

The background of the slide is a complex, abstract pattern. It features a dense network of thin, gold-colored lines that resemble veins or a web. These lines are set against a background of vibrant blue and purple hues. The colors are layered and blended, creating a sense of depth and movement. The overall effect is reminiscent of a microscopic view of a biological structure or a stylized, organic pattern.

SOCIAL WORK, TRAUMA, & THE ARTS



DR. MEAGAN
CORRADO



CLASS I: INTRODUCTION TO TRAUMA

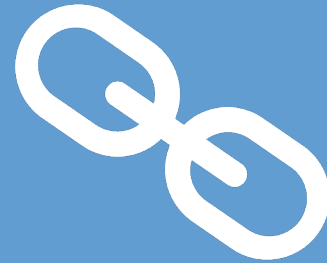
SOCIAL WORK, TRAUMA, & THE ARTS

COURSE DASHBOARD

VIRTUAL ASYNCHRONOUS CONTENT



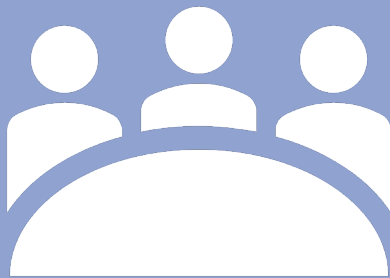
WEB LINKS



COURSE READING



"LIVE" VIRTUAL CLASS SESSIONS



WRITTEN ASSIGNMENTS



STUDENT PROPOSALS



Social Work, Trauma, & The Arts

Course Roadmap

INTRODUCTION TO TRAUMA &
TRAUMA HEALING

EXPLORATION OF CREATIVE
ARTS APPROACHES

1

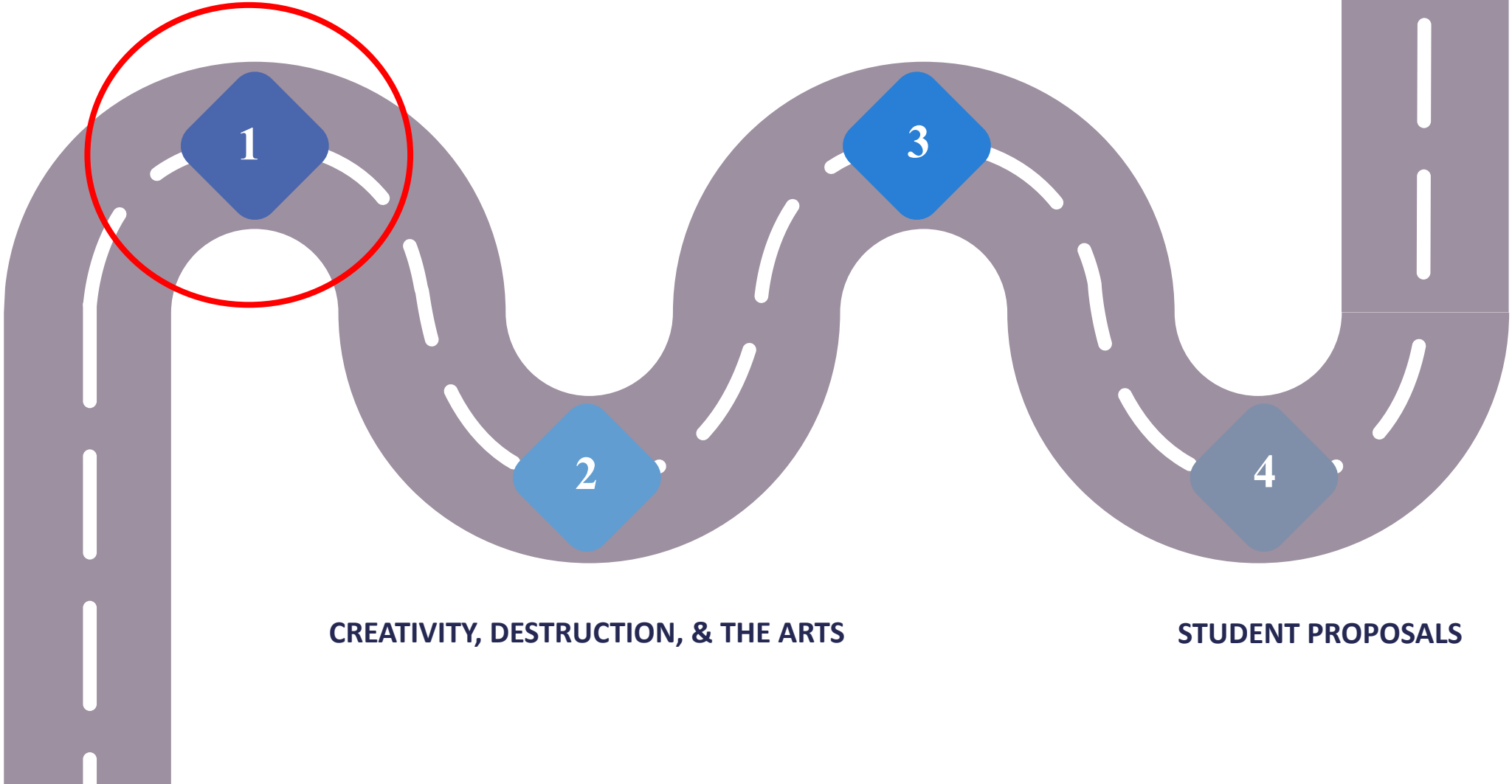
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2

4

CREATIVITY, DESTRUCTION, & THE ARTS

STUDENT PROPOSALS



AGENDA



Part 1: Introduction to Trauma

Part 2: Consequences of Trauma Exposure



PART I: INTRODUCTION TO TRAUMA





DEFINING TRAUMA

The word *trauma* comes from a Greek word that means **injury** or **wound**.

(Ford & Courtois, 2009)

The injuries or wounds that happen as a result of trauma can be physical, psychological, and/or emotional.

There are many ways to define trauma. Here are a few examples:

- “Trauma is any event or experience (including witnessing) that is physically and/or psychologically overwhelming” (Courtois, 2014).
- “Psychological trauma is an affliction of the powerless. At the moment of the trauma, the victim is rendered helpless by overwhelming force. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning” (Herman, 2015).

DEFINING TRAUMA

“Trauma is an experience that causes a person to feel afraid, overwhelmed, out of control, and broken.

Trauma affects how people view themselves, others, and the world around them” (Corrado, 2019).

Additional definitions of trauma include:

When you are in a dangerous situation and become flooded with thoughts and feelings (Blum, 2003).

When a surprising event happens or almost happens that threatens your life and safety and makes you feel afraid and out of control (Cohen, Mannarino, & Deblinger, 2016).

When you are in a life-threatening or harmful situation (DSM, 2013).

When a situation is so scary and threatens your safety to the point that you are extremely afraid and your body and mind enter survival mode (Schauer, Nuener, & Elbert, 2011).

DEFINING TRAUMA

DEFINING TRAUMA: FREUD

Freud defined “psychic trauma” as the flooding of the ego “by stimuli in a danger situation emanating from within or without” (Blum, 2003, p. 416). He believed that this overstimulation can occur internally or externally. In Freud’s early correspondence with Breuer, he proposed that psychic trauma is “any idea, memory, or feeling” that causes the ego to become overwhelmed” (Piers, 1996, p. 540). He stated that what causes one individual to become ego-overwhelmed may not create the same experience for another. Whether an event is traumatic for an individual “depends on the sensitivities of the person concerned” (Piers, 1996, 540).

DEFINING TRAUMA: FREUD

Freud refined his views and proposed the “seduction theory.” Freud presented the tenets of seduction theory in “The Aetiology of Hysteria” in which he stated, “At the bottom of every case of hysteria there are one or more occurrences of premature sexual experience, occurrences which belong to the earliest years of childhood” (Westerlund, 1986, p. 300). Freud’s seduction theory posited that there is a causal relationship between early trauma and symptoms of anxiety and hysteria in adulthood.


What did Freud mean by “hysteria?” Hysteria includes “contractures and paralyses, hysterical attacks and epileptoid convulsions...petit mal [seizures in which all motor is frozen] and disorders in the nature of tic, chronic vomiting and anorexia...various forms of disturbance of vision, constantly recurrent visual hallucinations, etc” (Breuer & Freud, 1893-1895, p. 4). Additionally, hysteria could include conversion and psychosomatic symptoms, disorganized thoughts, and reexperiencing of past events.

DEFINING TRAUMA: FREUD

- Freud suggested that the “psychical trauma- or more precisely the memory of the trauma- acts like a foreign body which long after its entry must continue to be regarded as an agent that is still at work” (Heim & Nemeroff, 2001, p. 6). Presenting symptoms of anxiety and hysteria in adulthood could therefore be understood as physical and affective responses to unintegrated, suppressed traumatic memories from childhood experiences (Piers, 1996, p. 540).
- Freud further revised his views on trauma after proposing the seduction theory. In his 1905 “Three Essays on the Theory of Sexuality,” Freud rescinded important aspects of his seduction theory. He stated, “I cannot admit that in my paper on ‘The Aetiology of Hysteria’ (1896), I exaggerated the frequency or importance of that influence, though I did not then know that persons who remain normal may have had the same experience in their childhood, and though I consequently overrated the importance of seduction in comparison with the factors of sexual constitution and development” (Westerlund, 1986, p. 305).

DEFINING TRAUMA: COURTOIS (2014)

“Trauma is any event or experience (including witnessing) that is physically and/or psychologically overwhelming to the exposed individual” (Courtois 2014, p. 5).



Courtois adds the following elements to her definition of trauma:

“stands apart from normal events in its intensity and impact”

“is often sudden, unanticipated, and out of the blue”

“includes exposures and incidents that anyone would identify as overwhelming”



“includes exposures and incidents that are less easily defined”

DEFINING TRAUMA: HERMAN (2015)

- “Psychological trauma is an affliction of the powerless. At the moment of the trauma, the victim is rendered helpless by overwhelming force...Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning” (Herman, 2015, p. 33)
- Herman adds that traumatic events
 - Are “extraordinary...because they overwhelm the ordinary human adaptations to life”
 - “Confront human beings with the extremities of helplessness and terror”
 - “Cannot be measured on any single dimension”

- 309.81 PTSD Diagnosis (p. 271)
 - “Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
 - Directly experiencing the traumatic event(s)
 - Witnessing, in person, the event(s) as it occurred to others.
 - Learning that the traumatic event(s) occurred to a close family member of close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
 - Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g. first responders collecting human remains; police officers repeatedly exposed to details of child abuse)
 - Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.”

DEFINING TRAUMA: DSM 5



TRAUMA BASICS

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TYPES OF TRAUMA (BRIERE & SCOTT, 2006)

Natural
disasters

Mass
interpersonal
violence

Large-scale
transportation
accidents

House or
other
domestic fires

Motor vehicle
accidents

Rape and
sexual assault

TYPES OF TRAUMA (BRIERE & SCOTT, 2006)

Stranger physical
assault

Partner battery

Torture

War

Child abuse

Emergency
worker exposure
to trauma

TYPES OF TRAUMA (COURTOIS, 2014)

Impersonal trauma

Interpersonal trauma

Attachment trauma / relational trauma

Betrayal trauma

Secondary trauma

Institutional trauma


TYPES OF TRAUMA (COURTOIS, 2014)

Identity trauma

Community trauma

Complex trauma

Chronic trauma (stress pileup; illness, injury, and disability; grief and loss; identity and cultural trauma)



**An astounding 80% of US citizens have
experienced trauma.**

(Courtois, 2014)

TRAUMA PREVALENCE RATES (GILLESPIE ET AL, 2009)

- A study of 1,029 adults between the ages of 18 and 65 was conducted in Atlanta. **87.8%** of the participants had experienced a trauma.
- The majority of the study participants identified as African American.

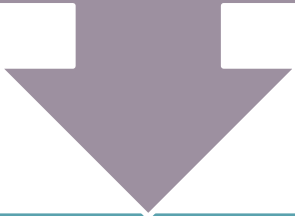
TRAUMA PREVALENCE RATES (FORMAN- HOFFMAN ET AL., 2016)

- A study of 5,653 participants found that **41.1%** of the adults in the study had experienced at least one trauma.
- The majority of the study participants identified as Caucasian.

TRAUMA PREVALENCE RATES (YOUTH)



- A study of 1,700 inner city youth between the ages of 7 and 21 found that almost **50%** of them had been exposed to violence, physical harm, and scary experiences that impacted them and the people they had close relationships with (Breslau et al., 2004).
- A study of 337 New York City high school students found that **62%** of them had been exposed to violence against family, friends, and strangers and/or witnessed/experienced shootings, stabbings, rape, and physical assault (Moses, 1999).

Many individuals and communities have not only experienced one trauma, but they have experienced multiple traumas throughout their lives.



“Complex trauma encompasses *multiple and repeated experiences* of interpersonal trauma, often becoming chronic. It routinely involves layers of traumatic experience ‘on top of’ or as a consequence of attachment/relational trauma” (Courtois, 2014).

COMPLEX TRAUMA



STRESS, CRISIS, TRAUMA, AND ALLOSTATIC LOAD

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The continuum





STRESS

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Stress is a normal experience for all individuals and communities.



There are different definitions for stress:

Something that causes an individual to have a visible reaction and results in their need to either positively or negative respond to the situation (Yeager & Roberts, 2003).

Something that happens in a person's environment that is overwhelming and that the person believes will stretch their ability to cope in a healthy way (Dulmus & Hilarski, 2003).

DEFINING STRESS

STRESS THEORY

Lazarus proposed that individuals respond in one of two ways to stress:

- They think that they cannot cope because the stress is too great.
- They see the danger and believe that they can overcome it.

Each individual's way of responding to stress will direct their course of action.

- Those who think that the stress is too overwhelming will shut down or avoid.
- Those who believe that it is manageable will take action steps and face the problem head-on.

(Huy, 1999)

■ **A person's response to stressful circumstances “depends on the individual's stage of development, life experience, personality, context, and coping strategies as well as the intensity and duration of the life experience” (Dulmus & Hilarski, 2003).**



CRISIS

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There are many definitions for a crisis.

Everstine & Everstine (2006) define crisis as a situation that disrupts the status quo, leaves the person feeling powerless, and causes the individual to feel “that things might never be the same.”

According to Lindemann, a crisis causes an imbalance in an individual/system. A “hazardous event” disrupts the person/system’s ability to stay balanced. This makes it difficult for them to cope in healthy ways and makes the person/system particularly vulnerable (Roberts, 1996).

Cavaiola & Colford (2006) refer to a crisis as “a time for decision-making, a turning point, or a moment of reckoning.”

DEFINING CRISIS

DEFINING CRISIS

Roberts (1996) defines crisis as a “triggering incident [that] poses a serious threat to the person’s safety and survival.”

Yeager & Roberts (2003) state that crises create “distress and functional impairment.” The individual or system’s ability to maintain stability is disrupted. Coping strategies that previously helped the individual or system no longer work.

CRISES CAN BE DIVIDED INTO FOUR CATEGORIES:

**Normal
developmental
crises**

**Traumatic
event crises**

**Existential
crises**

**Psychiatric
crises**

A crisis is unexpected, creates a safety threat, and results in the individual's difficulty coping with the situation (Roberts, 1996).



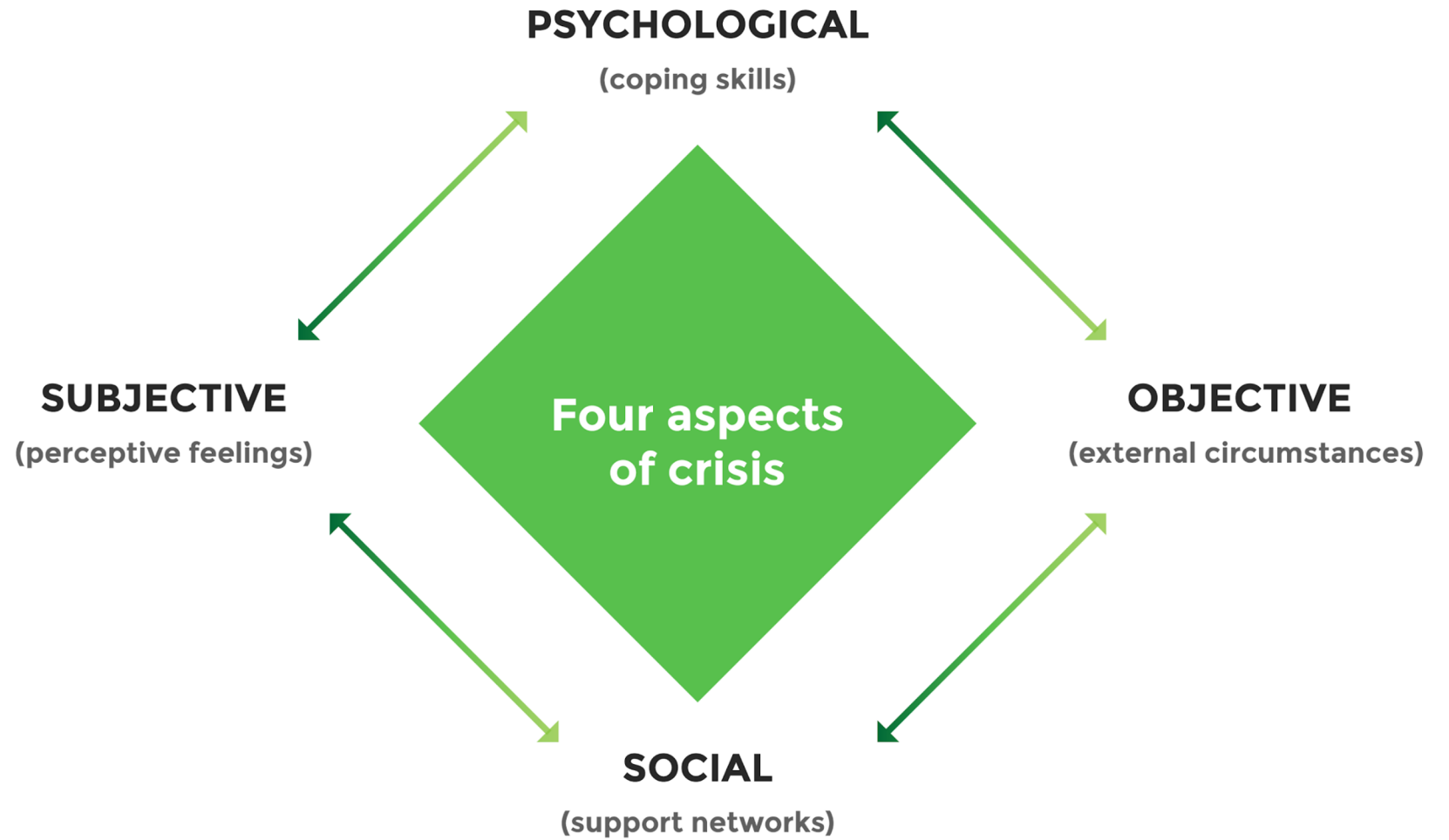
Crises are connected to loss (Thompson, 2011). This is because:

Crises often arise as a result of a major loss.

Crises can give rise to significant losses.

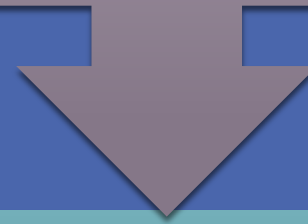
Four aspects of crisis

(Thompson, 2011)



RESPONSES TO CRISIS

Individuals respond to crises in a variety of ways.



Cavaiola & Colford (2006) state that responses to crises can be:

Physical

Emotional

Cognitive



There are theories that help us understand how people respond to crises.



Although these theories can help us understand patterns in crisis situations, it is important to remember that every situation is unique. Every crisis occurs within a different context.

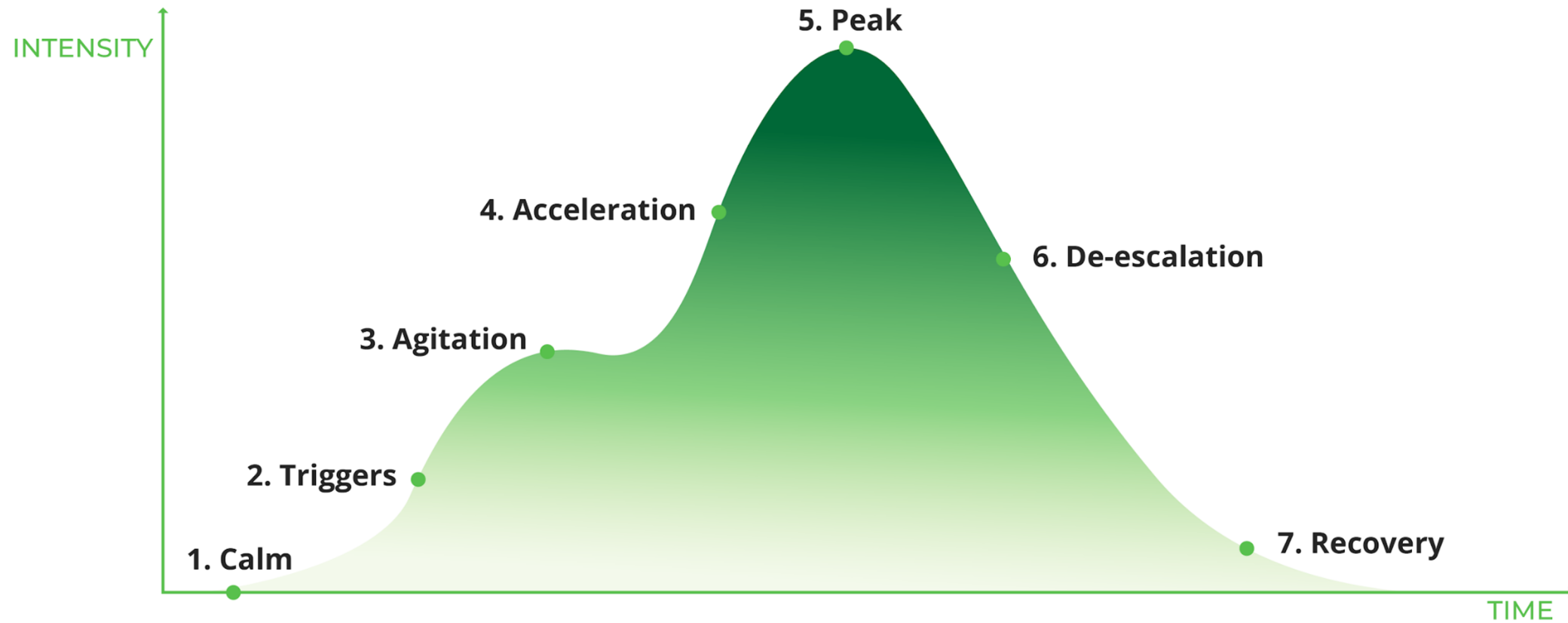
CRISIS MODELS

CAPLAN'S CRISIS MODEL

- Caplan proposes that three stages are involved in a crisis:
 - **Impact** is when the individual is affected by the stress and becomes overwhelmed and off balance.
 - **Recoil** is when the person's emotions intensify and it is difficult for them to respond in healthy ways.
 - **Adjustment and adaptation** is when the individual identifies solutions and uses problem-solving strategies to move through the crisis so that they can become stable.
- (Thompson, 2011)

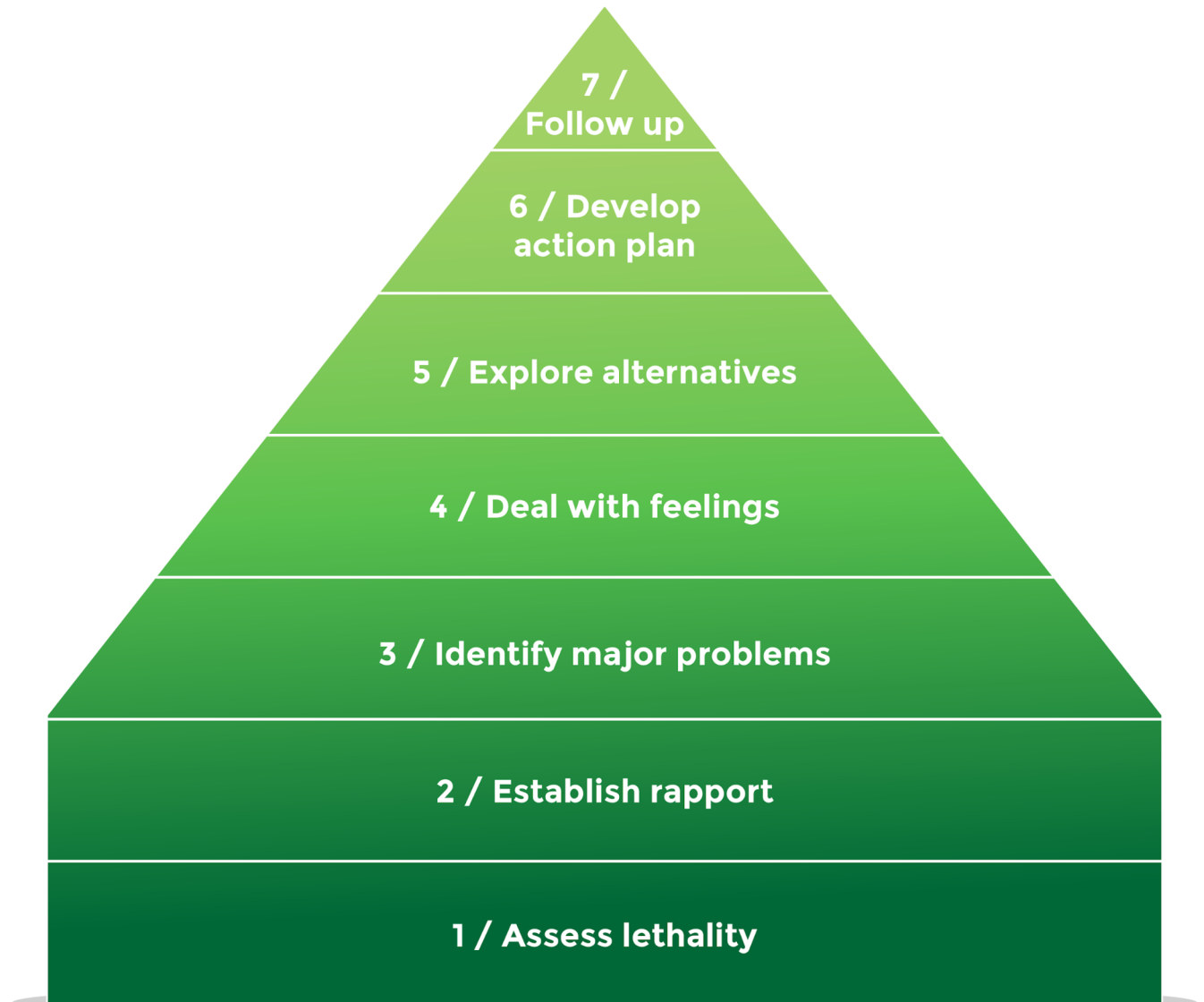
Phases of acting out behavior

(Colvin & Scott, 2015)



SEVEN STAGE CRISIS INTERVENTION MODEL

(Roberts, 1996)





TRAUMA

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DEFINING TRAUMA

- “Trauma is any event or experience (including witnessing) that is physically and/or psychologically overwhelming” (Courtois, 2014).
- “Psychological trauma is an affliction of the powerless. At the moment of the trauma, the victim is rendered helpless by overwhelming force...Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning” (Herman, 2015).
- “Trauma is an experience that causes a person to feel afraid, overwhelmed, out of control, and broken. Trauma affects how people view themselves, others, and the world around them” (Corrado, 2019).

Natural disasters

Mass interpersonal violence

Large-scale transportation accidents

House or other domestic fires

Motor vehicle accidents

Rape and sexual assault

Stranger physical assault

Partner battery

Torture

War

Child abuse

Emergency worker exposure to trauma

TYPES OF TRAUMA (BRIERE & SCOTT, 2006)



COMPLEX TRAUMA

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DEFINING COMPLEX TRAUMA: COURTOIS



- Complex trauma is trauma that is derived from multiple sources and occurs throughout many stages of a person's life.
- Courtois defines trauma as follows: “Complex trauma encompasses multiple and repeated experiences of interpersonal trauma, often becoming chronic. It routinely involves layers of traumatic experience ‘on top of’ or as a consequence of attachment/relational trauma” (2014, p. 20)

DEFINING COMPLEX TRAUMA: FORD & COURTOIS

“We define complex psychological trauma as resulting from exposure to severe stressors that (1) are repetitive and prolonged, (2) involve harm or abandonment by caregivers or other ostensibly responsible adults, (3) occur at developmentally vulnerable times in the victim’s life, such as early childhood or adolescence (when critical periods of brain development are rapidly occurring or being consolidated” (Ford & Courtois, 2009, p 13).

DEFINING COMPLEX TRAUMA: FORD & COURTOIS

“Complex psychological trauma represents extreme forms of traumatic stressors due to their nature and timing. In addition to often being life-threatening or physically violating, terrifying, or horrifying, these experiences are typically chronic rather than one-time or limited, and they compromise the individual’s personality development and basic trust in primary relationships” (Ford & Courtois, 2009, p. 13).



TOXIC STRESS AND ALLOSTATIC LOAD

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INTRODUCTION

Stress can be a positive, motivating factor in helping us accomplish things.




Stress can also be negative and burdensome. It can drain us of the energy necessary to achieve our goals.



There are two types of stress— positive stress and toxic stress.



Positive stress is temporary. It helps individuals grow and “is necessary for healthy development” (Bloom & Farragher, 2013).



Toxic stress “is associated with prolonged and intense activation of the body’s stress response to such an extent that it can change the way a child’s brain develops, the very architecture of the brain, with problematic long-term consequences” (Bloom & Farragher, 2013).

ALLOSTASIS

- McEwen & Wingfield (2003) state that “allostasis is achieving stability through change.” (p. 3).
- McEwen (1998) refers to allostasis as our body’s use of the autonomic nervous system and the HPA axis to help us adapt to stress (or achieve homeostasis). He states that allostasis is the process whereby our brains and bodies recalibrate in the face of stress.
- Although allostasis is a protective survival mechanism, if under-used or over-used, individuals can experience significant health consequences.
- ”These allostatic systems can also cause problems for the body if they are overactive or underactive. Thus, adaptation, or allostasis, often has a price; and we have called the price of adaptation that promotes pathophysiology ‘allostatic load’” (McEwen, 1998, pg 33).

ALLOSTATIC LOAD

Although allostasis helps us adapt and survive in the face of stress, crisis, and trauma, we can experience allostatic load if we put too much pressure on this system.

Allostatic load results when the allostatic systems are overworked or fail to shut off after the stressful event is over (McEwen, 1998).

Although allostasis is a protective survival mechanism, if it is used too much, individuals can experience significant health consequences including disease, heart complications, and death.

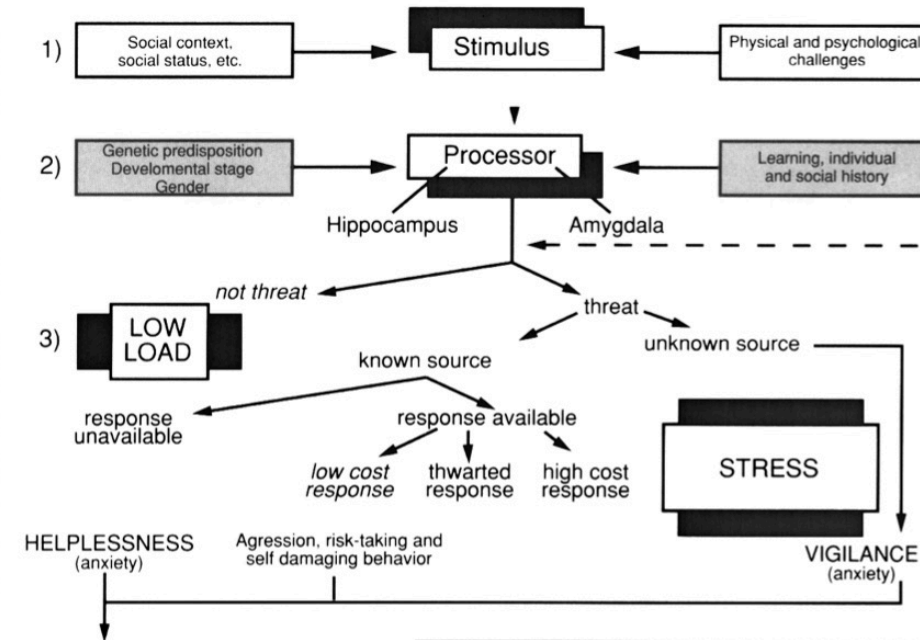
CONSEQUENCES OF ALLOSTATIC LOAD

- The hippocampus helps us form memories and place current experiences in context
- The hippocampus also helps us shut off the HPA stress response
- If a person experiences stress over an extended period of time, neurons in the hippocampus can actually be killed
- “Adversity, including conflict and social instability, accelerates pathophysiological processes and results in increased incidence of morbidity and mortality. The cardiovascular system is one of the most susceptible” (McEwen, 1998).
- Allostasis helps us adapt and survive to stress, but when “they are not turned off or turned down...these systems become dangerous for health” (McEwen, 1998).
 - (McEwen, 1998)

CONSEQUENCES OF ALLOSTATIC LOAD

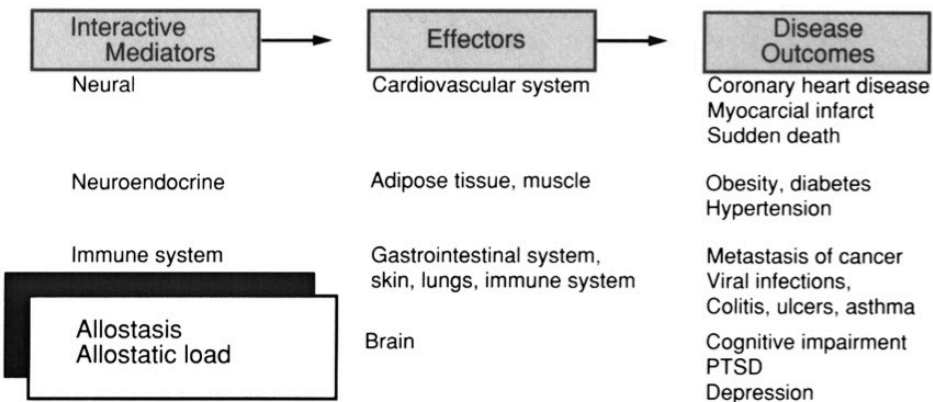
System	Acute response to challenge	Problems associated with chronic activity or inactivity
Cardiovascular	Maintaining erect posture (avoiding “black-out”) Physical exertion	Hypertension, potential for stroke, MI
Metabolic	Activating and maintaining energy reserves, including energy supply to the brain	Obesity, diabetes, atherosclerosis
Immune	Response to pathogens Surveillance for tumors	Inflammatory, autoimmune disorders Immunosuppression
Brain, CNS	Learning, memory neuroendocrine and autonomic regulation	Neuronal atrophy, death of nerve cells

A. Behavior: interpretation of and reaction to challenge



B. Biological mechanisms

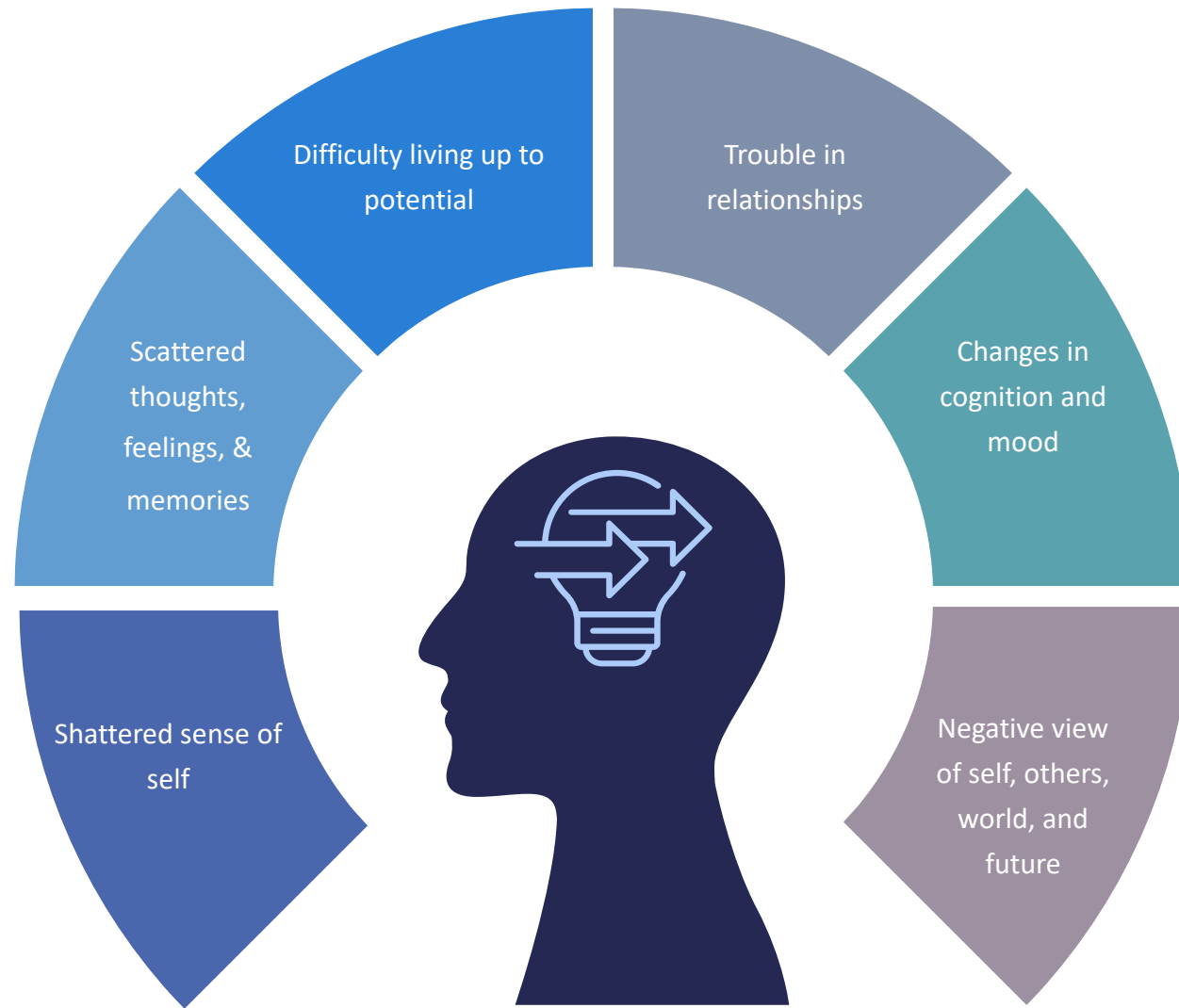
Individual differences in reactivity—based upon genetic makeup, gender, developmental history.






PART 2: CONSEQUENCES OF TRAUMA EXPOSURE

CONSEQUENCES OF TRAUMA EXPOSURE




NEUROBIOLOGICAL CONSEQUENCES OF TRAUMA EXPOSURE


Trauma changes the nervous system, creating psychological, emotional, and physical problems.



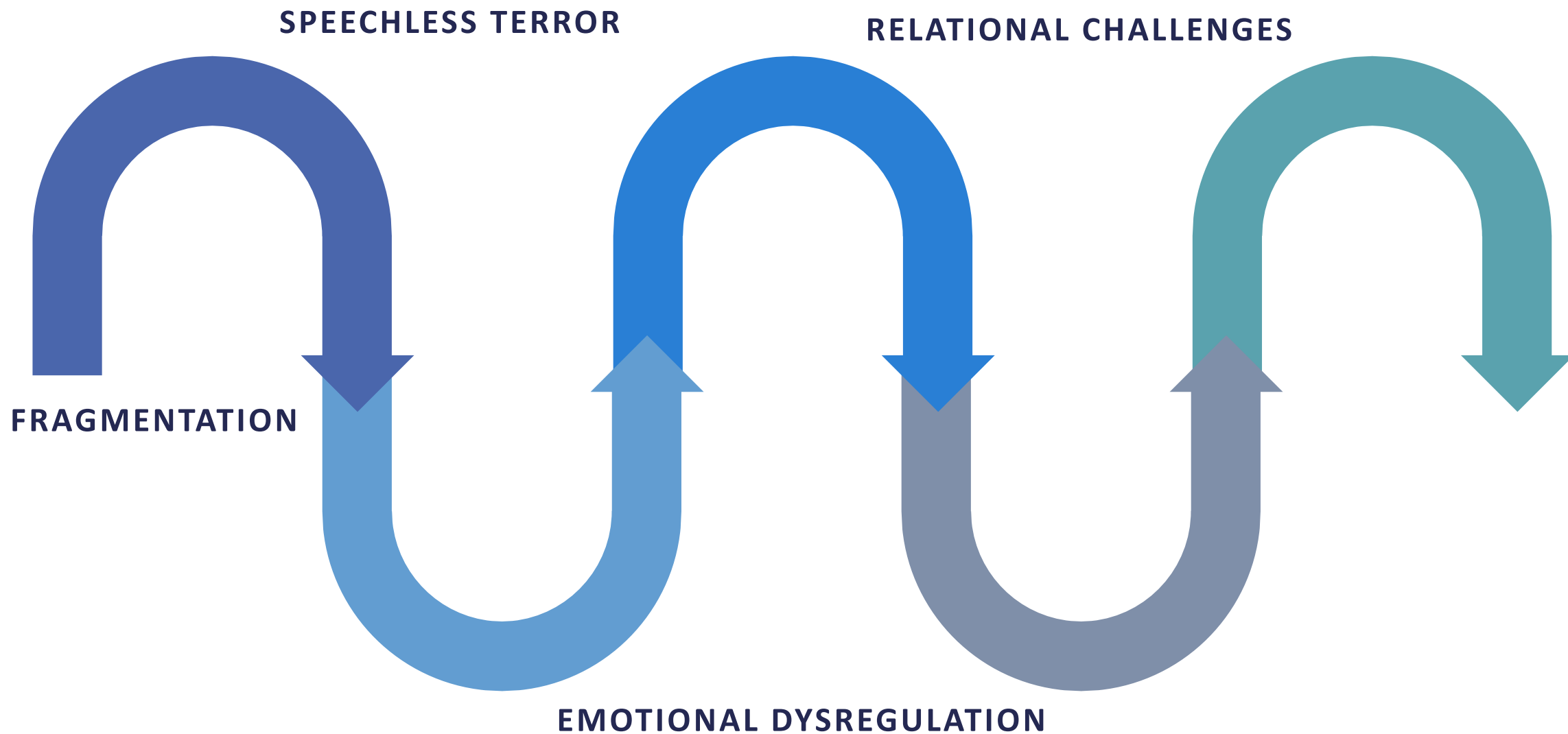
Van Der Kolk (2015) states: “The survivor’s energy now becomes focused on suppressing inner chaos... These attempts to maintain control over unbearable [physical] reactions can result in a whole range of physical symptoms.”



Sometimes trauma survivors over-react, under-react, or have trouble figuring out who/what is safe and who/what is dangerous (Briere & Scott, 2006).



This can have a negative impact on relationships and interactions with others.





FRAGMENTATION

FRAGMENTATION

- Trauma survivors often experience the self as being shattered or broken
- Fragmentation is a normal response to traumatic events
- Fragmentation also naturally occurs in the brain's structure
- When over-used, fragmentation can be detrimental to the trauma survivor
- Think of fragmentation as being on a continuum. On one side of the continuum is a fully integrated individual. On the other side is an individual with DID (formerly known as MPD)



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graph LR; A[Temporary disorganization and disconnection from reality] --> B[Trauma-induced fragmentation/dissociation]; B --> C[Dissociative Identity Disorder];
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Temporary disorganization and
disconnection from reality

Trauma-induced
fragmentation/dissociation

Dissociative Identity
Disorder

DISSOCIATION: BLOOM (2010)

- "Dissociation...allows us to be more efficient, able to do two or more tasks simultaneously. Through this mechanism, much of our behavior can become automated so that we are able to perform complex tasks like driving and navigating an automobile while planning a morning's lecture or reworking an argument with a spouse" (2010, p. 201).
- "Dissociation is a primary response to traumatic experience...it allows us to transcend, to escape from, the constraints of reality and in doing so, it allows us to tolerate irreconcilable conflicts" (p. 201).

DIFFICULTY WITH ASSOCIATIVE ABSORPTION

Van Der Kolk et al. (1997) conducted a study involving 28 participants who had reportedly been exposed to traumatic events.

It was determined that for 78% of survivors, traumatic memories were recalled as “visual, olfactory, affective, auditory, or kinesthetic imprints” rather than as cohesive narratives that could be orally articulated (p. 103).

Trauma stored as “sensory fragments” rather than as cohesive narratives (Van Der Kolk, 1997, p. 99).

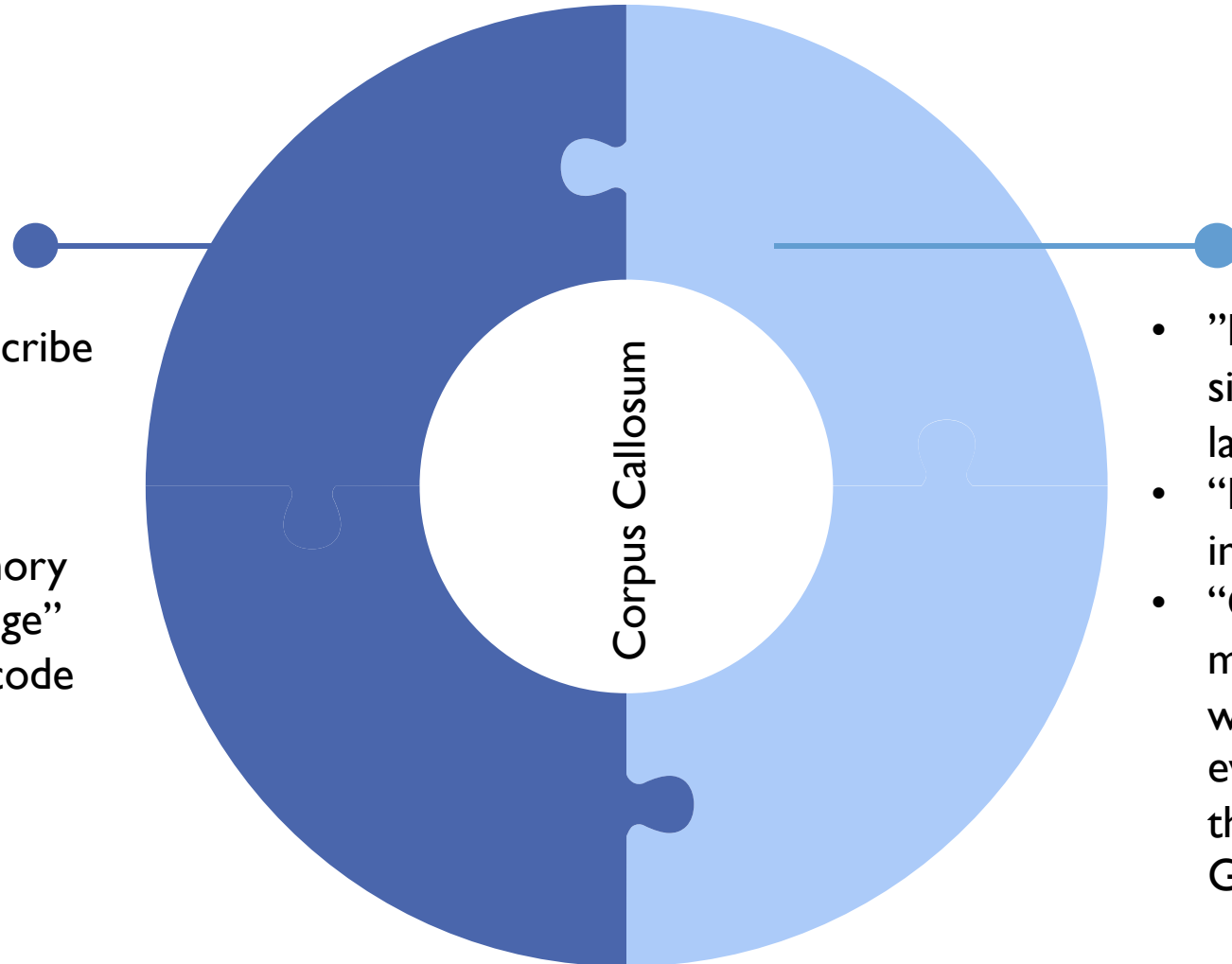
Due to the brain’s failure to integrate traumatic memories, the individual experiences psychological distress including “flashbacks and nightmares [and] altered states of consciousness in which the trauma is relived” (Heim, 2001, p. 99).

Hemispheres & Fragmentation

Infographic based on Fisher (2016)

Left Hemisphere

- “Uses language to describe experiences and information”
- “Specialize[s in] autobiographical memory and acquired knowledge”
- Has the ability to “encode information verbally”
- Allows individuals to verbalize feelings

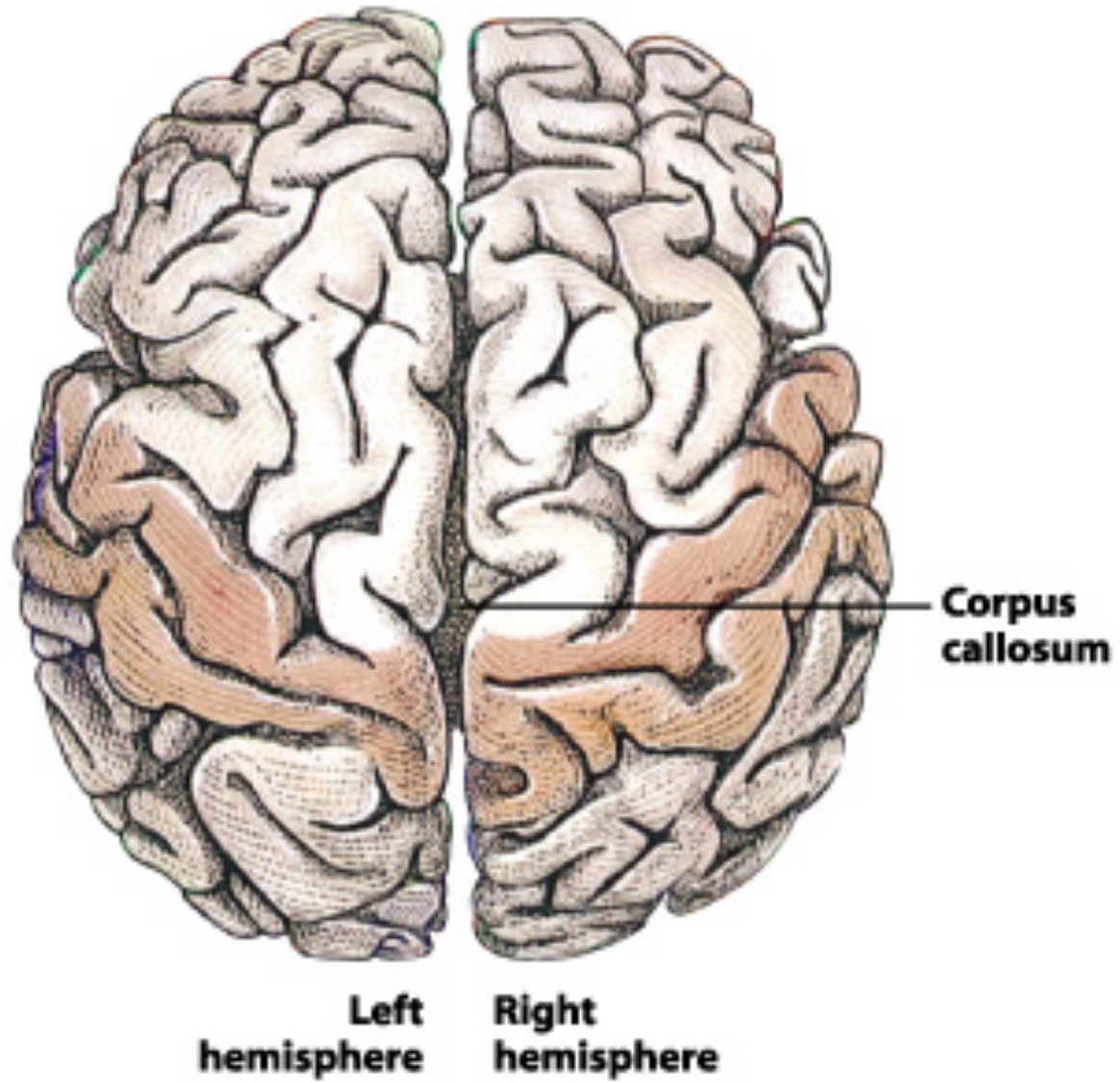


Right Hemisphere

- “Recognize[s] differences and similarities between stimuli but lack[s] words to describe it”
- “Remember[s] episodically and implicitly”
- “Grasps the gist of a situation, makes an inference that fits well with the general schema of the event, and toss[es] out anything that does not” (as quoted by Gazzaniga)

THE CORPUS CALLOSUM

- The corpus callosum is a band of nerve fibers that connect the left and the right hemispheres
- The corpus callosum allows the hemispheres to communicate with one another
- Bremner (2006) states that for children who have been abused, their corpus callosa are smaller than the corpus callosa of children without abuse histories



“Distancing from the trauma serves another important function in childhood, another way of surviving: it allows us not just to keep going but to keep growing and developing despite whatever befalls us.” (p. 66)

“The worse the trauma or neglect and the less safety, the more distance will be needed from the knowledge of his or her emotional or physical vulnerability” (p. 66)

“When we disown needs that can’t be met or feelings that are unacceptable, we protect ourselves from unbearable disappointment or punishment...Disowning one’s sad or lonely or needy parts, as well as angry, hypervigilant, or counterdependent parts, prevents self-acceptance and self-care, but it is safer” (p. 66)

FRAGMENTATION AS AN ADAPTIVE RESOURCE (FISHER)



SPEECHLESS TERROR

SPEECHLESS TERROR (FISHER)

- Brain scan studies reveal that while the limbic system is activated, the individual experiences “inhibited cortical activity, including inhibition of expressive language centers in the left brain, leaving the subjects ‘speechless.’” (p. 51)
- ”These findings describe what therapists often observe in traumatized clients: when the prefrontal cortex, inhibited by autonomic responses to traumatic memory, cuts them off from language areas of the brain, their ability to observe even their own experience verbally and sequentially is lost. The overwhelming emotions and physical impact are too big to be captured by language.”

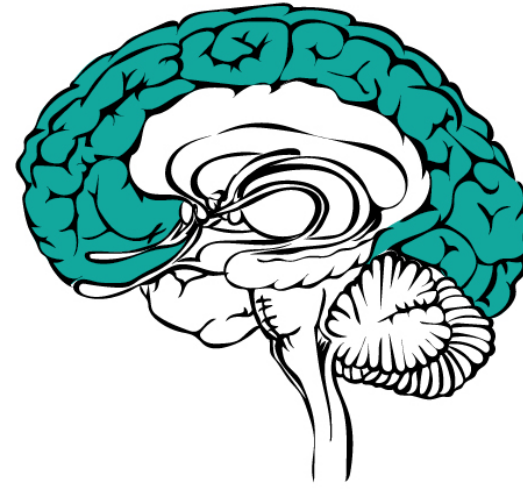
PARTS OF THE BRAIN



BRAINSTEM

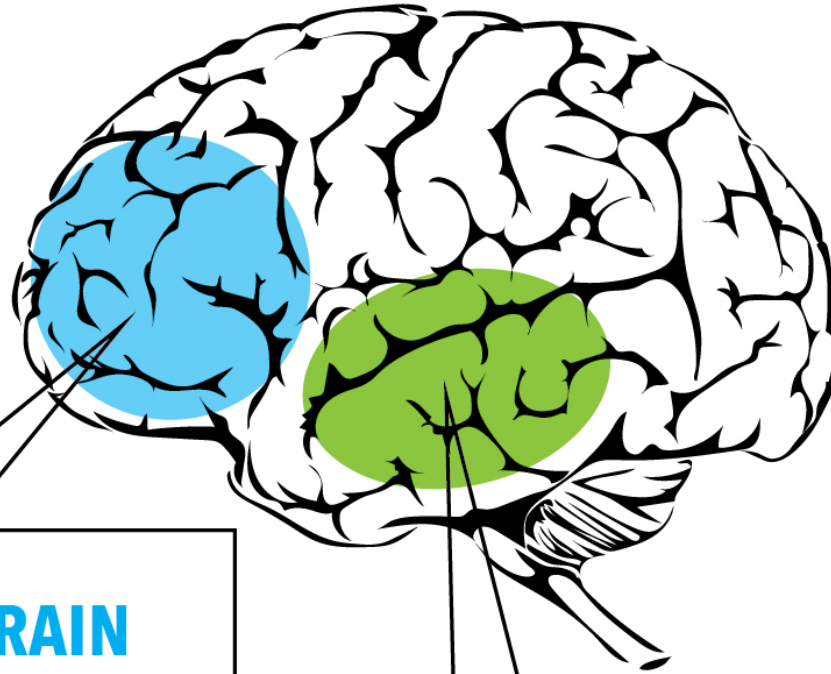


LIMBIC SYSTEM



CEREBRAL CORTEX

THE SURVIVAL BRAIN AND THE LEARNING BRAIN

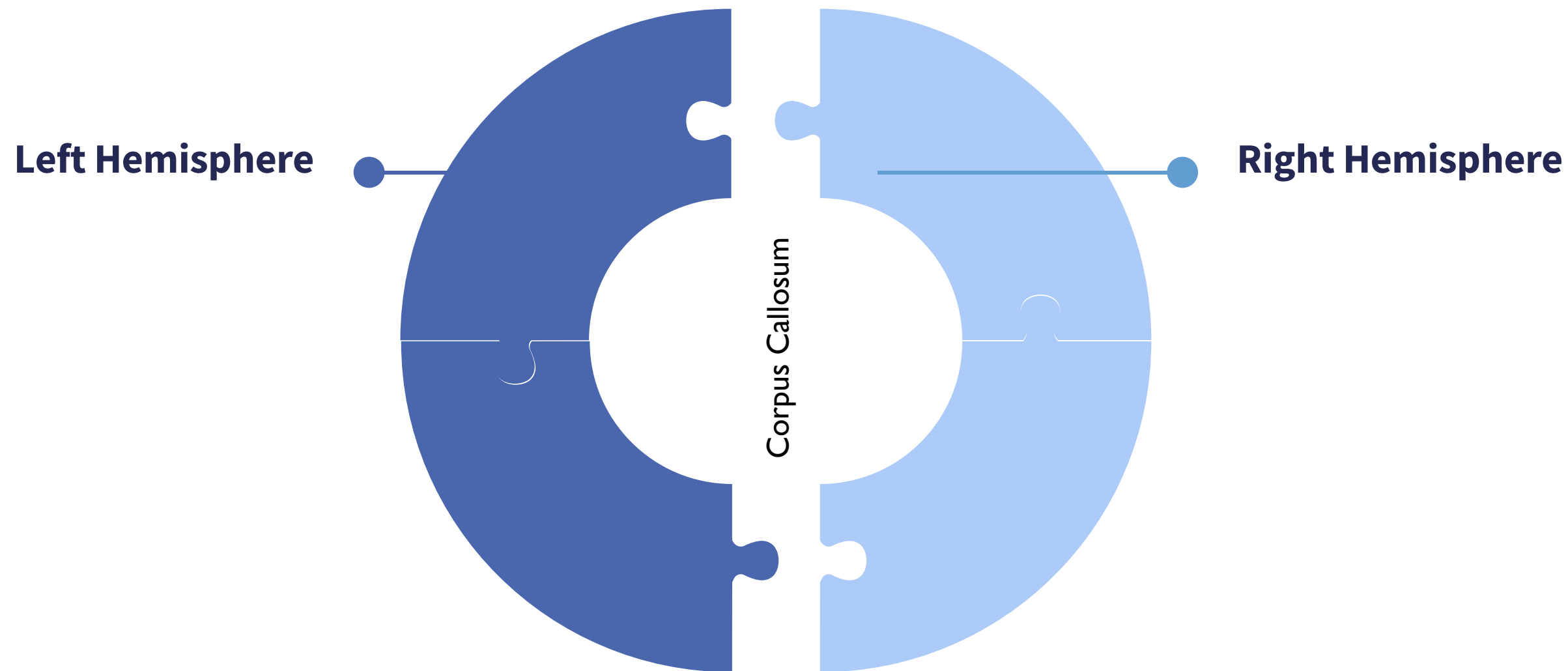


LEARNING BRAIN

allows the person to learn,
grow, and explore

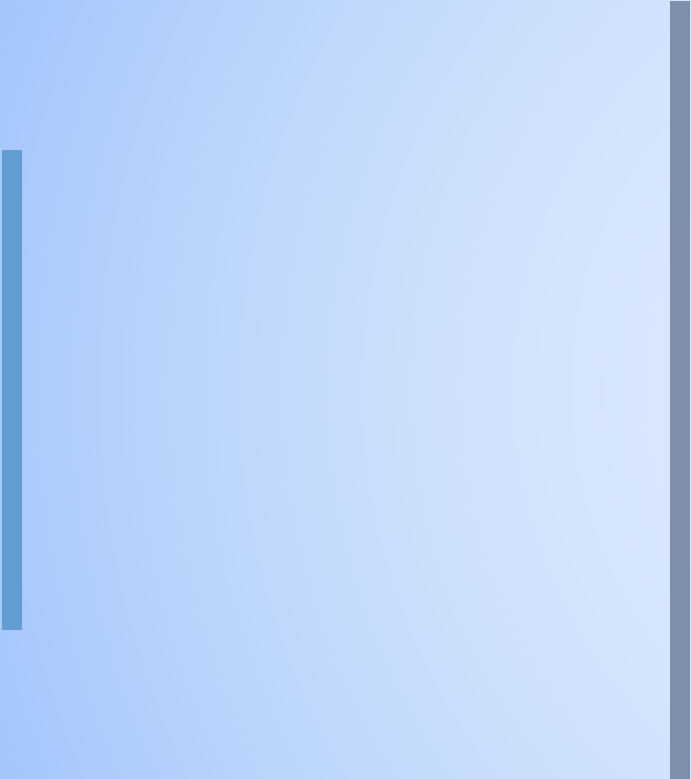
SURVIVAL BRAIN

allows the person to respond to
and survive danger



SPEECHLESS TERROR (HARRIS, 2009)

- “Survivors of extreme traumatic exposure commonly exhibit difficulty recounting the terrible events they have suffered or witnessed. Nonetheless, within most psychiatric discourses, verbalizing the trauma history is deemed central to ‘processing’ its meaning, and in turn, to recover from the psychological, emotional, and somatic sequelae. The contradiction inherent to this directive- to put into the logic of words experiences that utterly defy human comprehension and capacity for reason- amplifies already significant challenges to restoration after traumatic loss” (2009 p. 94).
- “There is, in fact, growing consensus that memories of traumatic exposure are stored in the brain’s right hemisphere, an area identified as preverbal or nonverbal. As survivors of all manner of traumatizing incidents attest, such memories are frequently experienced as inexplicably amorphous sensations and images rather than linear narratives with explicit beginnings, middles, and ends” ” (p. 94).
- When a person experiences trauma, the hippocampus (provides context) nearly shuts down.
”Simultaneously, Broca’s area, charged with transforming subjective experience into speech, is likewise largely deactivated” (p. 94)



EMOTIONAL DYSREGULATION

Courtois (2014) identifies barriers that survivors of complex trauma experience as it relates to emotional management. Emotions that are particularly difficult for trauma survivors to process include:

Fear/terror

Anxiety

Panic

Sadness

Depression

Shame and Guilt

Alienation

Anger

Resentment

Mistrust

Disgust

EMOTIONAL MANAGEMENT

TRAUMA AND THE LIMBIC SYSTEM

- The limbic system is the brain's control center for emotions. It operates unconsciously and seeks to alert the brain/body to danger.
- The limbic system (which is also activated when someone experiences trauma) triggers the fight or flight response.
- If the limbic system detects that a current situation somehow resembles a past situation in which the individual was traumatized, it will jump to conclusions to protect the person from danger.
- Sometimes trauma survivors experience emotional flashbacks. The limbic alarm system is set off because a particular emotion that was experienced at the time of the trauma is experienced by the trauma survivor in the present.
- As a result of this emotional flashback, the individual may feel chaotic, explosive, and illogical.
- Bloom & Farragher (2013) quote Dan Goleman on the emotional responses displayed by trauma survivors, "Emotional explosions are neural hijackings...that occur in an instant, triggering this reaction crucial moments before the neocortex- the thinking brain- has had a chance to glimpse fully what is happening to decide if it is as good idea" (Bloom & Farragher, 2013, p. 17).

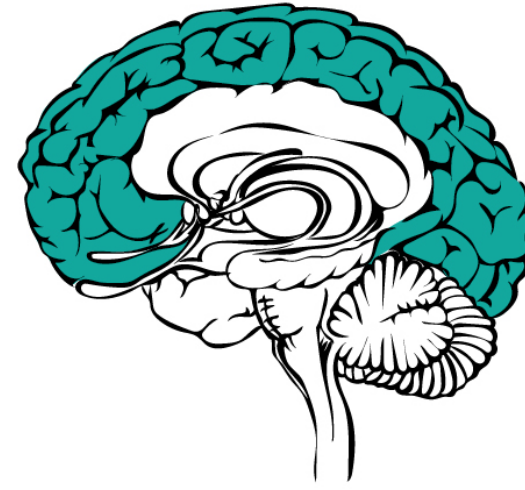
PARTS OF THE BRAIN



BRAINSTEM



LIMBIC SYSTEM

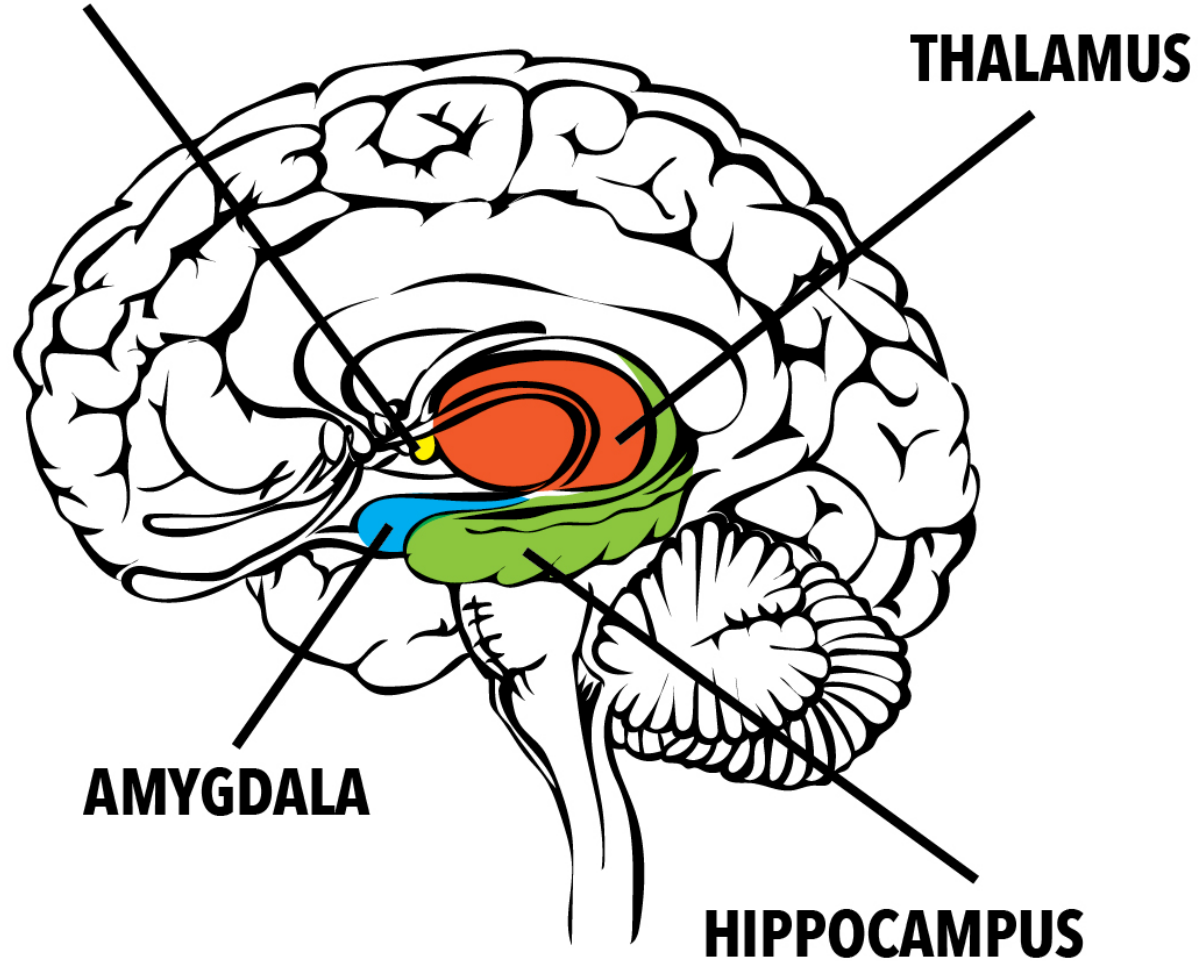


CEREBRAL CORTEX

THE LIMBIC SYSTEM

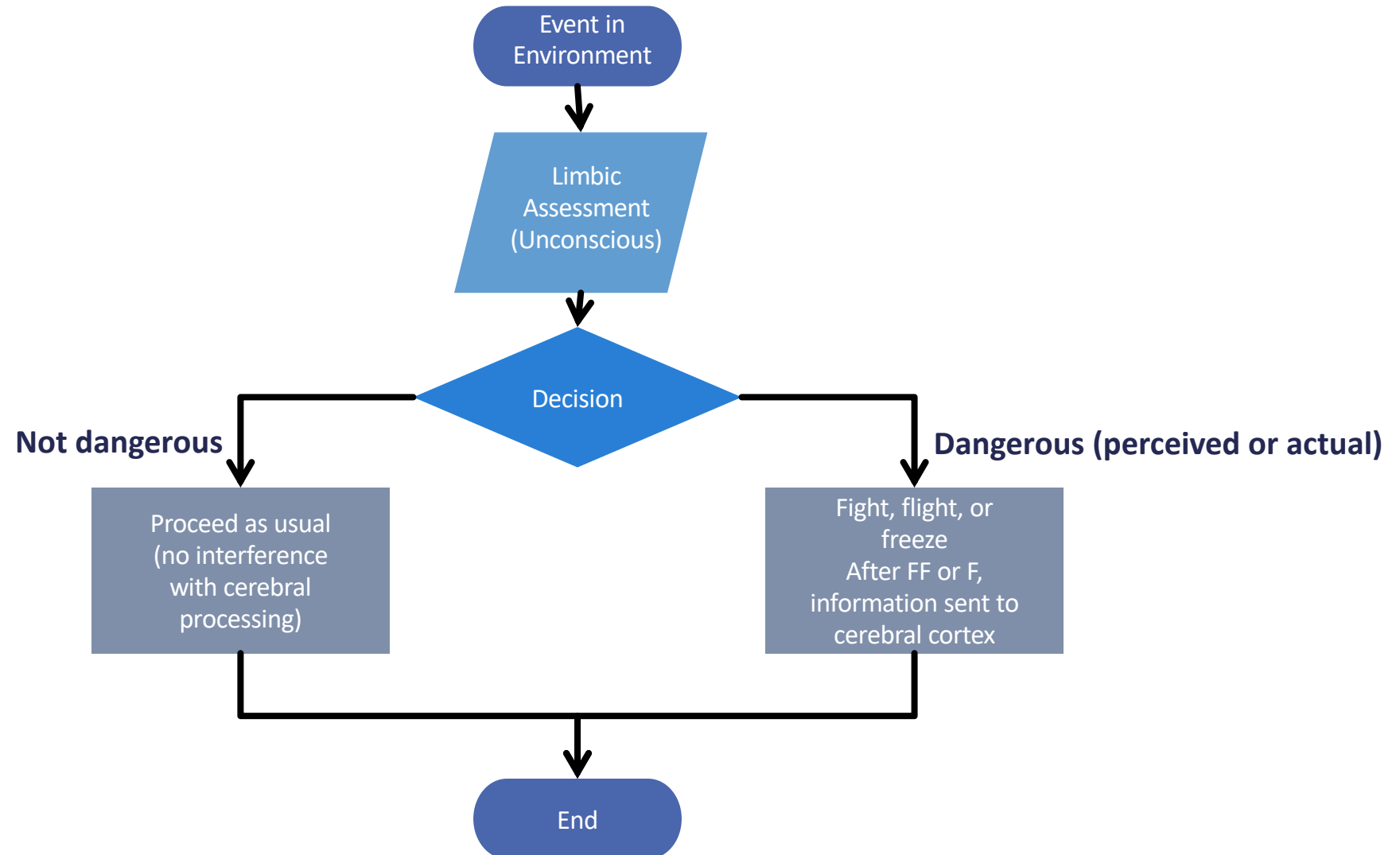
HYPOTHALAMUS

THALAMUS



AMYGDALA

HIPPOCAMPUS



Bloom & Farragher (2013) speak to the concept of “volume control,” stating that without healthy emotional expression skills, individuals are in a state of “chronic hyperarousal.”



This results in the individual’s difficulty controlling or managing the volume of triggered feelings.



The individual’s only option is either to turn emotions on or off; a healthier approach is to develop the capacity to turn the volume of feelings up or down.



Bloom & Farragher (2013) suggest that without emotional regulation skills, individuals experience a loss of control over their feelings; they are unable to “modulate the emotional volume.”

VOLUME CONTROL



RELATIONAL CHALLENGES

RELATIONAL CHALLENGES

Courtois (2014) identifies several relational challenges that survivors of complex trauma experience:

Fear and mistrust

Isolation

Dependency

Helplessness/victimization

Push-pull or approach-avoid

Control

Aggression

Seduction

RELATIONAL CHALLENGES

- Individuals who have experienced trauma have trouble identifying what situations are safe and what situations are harmful.
- This has a negative impact in relationships, “Trauma increases the risk of misinterpreting whether a particular situation is dangerous or safe. You can get along with other people only if you can accurately gauge whether their intentions are benign or dangerous. Even a slight misreading can lead to painful misunderstandings in relationships” (Briere & Scott, 2006, p. 61).

TRAUMATIC BONDING AND THE SCHIZOID DILEMMA

- “Traumatic bonding” occurs when the child “learns early on to endure pain in order to maintain attachment” in the face of “unpredictable eruptions from caretakers and prolonged experiences of helplessness” (Blizard & Blum, 1994, pp. 383-384).
- The “schizoid dilemma” describes a child’s experience of “abandonment depression when the object is absent, and terror when the object is present” (Blizard & Bluhm, 1994, p. 384).
- Blizard & Bluhm postulate that traumatic bonding and the schizoid dilemma in infancy and early childhood negatively affects the child’s ability to sustain healthy object relations in adulthood. They also suggest that these factors result an individual’s increased tolerance for pain and abuse in adult romantic relationships (1994, p. 384).

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RANGE OF SYMPTOMS

SYMPTOMS

- Symptoms of **intrusion** may include flashbacks of the event, nightmares, and re-experiencing.
- **Avoidance** entails an aversion to memories and sensory/environmental/physical triggers that provoke memories of the trauma.
- **Cognitive and mood-related changes** following a trauma include distorted thoughts about self, others, and the world, depressed mood, and blunted affect.
- **Arousal and reactivity symptoms** may include explosiveness, aggression, sleep-related challenges, and increased sensitivity to environmental stimuli.

