

Between Childhood Trauma and Traumatic Responses in Adult

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Arts · Lettres · Langues
Sciences humaines & sociales

Archeological View

- The results of adult trauma encompass all previous traumatic and protective events
- Discerning effective and ethical descriptions is not always clear
- Theories and explanation include (powerful) narratives.
- **Can neurobiological science do better?**

I. Persuasive Narratives

Clinical Vignette

38y, female, born in the US

Academic, scholar, successful, achiever

Complaints of phobias and inhibitions

Life history of multiple assaults

Irritated, angry, avoiding, startling

Reason to seek help:

“It’s time to take care of all this”

Neuro-Biological Processes

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graph LR; A([Neuro-Biological Processes]) --- B[Startle, Insomnia, Anxiety]
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The diagram consists of two main elements connected by a yellow line. On the left, there is a light brown oval with a white border containing the text 'Neuro-Biological Processes'. A yellow line extends from the right side of this oval to a dark red rectangular box on the right. This box has a thin green border and contains the text 'Startle, Insomnia, Anxiety' in white.

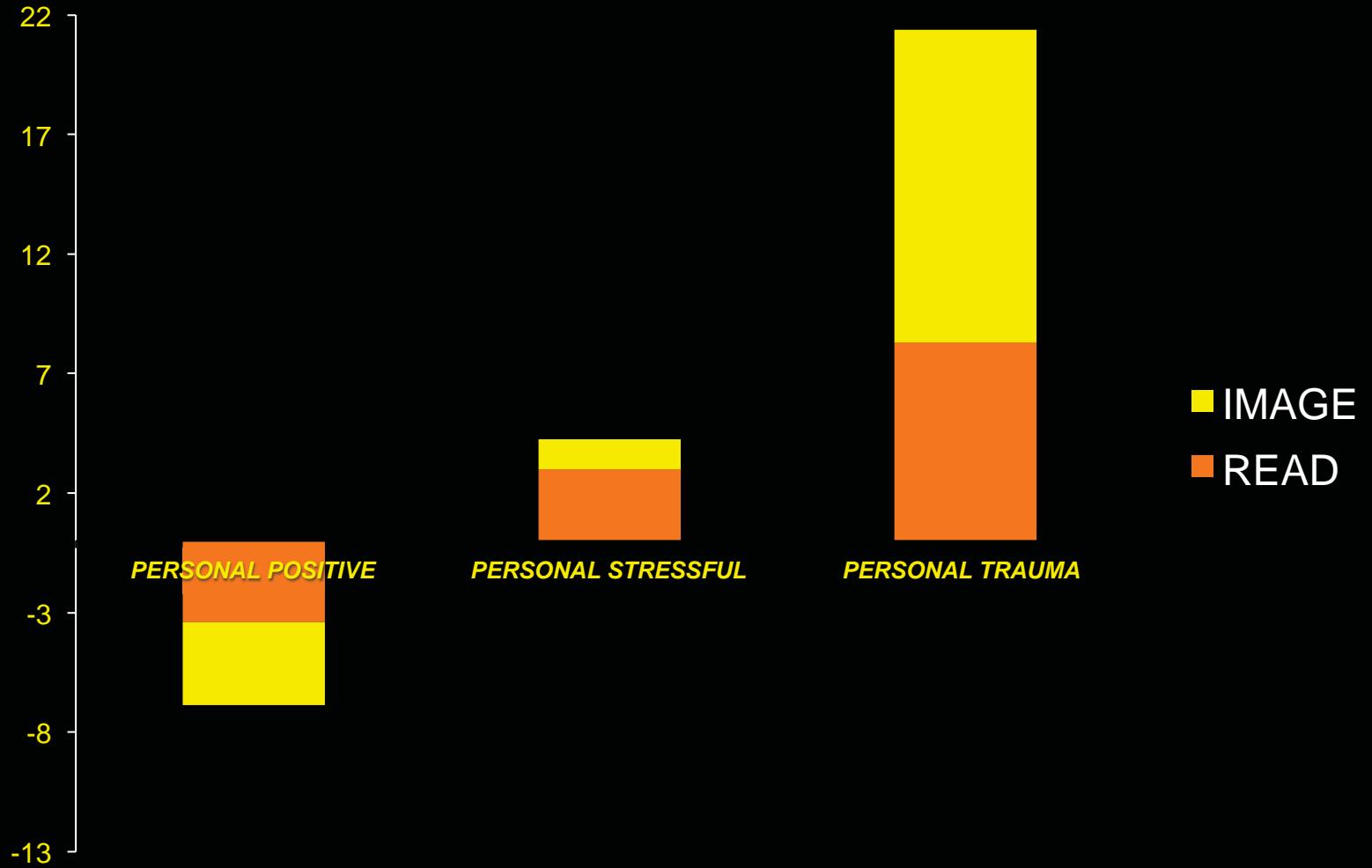
**Startle, Insomnia,
Anxiety**

Molestation at age 17

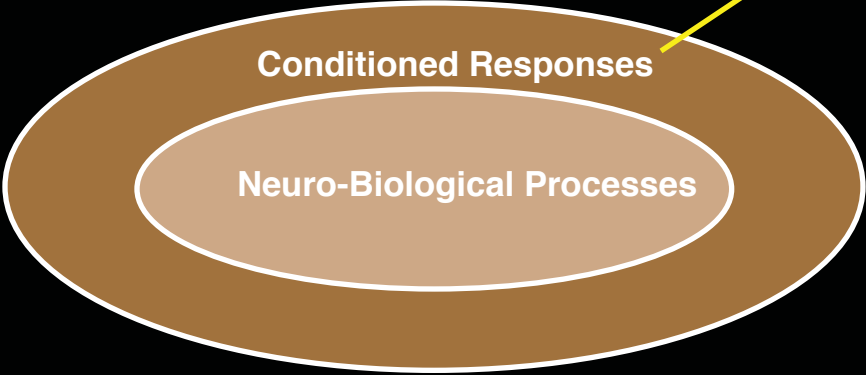
You are driving your neighbor's tractor, helping him pick the hay bales. You are apprehensive of the tractor, you need all your hands to control it, and feel buried in noise. All of a sudden you feel your neighbor's hands cupping your breasts.

It seems that all the noise in the world is concentrated around you and that no NO you could ever say would be heard. your heart pounds, your stomach is in knot, you want to scream but no words would comes out.

Molestation at age 17



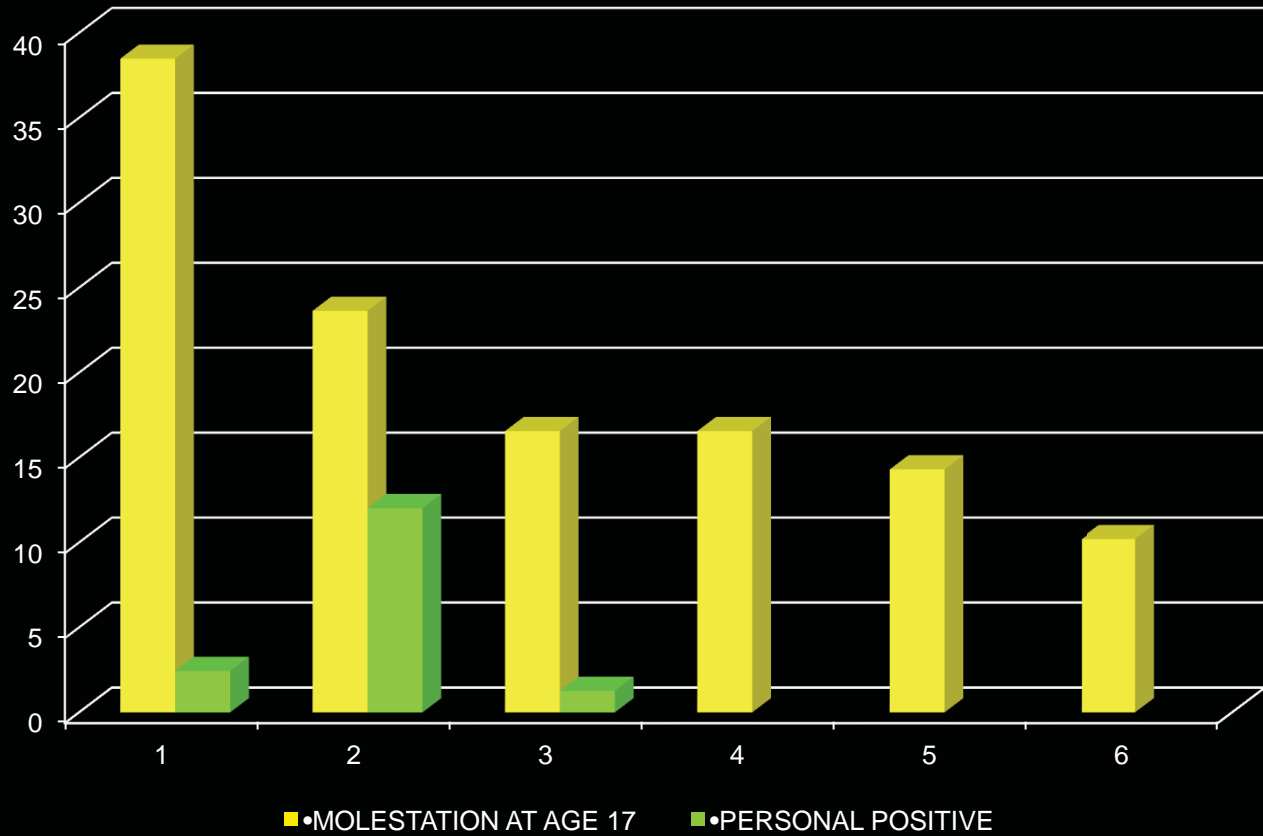
**Avoidance
Reaction to Reminders**



Conditioned Responses

Neuro-Biological Processes

Exposure Therapy



Clinical Progress

Alleviation of phobias

Reduction of tension and distress

Paradoxically – more nightmares, irritation with husband, quasi-dissociative daydreams

Child Abuse by Doctor

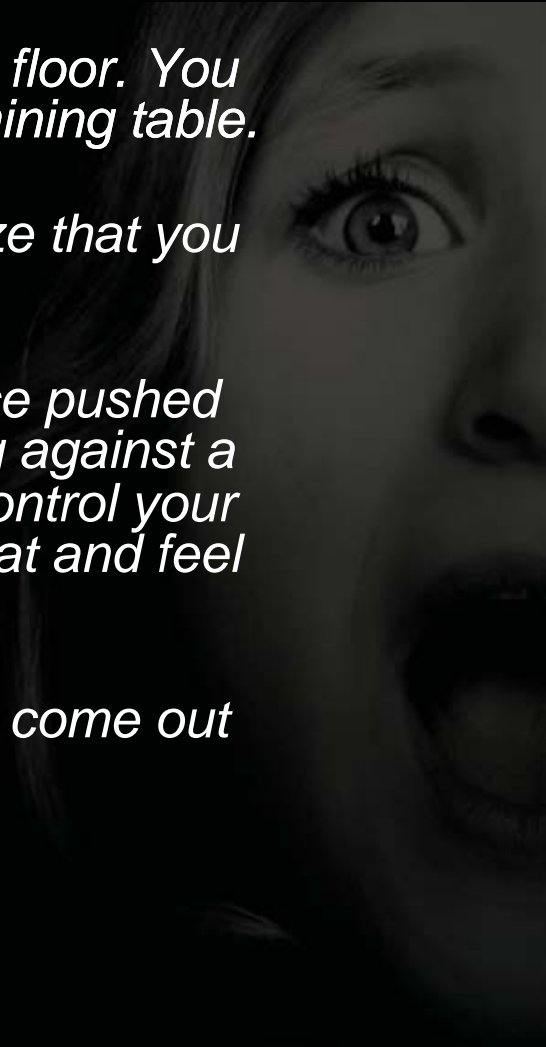


You are in the doctor's office on the second floor. You feel a lot of pain in your butt and see the examining table.

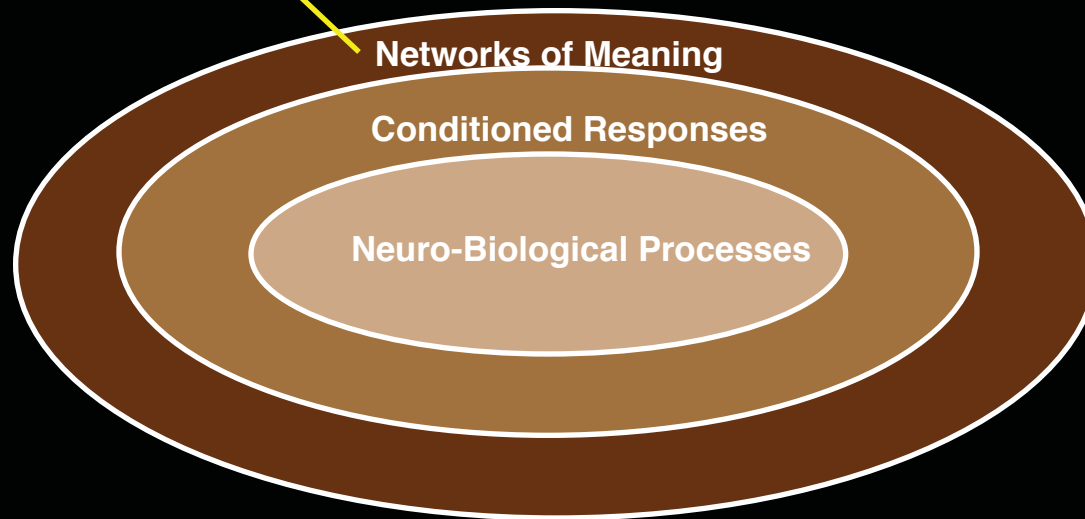
Suddenly you become suspicious and realize that you are trapped in what is a definite evil.

You see a man's genitals and feel your face pushed against his pubic hair. Your hands are pushing against a light colored shirt. He pulls back your hair to control your movements and you can smell his genital sweat and feel prickly hair against your face.

You feel nausea and terror. A "NO" is trying to come out but there is nobody there to call for help..



**Painful memories and
their personal meaning**



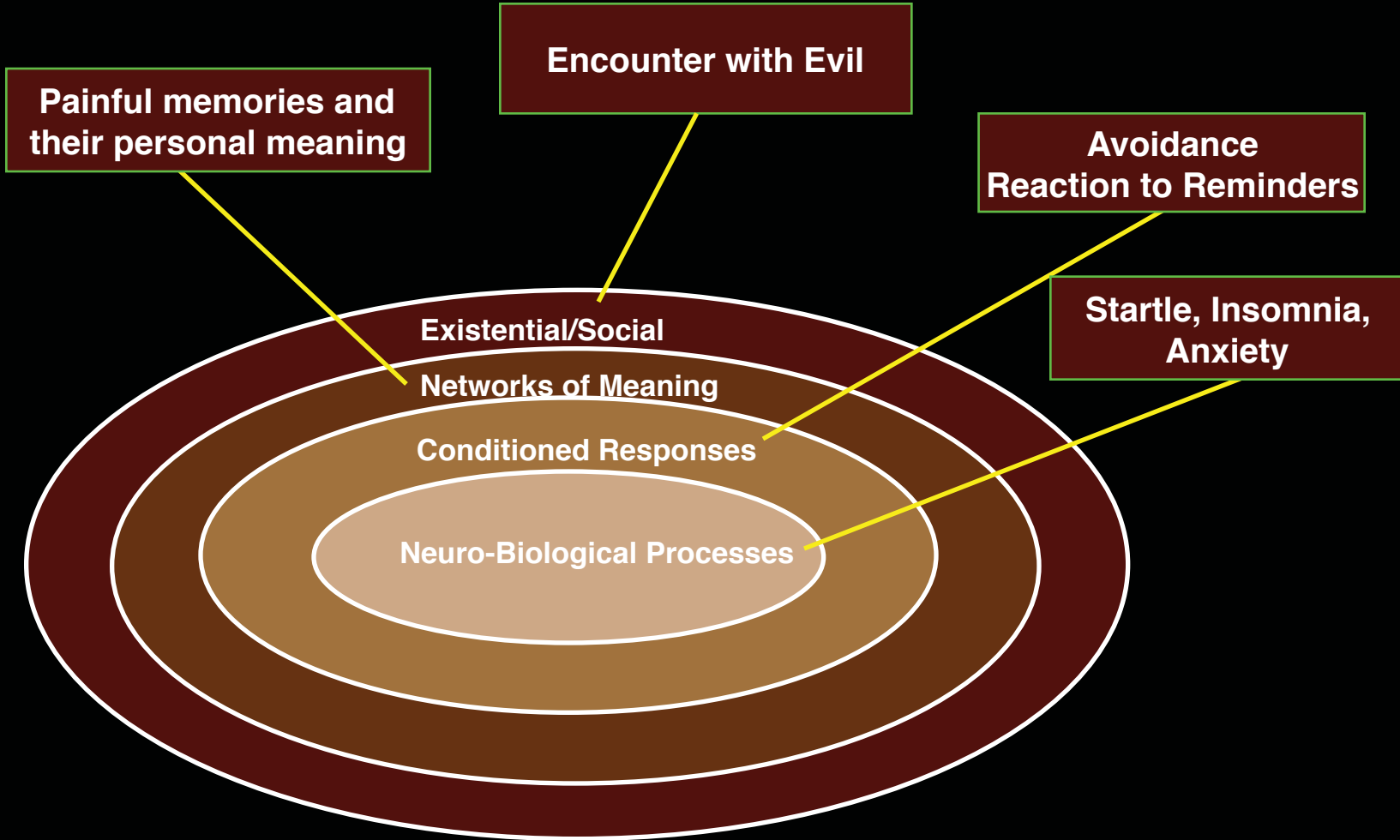
Therapy, however, was not yet complete. While successive steps of desensitization, exploration, empathic mirroring and interpretation were *necessary* to achieve progress in this case, they were *not sufficient* for complete resolution of the patient's predicament:

As a child this woman had not simply been raped by a man; she had been faced with **Evil**. She consequently developed deeply entrenched defensive life-style in which one of the main themes was her determined commitment to fight evil, particularly evil caused by men.

Rediscovering repressed memories, therefore, could not answer her many questions about Good and Bad and about basic human faith. The therapist was challenged to respond at yet another level: the **existential level**.

As a Jew, the experience of **surviving evil** was deeply anchored in the patient's own culture, in which **honorable survival** was often as much as one could expect from life. To the mutual surprise of the therapist and the patient the term 'honorable survival' became a leading metaphor at this stage of her therapy:

On the basis of her acceptance of the "honorable survival" solution, she further gained insight into "**female vulnerability**," then reluctantly considered the possible existence of a parallel "**male vulnerability**". Finally "**human vulnerability**" became acceptable as organizing principle for the patient's renewed sense of reality.



Encounter with Evil

Painful memories and their personal meaning

Avoidance Reaction to Reminders

Startle, Insomnia, Anxiety

Existential/Social

Networks of Meaning

Conditioned Responses

Neuro-Biological Processes

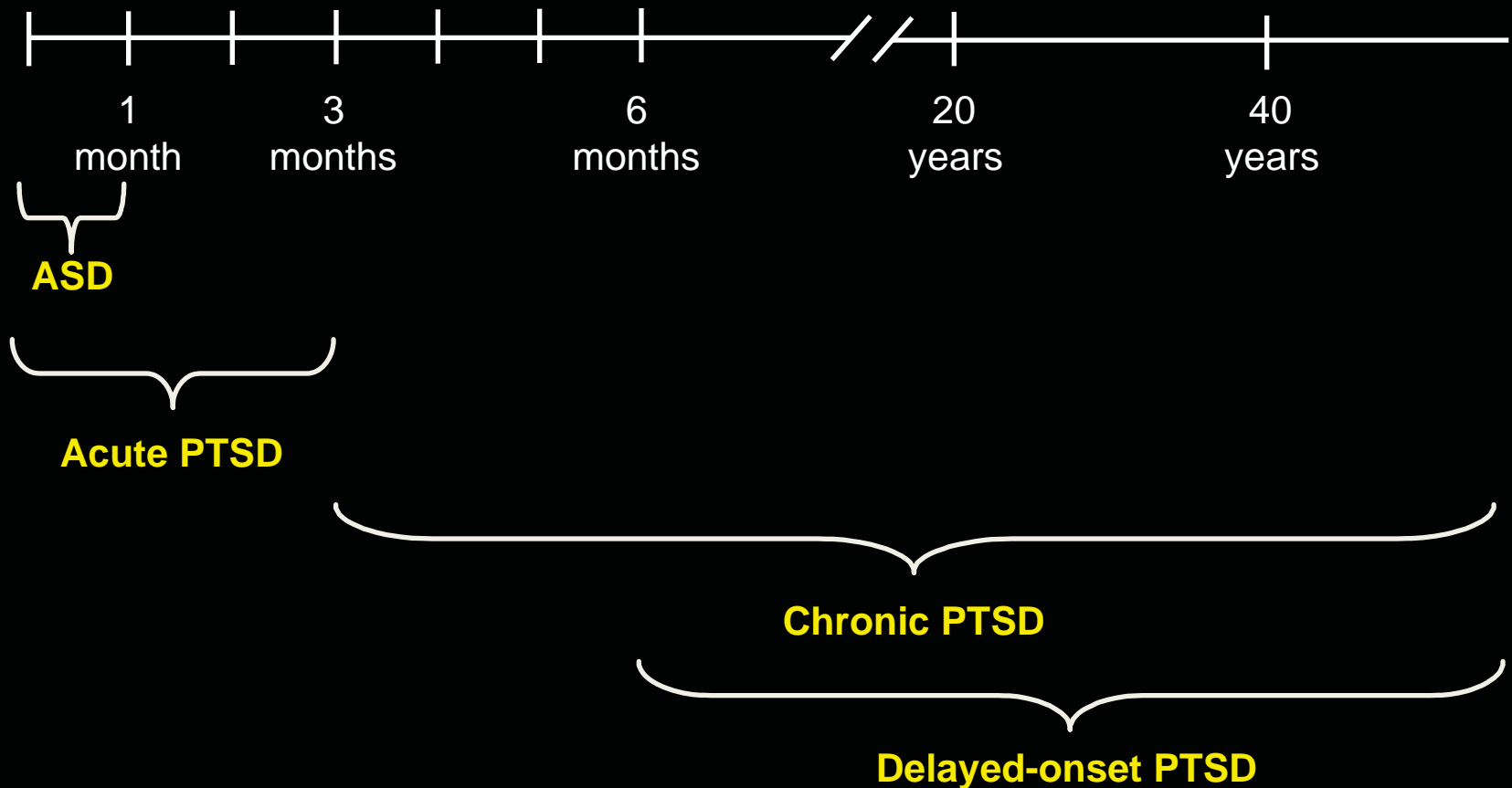
II. Beyond Narratives: The Pertinent Outcome

DSM-IV Diagnostic Criteria

- A traumatic event
- Persistent re-experiencing of the traumatic event
- Persistent avoidance and numbing
- Persistent symptoms of increased arousal
- **Co-occurring and moving in one block**

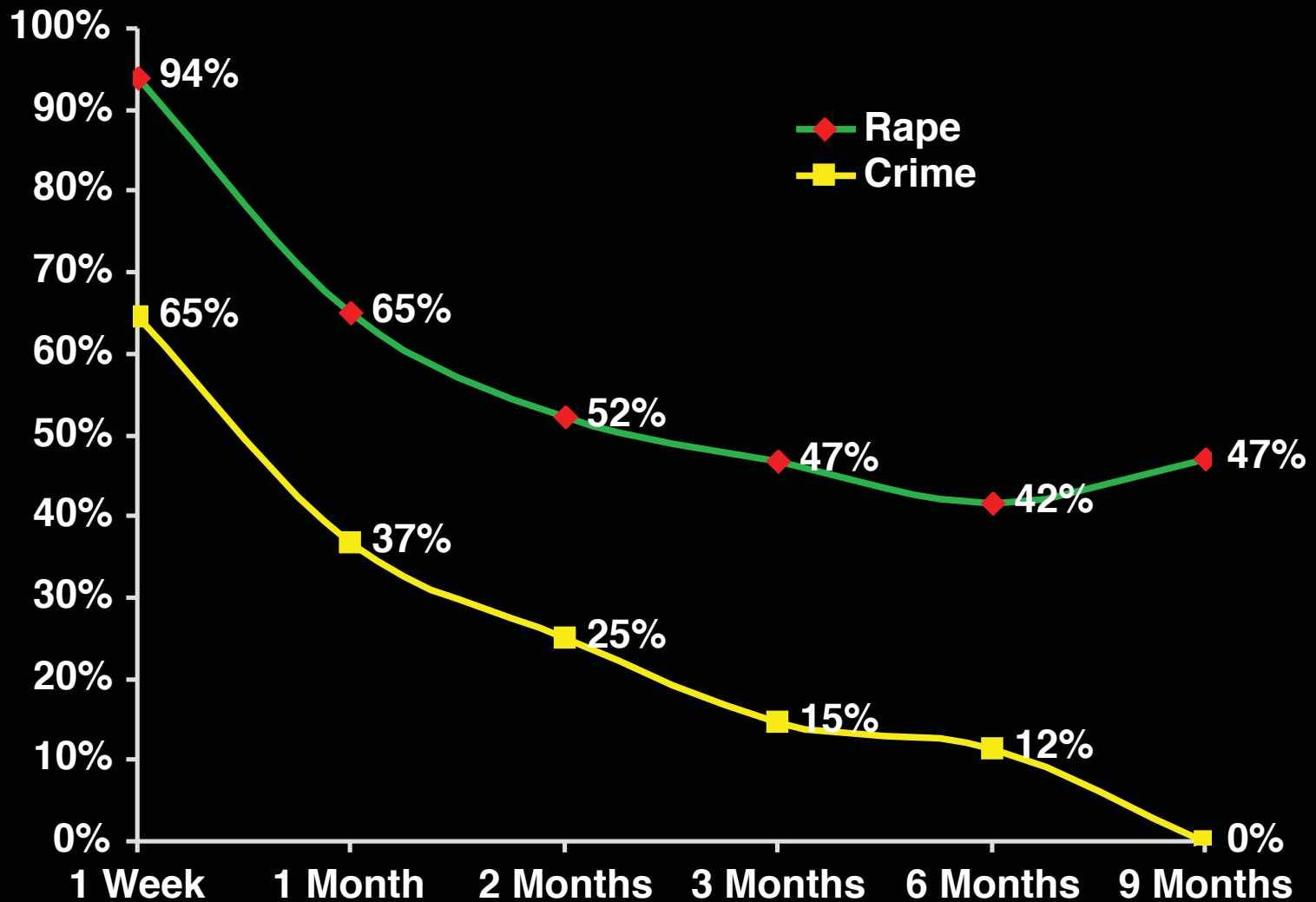
Time Course and PTSD subtypes

Traumatic Event



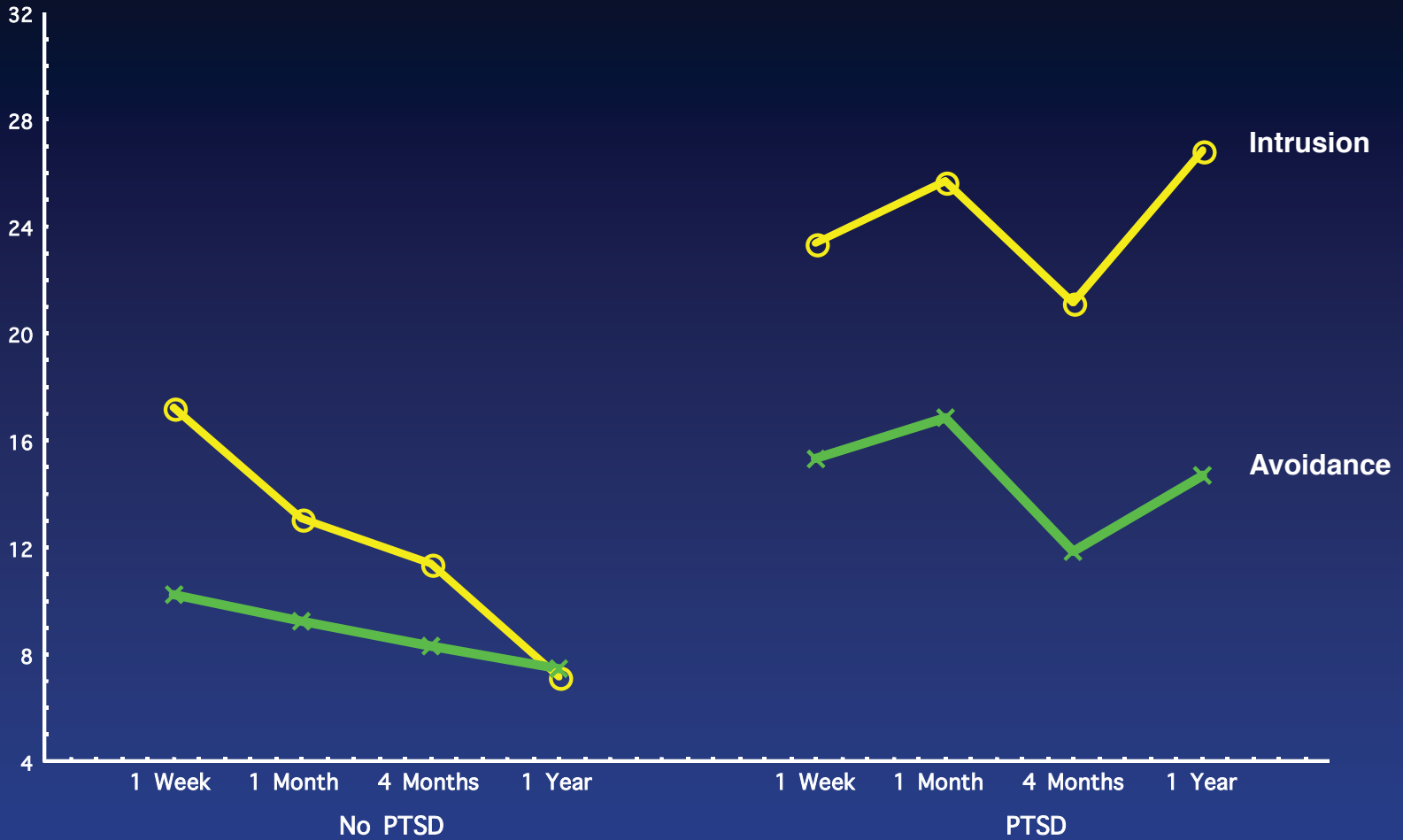
Frequency of Fully - Expressed PTSD in Rape Victims and Crime Survivors

Rothbaum et al., 1993

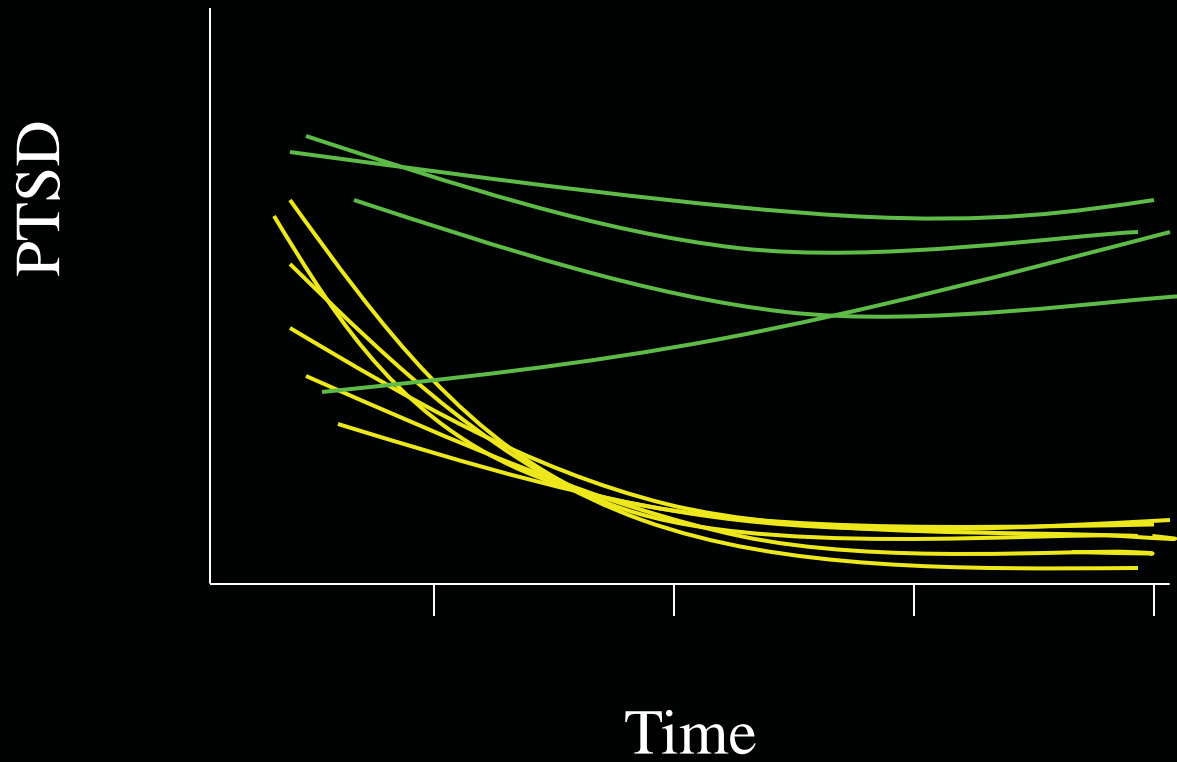


Progression of PTSD Symptoms During a Year

IES Scores



Individual Trajectories





Recovery Path















Path of Illness

















*"But his wife looked back from behind him,
and she became a pillar of salt."*



Gadi Freiman