person's memory (Allison G.Harvey, 2001), and traumatic amnesia is regarded as a psychological symptom that suggests a problem of childhood abuse (John Briere et al, 1993; Reginald D.V.Nixon et al, 2005).

Thus, a difficulty in treating childhood traumas is considered to be that of dealing with traumas missing from the patient's memory.

In the study by Mc Donagh-Coyle et al (2005), intervention using exposure therapy was given to PTSD survivors with a history of childhood sexual abuse. The group treated with exposure therapy showed better improvement of PTSD symptoms and emotion regulation than the control group, but a dropout rate of 43% was noted in the exposure therapy group. In other words, while cognitive-behavioral therapy (exposure therapy) is effective in treating PTSD, it is considered to have problems such as poor adaptiveness of clients during verbalization of traumas and the high rate of dropouts.

FAP therapy, which is a trauma therapy developed in Japan, is available as a means to avoid the above-mentioned problems, including difficulty of treatment, problem of traumatic amnesia, and poor adaptiveness during verbalization of traumas. FAP therapy is a unique therapy of Japanese origin invented by Ohshima in 2001. With it, the client can proceed with trauma treatment in a short and safe manner without speaking about the trauma (Ohshima, 2001, 2003; Kudo, 2003; Ohtsuka, 2018, 2019, 2020).

In this study, a case of complex PTSD caused by bullying trauma was given intervention using FAP therapy. Symptoms disappeared in a short period with 7 interviews including the initial interview (treatment period: 1 month). Looking back at the development of the case, we discuss the effectiveness of FAP therapy and the factors for the recovery from complex PTSD.

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Case Overview

To protect the privacy of the client (CL), details have been changed without affecting the purpose of reporting.

CL: A female client in her 20's

●Chief complaint

Suicidal thoughts. Attempted suicides at the ages of 20 and 24 immediately following intimate interpersonal relationships. Beginning from infancy, games and dreams related to suicide were a constant part of life, and she had a sense of alienation in interpersonal relationships. Because interpersonal relationships would exhaust her, she is currently working alone. She lacks emotions such as anger and loneliness, and is in a state of apathy.

●Personality of the parents

【Father】

Strong anxiety. Has no friends. Interferes with the CL.

【Mother】

Having a hard time with the father and complains about this problem to CL. The mother leaks her conversation with the CL to the father. The relationship with the father worsens as a result. Has no friends.

●Life history

Bullied at preschool. Had no friends and played alone. The mother ridiculed her, saying "You are bullied because you are weak." Had suicidal thoughts from then on and played with dolls on the theme of suicide.

Bullying continued from the 1st through the 6th year of elementary school. She suffered having her things hidden, being beaten, being shunned, etc. Teachers intervened to no avail. The father threw things when he got angry.

The mother kept complaining to the CL. Bullying also occurred at after-school lessons, but she was laughed at by the mother when she sought her advice.

Junior high school days were peaceful.

Had one good friend. Was not interested in people and refused to join when invited by friends on holidays. Her family was silent at the dining table.

High school days were peaceful.

Wore a superficially smiling face in class.

Belonged to a circle at university.

Since she had not built interpersonal relationships so far, she only responded with superficial exchange of words.

She was rebuked by circle members surrounding her, saying "Can't you understand people?" At that time, she sought advice from her present partner.

Learned communication skills for years and made efforts. However, even after she acquired skills, relationships were painful and she was exhausted. At age 20, she felt tired after a meeting and attempted suicide for the first time. Dropped out of university at age 21. When she held a live concert at age 24, she became exhausted from interpersonal relationships and attempted suicide for the second time.

Diagnosis

The case has been having suicidal thoughts and a sense of alienation in interpersonal relationships since preschool days. There were attempted suicides at the ages of 20 and 24 immediately following intimate interpersonal relationships. Because interpersonal relationships would exhaust her, she is engaging in solo music activities. Games and dreams related to suicide have been a constant part of her life. She has a negative self-image of "I am like sludge." Considering these conditions are consistent with the state of complex PTSD in ICD-11 and derive from the trauma of long-term bullying beginning from preschool days, we proceeded with treatment using FAP therapy.

Interviews

(7 interviews in 1 month)

【#1】 ● GHQ-12 3 (Threshold value 3)
● PCL-S 41 (Threshold value 45-50)

Taking life history of the CL. The therapist's impression of the CL was that words and emotions did not come across.

【#2】 She says she feels aversion when she meets someone who resembles a bully. She says "I stand on guard even though the person is not doing nasty things to me," and this was inferred to be a consequence of "bullying trauma."

● FAP therapy 「Bullying trauma ①」

【#3】 She used to have difficulty feeling emotions, but now she can honestly think that what she thought "interesting" was interesting. She receives feedback from her partner that she "has come to speak more and be open-minded."

We confirm the intervention using FAP therapy "bullying trauma" has caused a change: alleviation of trauma-induced sensory paralysis.

● FAP therapy 「Bullying trauma ②」

【#4】 She says, "a sense of living for the moment has started to grow in me." She has been released from suicidal thoughts related to "bullying trauma."

She speaks about "bullying in elementary school days." She reports that nobody understood her in elementary school days and she wanted to kill her bullies. Although she wanted to erase "bullying trauma" from her memories, it could not be erased because her physical body exists. Suicidal thoughts and attempted suicides are considered to have been a result of her wish "to kill my body."

● FAP therapy 「Bullying trauma ③」

【#5】

She says, "I seem to have parted from bullying trauma." Through the process in which memories and emotions of "bullying trauma" are organized using FAP therapy, she has been released from the adherence to the past. While she once had the negative self-image of "sludge," she says the sense of "sludge" has diminished and disappeared in the process. The negative self-image related to "bullying trauma" has also improved.

● FAP therapy 「Interpersonal relationship anxiety ①」

【#6】

She reports that the sense of suicidal thoughts has weakened. She reports that she was able to talk in a relaxed manner in the backstage room of a live concert even though there were many people. The CL used to enter the stage feeling as if the audience were bullies, but she now reports that this feeling has improved.

● FAP therapy 「Interpersonal relationship anxiety ②」

【#7】 ● GHQ-12 0 (Threshold value 3)
● PCL-S 17 (Threshold value 45-50)

The sense of suicidal thoughts has almost completely gone, and she says "My mind about the past has been organized." Because the chief complaint has been resolved, the CL proposes the termination of counseling.

● First ⇒ Last (#7)
● GHQ12 (3→0 : Threshold value 3)
● PCL-S (41→17 : Threshold value 45~50)

Discussion

A case of complex PTSD arising from bullying trauma was given trauma treatment using FAP therapy. It was considered that the "bullying trauma" trigger (intimate interpersonal relationship) induced the dissociated traumatic emotions (self-destruction), causing the problem of attempted suicides. The integration of memories and emotions related to bullying trauma is considered to have organized her mind about the past and caused the change toward "living for the moment."

The changes in PCL-S and GHQ12 from the first to the last interview were PCL-S from 41 to 17 (threshold 45-50) and GHQ12 from 3 to 0 (threshold 3). Adaptiveness in daily living and trauma problems also improved remarkably. The intervention using FAP therapy enabled us to complete the treatment in a short period of 1 month.

A patient with the problem of complex PTSD is considered to proceed with treatment on an ongoing basis in the presence of various issues in daily living. In this process, it is important to conduct interviews maintaining the adaptive state of the client. In severer cases, it is all the more important to conduct trauma treatment in a speedy and safe manner.

In this study, by using FAP therapy and making proposals, we have been able to work on the trauma safely in a short period, and also to succeed in utilizing the client's innate "power to live."

Limitations

We want to use FAP therapy in trauma treatment in various cases and study its individualized application.