TRAUMA

Life-threatening events prehistoric people routinely faced molded our modern nervous systems to respond powerfully and fully whenever we perceive our survival to be threatened. When we exercise this natural capacity, we feel exhilarated and alive, powerful, expanded, full of energy, and ready to take on any challenge. Being threatened engages our deepest resources and allows us to experience our fullest potential as human beings. In order to stay healthy, our nervous systems and psyches need to face challenges and to succeed in meeting those challenges.

For each of us, the mastery of trauma is a heroic journey that will have moments of brilliance, profound learning and periods of hard work. It is the process of finding our selves a safe and gentle way of coming out of immobility without being overwhelmed.

Trauma is generally understood as the response to a traumatic event, an incident that threatens your own life or bodily integrity or that of another in close proximity or relationship to you. To qualify as a traumatic event, the element of threat or harm to life or body must be present.

Trauma can be caused by a wide variety of events, but there are a few common aspects. There is frequently a violation of the person's familiar ideas about the world and of their human rights, putting the person in a state of extreme confusion and insecurity. This is also seen when people or institutions, depended on for survival, violate or betray or disillusion the person in some unforeseen way.

Typical causes of trauma include a serious threat to one's life or physical integrity, a serious threat or harm to one's children, spouse, or other close relatives or friends, but can also include situations such as accidents, falls, surgery, sexual abuse, employment discrimination, police brutality, bullying, domestic violence, indoctrination, being the victim of an alcoholic parent, life-threatening medical conditions, and medication-induced trauma. Catastrophic events such as earthquakes and volcanic eruptions, war or other mass violence can also cause psychological trauma. Long-term exposure to situations such as extreme poverty or milder forms of abuse such as verbal abuse can be traumatic. Somewhere between seventy-five and one hundred million Americans have experienced childhood sexual and physical abuse. The conservative AMA estimates are that over thirty percent of all married women, as well as thirty percent of pregnant women, have been beaten by their spouses.

Psychological trauma is the response of the mind and nervous system to an experience that is so overwhelmingly frightening and life threatening that it cannot come to terms with it. As a result, psychological and psychosomatic symptoms develop at a level that may interfere with normal functioning. Psychological trauma may accompany physical trauma or exist independently of it.

Traumatic stress, the reaction to a life-threatening event, pushes arousal in the nervous system to the extreme and activates the three survival reflexes: freeze, flight, and fight. All three are normal. All three are determined (usually) via the limbic system, the survival center of the brain.

The first resort is usually the freeze response. Flight involves running away or escaping via another means. The function of this response is to remove the individual from the threat. Fight is an attempt to fend off a perpetrator or attacker.

There are **four physiological components of trauma** that will always be present to some degree in any traumatized person: hyperarousal, constriction, dissociation and tonic immobility.

Together these components form the core of the traumatic reaction. They are the first to appear when a traumatic event occurs. All other symptoms develop from these four if the defensive energy mobilized to respond to a traumatic event is not discharged or integrated within a short period following the experience.

Hyperarousal- Increased heartbeat and breathing, agitation, difficulty in sleeping, tension, muscular jitteriness, racing thoughts, or anxiety attacks. Hyperarousal is the nervous system's response to threat, whether that threat is internal, external, real or imagined.

Constriction- When we respond to a life-threatening situation, hyperarousal is initially accompanied by constriction in our body and perceptions. The nervous system acts to ensure that all our efforts can be focused on the threat in a maximally optimal way. Constriction alters a person's breathing, muscle tone and posture. Blood vessels in the skin, extremities and viscera constrict so that more blood is available to the muscles, which are tensed and prepared to take defensive action. Perceptual awareness of the environment also constricts so that our full attention is directed toward the threat. When constriction fails to sufficiently focus the organism's energy to defend itself, the nervous system evokes other mechanisms such as freezing and dissociation to contain hyperarousal.

Dissociation- It is one of the most classic and subtle symptoms of trauma and seems to be a favored means of enabling a person to endure experiences that are at the moment beyond endurance—like being attacked by a rapist, an oncoming car or a surgeon's knife. Dissociation can become chronic and evolve into more complex symptoms when the hyperaroused energy is not discharged. Individuals who have been repeatedly traumatized as young children often adopt dissociation as a preferred mode of being in the world.

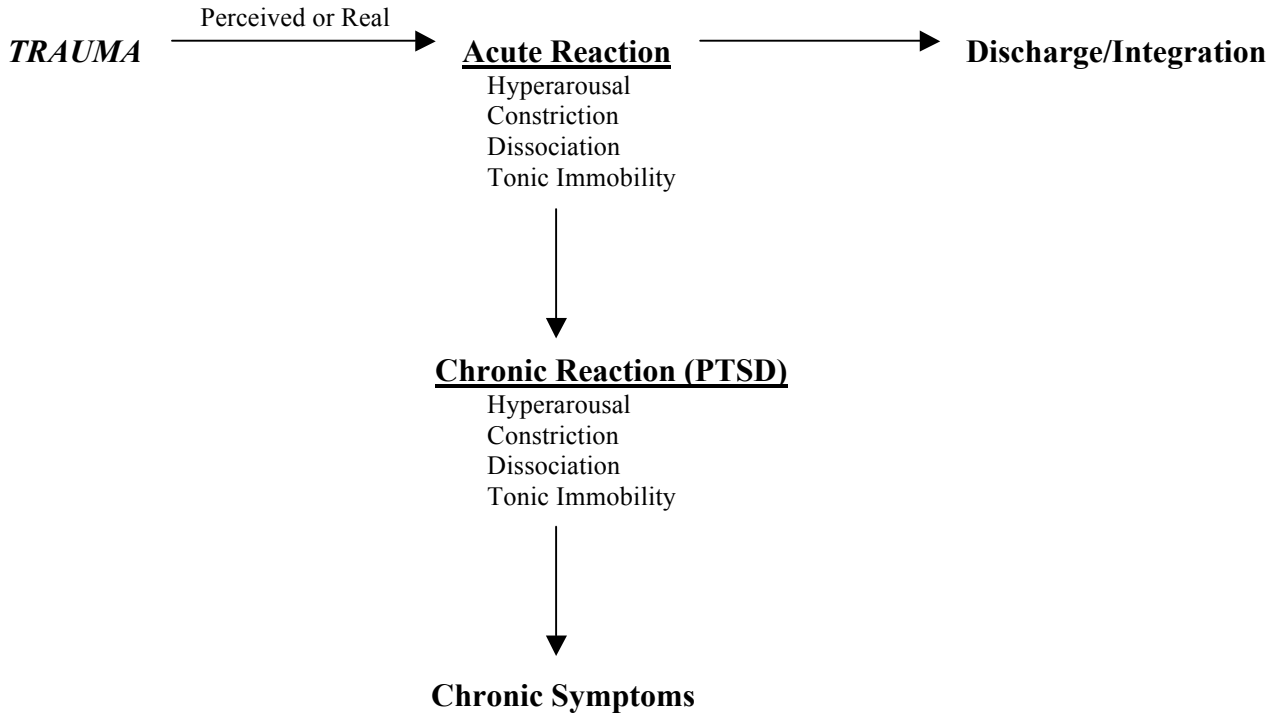
Dissociation protects us from the pain of death. In its mildest forms, it manifests as a kind of spaciness or forgetfulness. At the other end of the spectrum, it can develop into so-called multiple personality syndrome. Other symptoms that can originate from it include denial, which when released can then give way to fear, anger, sorrow or shame. Physical ailments such as headaches, back pain, PMS and gastrointestinal problems all can be a result of a dissociation of one part of the body with another.

Dissociation can occur as a split between:
1. The mind and body.
2. One part of the body and another.
3. The self and the emotions, thoughts or sensations.
4. The self and the memory of part, or all of the traumatic event.

People involved in a serious car crash or victims of violent crimes sometimes cannot remember the incident. When amnesia follows an external traumatic event like this, doctors call it dissociative, or psychogenic, amnesia. Like neurological amnesia, dissociative amnesia alters the brain's ability to form new memories. Dissociative amnesia, however, is usually temporary.

Intense, prolonged stress can lead to dissociative amnesia because it activates our adrenal glands, which release cortisol and other hormones into the bloodstream. Cortisol, in particular, reduces the brain's plasticity, or ability to change shape to form new nerve pathways during memory formation. Extended exposure to cortisol can negatively affect the hippocampus. It is harder to make memories with an impaired hippocampus, possibly producing dissociative amnesia at the climax of the stress.

Tonic Immobility- When fight and flight responses are thwarted, the body instinctively constricts as it moves toward its last option, the immobility response. As the body constricts, the energy that would have been discharged by executing the fight or flight strategies is amplified and bound up in the nervous system. There are two good reasons for having the immobility response. One, it serves as a last-ditch survival strategy. You might know it better as playing possum. In the wild, many predatory animals will not kill and eat an immobile animal unless they are very hungry. Also, predatory animals have greater difficulty detecting potential prey that is not moving. Secondly, going immobile or freezing allows the body to enter into a state where no pain is experienced.



Traumatic effects are not always apparent immediately following the incidents that caused them. Symptoms can remain dormant, accumulating over years or even decades. Then, during a stressful period, or as the result of another incident, they can show up without warning. Traumatic symptoms can stem from the frozen residue of energy that has not been resolved and discharged. This residual energy can persist in our body in the form of a wide variety of symptoms e.g., anxiety, depression, somatic dysfunction, and psychosomatic and behavioral problems. These symptoms are the organism's way of containing the un-discharged residual energy.

The degree to which the residual effects of trauma are experienced in the body is in direct proportion to:

- The emotional status at the time of the traumatizing event
- Whether the victim had time to begin an avoidance response to the impact or trauma
- The degree of relaxation and flexibility of the body and mind
- The velocity, vector (movement along a specific angle), and rapidity of any change of direction imparted by the shock of impact
- The amount of force (mass x acceleration) that was imparted
- The tissue density of the traumatized person

The key to avoiding the debilitating effects of trauma is our ability to go into and come out of it.

POST-TRAUMATIC STRESS DISORDER (PTSD)

Different people will react differently to similar events. One person may experience an event as traumatic while another person would not suffer trauma as a result of the same event. Not all people who experience a potentially traumatic event will actually become psychologically traumatized. In general, it is estimated that as many as 90% of people around the world encounter trauma, per the DSM-IV-TR (APA, 2000) definition as experience that threatens life or bodily integrity, at some time in their lives. However, only around 20% of those exposed to traumatic events will eventually develop PTSD. The disorder may be especially severe or long lasting when the stressor is of human design (e.g., torture, rape)." PTSD can develop in children who have experienced sexual molestation, even if it is not life threatening.

According to the DSM-IV-TR, to qualify for a diagnosis of PTSD a person must have "experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others. This definition takes into account that PTSD can develop in an individual in response to three types of events:
1. Incidents that are, or are perceived as, threatening to one's own life or bodily integrity
2. Being a witness to acts of violence to others
3. Hearing of violence about or the unexpected or violent death of close associates.

In adults, the person's response must have "involved intense fear, helplessness, or horror" and in children may include "disorganized or agitated behavior". An individual does not have to be the direct victim of a traumatic event for it to have lasting psychological impact.

In addition to a history of trauma, there are certain signs and symptoms to watch for when assessing a client for PTSD. Singly, the symptoms are not diagnostic; however, when observed as a cluster, PTSD may exist.

Early symptoms that follow hyperarousal, constriction, dissociation and immobility include:
- Hypervigilance
- Flashbacks
- Extreme sensitivity to light and sound
- Hyperactivity
- Exaggerated emotional and startle responses
- Nightmares
- Abrupt mood swings
- Reduced ability to deal with stress
- Difficulty sleeping

Secondary symptoms include:
- Panic attacks, anxiety and phobias
- Mental blankness or spaciness
- Attraction to dangerous situations
- Frequent crying
- Exaggerated or diminished sexual activity
- Amnesia or forgetfulness
- Inability to love, nurture or bond with other individuals
- Fear of dying or going crazy

More **advanced symptoms** include:
- Excessive shyness
- Muted or diminished emotional responses
- Inability to make commitments
- Chronic fatigue or very low physical energy
- Immune and endocrine problems
- Psychosomatic illness, i.e. – headaches, neck and back pain, asthma, PMS and digestive problems
- Depression
- Feelings of detachment, alienation and isolation
- Diminished interest in life
- Feelings of helplessness

PTSD is first diagnosed when these symptoms last more than one month and are combined with loss of function in areas such as one's job or social relationships. PTSD may be either acute or delayed in onset.

Acute PTSD occurs within 6 months of a traumatic event. Delayed onset may occur any time later than 6 months after the traumatic event. It may be a year, 20 years, or even 40 years after the event.

In our often-unsuccessful attempts to discharge these energies, we may become fixated on them. Many war veterans and victims of rape know this scenario. They may spend months or even years talking about their experiences, reliving them, expressing their anger, fear, sorrow, but without passing through the primitive immobility responses and releasing the residual energy, they will often remain stuck in their trauma. It is common for traumatized individuals either to get sucked into the trauma “vortex” or to avoid the traumatized area altogether by staying distanced from it.