HEALING - TRAUMA & HUMILIATION

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The most recent neuroscience findings on trauma in this presentation is based on Professor Bessel van der Kolk’s from Harvard Medical School, Trauma center in Boston.

Presented in his book...
The key to healing is understanding how the human organism works.
Neuroimaging made it possible to see inside the engine [brain]. By doing so it has also transformed our understanding of trauma. (41)
Trauma’s legacies

Traumatic experiences leave traces on a large scale; on our histories and cultures, close to home, on our families - with dark secrets being passed down generations.

They also leave traces on our minds and emotions, on our capacity for joy and intimacy, and even on our biology and immune systems.

Trauma affects not only those who are directly exposed to it, but also those around them. Soldiers returning home from combat may frighten their families with their rages and emotional absence.

The wives of men who suffer from PTSD tend to become depressed, and the children of depressed mothers are at risk of growing up insecure and anxious. (p.1)

Anxiety, depression suicidal ideation, violence and aggression its companions.
Research shows...

- Trauma produces actual physiological changes:
  - a recalibration of the brain's alarm system;
  - an increase in stress hormone activity;
  - alterations in the system that filters relevant information from irrelevant.

- **Trauma compromises** the brain area that communicates the physical, embodied feeling of being alive.

- These changes explain why traumatized individuals become hypervigilant to threat at the expense of spontaneously engaging in their day-to-day lives. (p.3)
How it feels...

‘Feeling out of control, survivors of trauma often begin to fear that they are damaged to the core and beyond redemption.’ (p.2)
‘We now know that their behaviors are not the result of moral failings or signs of lack of willpower or bad character - they are caused by actual changes in the brain.’ (p.13)
Shame & Mistrust

After you have experienced something so unspeakable, how do you learn to trust yourself or anyone else again?

‘Deep down many traumatized people are even more haunted by the shame they feel about what they themselves did or did not do under the circumstances.

They despise themselves for how terrified, dependent, excited, or enraged they felt.’ (p.13)
‘After trauma the world becomes sharply divided between those who know and those who don't. People who have not shared the traumatic experience cannot be trusted, because they can't understand it. Sadly, this often includes spouses, children, and co-workers.' (p.20)
Stress hormones

- Arieh Shalev at Hadassah Medical School in Jerusalem, Frank Putnam at the National Institute of Mental Health (NIMH), and Roger Pitman, later at Harvard, were all finding that traumatized people keep secreting large amounts of stress hormones long after the actual danger has passed.

- Rachel Yehuda at Mount Sinai in New York confronted us with her seemingly paradoxical findings that the levels of the stress hormone cortisol are low in PTSD.

- Her discoveries only started to make sense when her research clarified that cortisol puts an end to the stress response by sending an all-safe signal...

- and that...

- in PTSD the body's stress hormones do, in fact, not return to baseline after the threat has passed.
Ideally our stress hormone system should provide a lightning-fast response to threat, but then quickly return us to equilibrium.

In PTSD patients, however, the stress hormone system fails at this balancing act.

Fight/flight/freeze signals continue after the danger is over, and, as in the case of the dogs, do not return to normal.

Instead, the continued secretion of stress hormones is expressed as agitation and panic and, in the long term, wreaks havoc with their health.'

(P.31)
'Even years later traumatized people often have enormous difficulty telling other people what has happened to them.

Their bodies reexperience terror, rage, and helplessness, as well as the impulse to fight or flee, but these feelings are almost impossible to articulate.

Trauma by nature drives us to the edge of comprehension, cutting us off from language based on common experience or an imaginable past.

'This doesn't mean that people can't talk about a tragedy that has befallen them. Sooner or later most survivors, like the veterans in chapter 1, come up with what many of them call their "cover story" that offers some explanation for their symptoms and behavior for public consumption. These stories, however, rarely capture the inner truth of the experience. It is enormously difficult to organize one's traumatic experiences into a coherent account- a narrative with a...'

All trauma is pre-verbal
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'The scans also revealed that during flashbacks, our subjects' brains lit up only on the right side.

'our scans clearly showed that images of past trauma activate the right hemisphere of the brain and deactivate the left.'

The right is intuitive, emotional, visual, spatial, and tactual...

The left is linguistic, sequential, and analytical.'

(p.45)
'Under normal conditions people react to a threat with a temporary increase in their stress hormones. As soon as the threat is over, the hormones dissipate and the body returns to normal.

The stress hormones of traumatized people, in contrast, take much longer to return to baseline and spike quickly and disproportionately in response to mildly stressful stimuli.

They also contribute to many long-term health issues, depending on which body system is most vulnerable in a particular individual.'
Deactivation of the left hemisphere has a direct impact on the capacity to organize experience into logical sequences and to translate our shifting feelings and perceptions into words.

Without sequencing we can't:

- identify cause and effect
- grasp the long-term effects of our actions
- create coherent plans for the future.

People who are very upset and because their left brain is not working very well, may not be aware that they are reexperiencing and reenacting the past.

They are just furious, terrified, enraged, ashamed, or frozen.'

(p.45)
Deactivation of the left hemisphere has a direct impact on the capacity to organize experience into logical sequences and to translate our shifting feelings and perceptions into words. (Broca's area, which blacks out during flashbacks, is on the left side.)

Without sequencing we can't identify cause and effect, grasp the long-term effects of our actions, or create coherent plans for the future. People who are very upset sometimes say they are "losing their minds." In technical terms they are experiencing the loss of executive functioning.

When something reminds traumatized people of the past, their right brain reacts as if the traumatic event were happening in the present. But because their left brain is not working very well, they may not be aware that they are reexperiencing and reenacting the past—they are just furious, terrified, enraged, ashamed, or frozen.'

(P.45)
Some people simply go into **denial**: Their bodies register the threat, but their conscious minds go on as if nothing has happened.

However, even though the mind may learn to ignore the messages from the emotional brain, the alarm signals don't stop. The emotional brain keeps working, and stress hormones keep sending signals to the muscles to tense for action or immobilize in collapse.

The physical effects on the organs go on unabated until they demand notice when they are expressed as illness. Medications, drugs, and alcohol can also temporarily dull or obliterate unbearable sensations and feelings. **But the body continues to keep the score.**

(p.46)
Is Healing possible?

'Being traumatized means continuing to organize your life as if the trauma were still going on—unchanged and immutable—as every new encounter or event is contaminated by the past.

After trauma the world is experienced with a different nervous system. ’

(p.55)
For a hundred years or more, every textbook of psychology and psychotherapy has advised that some method of talking about distressing feelings can resolve them.

However, as we've seen, the experience of trauma itself gets in the way of being able to do that.

No matter how much insight and understanding we develop, the rational brain is basically impotent to talk the emotional brain out of its own reality.
Many traumatized people find themselves chronically out of sync with the people around them.

Some find comfort in groups where they can replay their combat experiences, rape,...’(p.82)

'trauma is expressed not only as fight or flight but also as shutting down and failing to engage in the present.'

'This sort of immobilization, generated by the reptilian brain, characterizes many chronically traumatized people,'
'This is a particular problem with traumatized children. The acting-out kids tend to get attention; the blanked-out ones don't bother anybody and are left to lose their future bit by bit.' P.79

'Henry Krystal, who worked with more than a thousand Holocaust survivors in his effort to understand massive psychic trauma. (p.21)

Krystal, himself a concentration camp survivor, found that many of his patients were professionally successful, but their intimate relationships were bleak and distant. Suppressing their feelings had made it possible to attend to the business of the world, but at a price. They learned to shut down their once overwhelming emotions, and, as a result, they no longer recognized what they were feeling. (p.99)
who are preoccupied with their own trauma, such as domestic abuse or rape or the recent death of a parent or sibling, may also be too emotionally unstable and inconsistent to offer much comfort and protection.

While all parents need all the help they can get to help raise secure children, traumatized parents, in particular, need help to be attuned to their children's needs.” (p.118)
'Traumatized people simultaneously remember too little and too much.'

'The essence of trauma is that it is overwhelming, unbelievable, and unbearable.'

(p.195)
Trans-generational Trauma

- Prof van der Kolk (2007) argued that childhood trauma is probably today’s most important public health challenge.

- It is a challenge that can be overcome by appropriate prevention and intervention.
In studies in South America Blanco (in Levine & Kline, 2007) developed a 5-year generation account of violence;

1st Generation; killing, inprisonment and enslavement.

2nd Generation; overuse of alcohol 7 drugs & trauma related illness
3rd Generation; Increased spousal abuse & other forms of domestic violence Breakdown of family unit

4th Generation; trauma enacted in family (cycle of family violence` - challenge to family unity and societal norms

5th Generation; Cycle of violence repeated and compounded - trauma begs trauma – increased societal distress.

ULTIMATELY BREAK-DOWN OF A FUNCTIONAL SOCIETY
Historical Trauma

HT is defined as:

‘the subjective experience experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes as ‘collective emotional and psychological injury...over the life span and across generations.’ (Muid, 2006, p.36)

Duran & Duran (1995) suggests that ‘historical trauma becomes embedded in the cultural memory of people and is passed on by the same mechanisms by which culture is generally transmitted, therefore becomes ‘normalised’ within that culture.
Suggestions for treatment

1. Best if done by individuals of the same culture/group – to be really trusted.

Both parents and children needs support; together and apart.

A mixture of techniques may be used – more research needed.

Groups of children can be helped at schools.

Recent studies shows the best order of treatment are in phases:
Phases of Treatment

1. Stabilization
2. Resolution of Traumatic memory
3. Personality re-integration
State/Government involvement essential in providing support systems for traumatized families; Training of skilled support staff.

Communities support systems; and churches if relevant.

Schools, Social-workers, Employment, Mental and Health systems.