

Topic: Traumatic experiences and Repressed memory management

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Psychotherapy

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1.

Psychological & Emotional Trauma

- The word “trauma” is rooted in a Greek word meaning: “wound – injury - damage“
- Traumatic experiences often involve a threat to life or safety, but any situation that leaves you feeling overwhelmed and alone can be traumatic, even if it doesn’t involve physical harm. It’s not the objective facts that determine whether an event is traumatic, but your subjective emotional experience of the event.

1.1.

2 main types of trauma:

*-single event trauma-*Emotional and psychological trauma can be caused by single-blow, one-time event, such as a horrible accident, a natural disaster, or a violent attack

*-repeated trauma-*Trauma can also stem from ongoing, relentless stress, such as living in a crime-ridden neighborhood or struggling with cancer. People are more likely to be traumatized by a stressful experience if they’re already under a heavy stress load or have recently suffered a series of losses.

1.2.

Symptoms of trauma

- Nightmares
- Edginess
- Agitation
- Muscle tension
- Withdrawing from others, feeling disconnected, numb
- Mood swings
- Guilt, shame, self-blame
- Being startled easily

➤ Childhood trauma results from anything that disrupts a child's sense of safety and security, including:

- Separation from the parent
- Sexual, physical, verbal abuse, violence
- Neglect
- Bullying
- Serious illness
- Natural disaster, war
- Horrible accident

Traumas and adversities in childhood may leave scars that last into adulthood and put a person at risk for a variety of difficulties. This is true for all kinds of early traumas, including accidents, disasters, and witnessing violence directed at others, but it is especially true for child abuse and neglect, the victims of which have been studied extensively. Not all childhood trauma survivors experience difficulties in adulthood. However, for many people, it may be important to come to terms with past traumatic events. People who have been in treatment can gain relief from anxiety and depression and are able to stop focusing on the disturbing memories and feelings associated with traumatic childhood events.

1.3.

Prenatal traumatic experiences

The effects of prenatal traumatization cannot be predicted without knowledge of other factors, and prenatal experiences are likely to have lifelong impact when they are followed by reinforcing conditions or interactional trauma.

There is a growing number of studies that foetuses are vulnerable to traumatic stress felt by the pregnant woman. In fact, research shows that pre-natal exposure to natural disasters and other life-or-death situations can have a lasting effect on offspring. Studies have shown earlier births among pregnant women who experienced an earthquake in California; delayed development among children whose pregnant mothers suffered through an ice storm in Canada; and early signs of post-traumatic stress syndrome in babies whose pregnant mothers experienced the 9/11 terrorist attacks. I.Q. of such children are also found to be lower. Maternal stress is also linked with imperfections in the developing nervous system

1.4.

Trauma and amnesia

For more than a hundred years, doctors, scientists, and other observers have reported the connection between trauma and forgetting. But only in the past 10 years have scientific studies demonstrated a connection between childhood trauma and amnesia. Most scientists agree that memories from infancy and early childhood - under the age of two or three - are

unlikely to be remembered. Research shows that many adults who remember being sexually abused as children experienced a period when they did not remember the abuse. Scientists also have studied child victims at the time of a documented traumatic event, such as sexual abuse, and then measured how often the victims forget these events as they become adults. They discovered that some people do forget the traumatic experiences they had in childhood, even though it was established fact that the traumatic events occurred.

➤ **Theories why they are forgotten:**

- Forgetting becomes an adaptive response important for survival to avoid stress.
- Stress levels, emotional arousal and altered attention focusing during the experience prevent proper encoding.
- The traumatic experience sometimes causes global impairment that is people fail to construct an accurate memory of their present and past events.

➤ **False memories**

- Misremembering may result from confusion of memories of perceived and imagined events, as there may be overlap between features of the stored information comprising memories for perceived and imagined events - incidents that had not occurred
- One could experience intense emotions but without the thoughts or actual memories
- Distortions such as switching the roles of people in one's memory are quite common
- Adults can have vivid memories, of which they are extremely confident, that are nevertheless wrong. Once those false memories have been established, they are not easily changed by contrary evidence

➤ **How might false memories develop?**

A great deal of laboratory research involving normal people in everyday situations demonstrates that memory is not perfect. Evidence shows that memory can be influenced by other people and situations; that people can make up stories to fill in memory gaps, and that people can be persuaded to believe they heard, saw or

experienced events that did not really happen. Studies also reveal that people who have inaccurate memories can strongly believe they are true.

2.

Post Traumatic Stress Disorder (PTSD)

- It was first described by Jacob Mendes Da Costa, a doctor during the American Civil War. Marked by chronic tachycardia (high heart rate), and reactivity (increase in heart rate due to a stressor), it looked very much like cardiac disease, but Da Costa recognized the possibility that it was brought on by wartime trauma. PTSD was first noticed on a massive scale during World War I.
- PTSD can develop in people who have never set foot on a battlefield. The disorder occurs in men, women and children, as a result of a number of traumatic experiences.
- PTSD - the continuation of disturbing thoughts, emotions, and feelings that persist even after the trauma is over

Post-traumatic stress disorder is a term used to explain mental health condition marked by severe anxiety, flashbacks and uncontrollable thoughts about a terrifying event.

2.1.

Symptoms of PTSD

Post-traumatic stress disorder symptoms typically surface within three months of a traumatic event; however, in some people, they may not appear until years after the event

The National Institute of Mental Health (NIMH) notes that PTSD symptoms are generally grouped into three types:

- Re-experiencing symptoms-flashbacks, or reliving the event, with physical reactions such as sweating and a racing heart; nightmares; and frightening thoughts. These

symptoms can intrude on a person's everyday life. People, places and activities can remind the person of the event and trigger the reactions

- Avoidance symptoms-include trying to avoid thinking or talking about the event. People with PTSD will often steer clear of places, events or situations that remind them of the experience for fear of having a flashback and being unable to control their actions. They may also feel emotionally numb
- Hyperarousal symptoms-include feelings of stress, and being "on edge" and easily startled. These symptoms are usually constant rather than being triggered by reminders of the event. These symptoms may make it hard to eat, sleep or concentrate.

A family or personal history of mental health risks, such as an increased risk of anxiety and depression, can affect the likelihood of experiencing a PTSD episode. Another factor is the way that the brain regulates the chemicals and hormones that the body produces in response to stress. Temperament also plays a role, according to the NIMH.

Children can exhibit different symptoms than adults do. Some children who are suffering from PTSD will regress, sometimes wetting the bed or being unable to talk, although they had mastered these tasks prior to the event.

3.

The brain function and the traumatic experience

➤ **The impact of trauma on the brain**

All trauma affects the physical body, consequently the traumatized people have alterations in their brain. Memory is affected by lapses-there are deficits in verbal recall. The frontal cortex ability is decreased. Less ability to do left-brain functions--it can't distinguish a real threat from a false threat. Intense stress or trauma is accompanied by the release of hormones. A nerve running out of the brain to the adrenal glands triggers adrenaline and noradrenaline secretions. Adrenaline and noradrenaline surge through the blood stream causing the heart to beat faster and prime the body for an emergency. Then these

hormones activate receptors on the vagus nerve running back to the brain. This causes the heart to continue to beat faster, but also signals various parts of the brain to supercharge that intense emotional memory. These hormones assist the individual to mobilize in the event of emergency. They also sweep through the body, return to the brain, and trigger the release of more equally powerful hormones (cortisol, epinephrine and norepinephrine, oxytocin, vasopressin and opioids)

Trauma researchers have looked inside the brains of people who have suffered serious emotional trauma. The first scan was while they remembered neutral events in their lives. The second scan was taken as they were exposed to scripted versions of their traumatic memories. During the scanning, the images actually showed dissociation happen in the brains of these PTSD patients. When they remembered a traumatic event, the left frontal cortex shut down, particularly Broca's area (the center for speech). But areas of the right hemisphere, associated with emotional states and autonomic arousal, lit up, particularly the area around the amygdala. This suggests that when people relive their traumatic experiences, the frontal lobes become impaired and, as a result, they have trouble thinking and speaking.

3.1.

Effect of trauma on amygdala and hippocampus

Amygdala - It becomes highly active during and while remembering a traumatic incident. When someone has been in trauma it's hypersensitive-overreacts to normal stimuli.

Hippocampus- Researchers have looked at the size of the hippocampus in people with and without PTSD. They have found that people who have severe, chronic cases of PTSD have smaller hippocampi. The researchers have taken this to suggest that the experience of constant stress as a result of severe and chronic PTSD may ultimately damage the hippocampus, making it smaller. The shrinkage is induced through trauma

4.

Repressed memory therapy

- Historical overview
- Freud introduced the concept of memory repression to the public and advocated that the brain represses traumatic memories automatically
- Inspired partly by the Freudian-based concept - In his theory the mind automatically banishes traumatic events from memory to prevent overwhelming anxiety. Freud further theorized that repressed memories cause "neurosis," which could be cured if the memories were made conscious. For Freud, repression was the unconscious mechanism whereby unacceptable impulses or memories were kept hidden from awareness, as a basic defense which the ego uses to ward off anxiety
- One of the issues Freud struggled with was the status of the childhood memories recovered in his therapy from repression. Freud's repressed memory theory joined his philosophy of psychoanalysis. Repressed memory has remained a heavily debated topic inside of Freud's psychoanalysis philosophy

RMT refers to the attempts to recover long forgotten or repressed memories and is a psychotherapy term for therapy using one or more method or technique for the purpose of recalling memories. It does not refer to a specific, recognized treatment method, but rather several interviewing techniques, such as hypnosis and guided-imagery. Proponents of recovered memory therapy claim that traumatic memories can be buried in the subconscious and affect current behavior, and that these can be recovered.

4.1.

How does trauma-focused therapy work?

The point of trauma - focused therapy is not to make people remember all the disturbing things that ever happened to them. People do not need to remember every detail in order to heal. Rather, the goal of psychotherapy is to help people gain authority over their trauma - related memories and feelings so that they can get on with their lives. To do this, people often have to talk in detail about their past experiences. Through talking, they are able to acknowledge the trauma - remember it, feel it, think about it, share it, and put it in

perspective. At the same time, to prevent the past from continuing to influence the present negatively, it is vital to focus on the present, since the goal of treatment is to help individuals live healthier, more functional lives in the here and now.

4.2,

Trauma therapy treatment approaches:

- Pharmacotherapy-Management of PTSD may involve the use of various treatment modalities, involving both nondrug treatments and pharmacotherapy. It is an important adjunctive treatment for trauma in conjunction with either cognitive behavior therapy or psychoanalytic psychotherapy

The current medications of choice are the selective serotonin reuptake inhibitors (SSRI), which are beneficial for posttraumatic reexperiencing, hyperarousal, and avoidant symptoms. Other medication classes including non-SSRI antidepressants, mood stabilizers, anticonvulsants, and anti-adrenergic agents have shown efficacy for some trauma symptoms. Because beneficial responses may be slow to appear, pharmacotherapy of trauma requires a medication trial of adequate length and dose to determine effectiveness.

- Exposure Therapy-Exposure therapy, previously known as imaginal flooding therapy, involves carefully exposing the patient to prolonged and repeated imagined images of the trauma until the images no longer cause severe anxiety. In PTSD, exposure therapy is intended to help the patient face and gain control of the fear and distress that was overwhelming in the trauma, and must be done very carefully in order not to re-traumatize the patient
- Cognitive Behavioral Therapy (CBT)- A branch of psychotherapy which is based on the premise that the way we think (cognitive) determines how we respond to those thoughts (behaviour). Over years these negative thinking and behaviour patterns become fixed, and cognitive behavioural therapy hopes to challenge those behaviours, bringing about positive feelings and behavioural changes. CBT for PTSD is aimed at teaching sufferers ways to help them modify negative thought patterns so they are able to gain control of their fear. Though techniques will vary from practitioner to practitioner, often-mental imagery is used to help individuals through their trauma

- Eye Movement Desensitization and Reprocessing (EMDR)- Eye movement desensitisation and reprocessing (EMDR) is a form of treatment which has been found to benefit a variety of behavioural and emotional issues in both adults and children. The treatment itself involves performing a series of right to left eye movements whilst simultaneously recalling a traumatic event. Though it is not known exactly how the treatment works, it is thought that it may be linked to the left and right stimulation of the brain whilst we are in REM (rapid eye movement) sleep, during which our eyes rapidly move from one side to another. The eye movements are designed to help the brain process unconscious material and flashbacks so that in due course, sufferers are able to come to terms with the harrowing event they experienced and are able to adopt a more positive thinking approach moving forward.
- Hypnotherapy- The aim of hypnotherapy is to unlock stored emotion so that the trauma can be revisited and explored from a different perspective. Work with the unconscious mind so that negative beliefs which were built up during the trauma can be explored and alleviated. Hypnosis and other techniques that ply upon a person's suggestibility must be used with great caution
- Psychodynamic Therapy- Psychodynamic approaches to PTSD focus on a number of different factors that may influence or cause PTSD symptoms, such as early childhood experiences (particularly our level of attachment to our parents), current relationships. Psychodynamic psychotherapy places a large emphasis on the unconscious mind. Bringing about change in symptoms or behavior requires getting in touch with and "working through" those painful unconscious feelings. To do this, the psychodynamic therapist will assist the patient in recognizing the defense mechanisms being used, what they are being used for (to avoid painful feelings in the unconscious mind stemming from a traumatic experience) and connecting with and appropriately releasing those feelings and thoughts that were previously being avoided.
- Group Therapy-Because isolation is such a powerful effect of trauma, the ability of groups to provide support and reconnections for members is particularly important for trauma treatment.. The appeal of group interventions for trauma survivors rests, to a large extent, on the clear relevance of joining with others in therapeutic work when coping with victimization consequences such as isolation, alienation, and diminished

feelings. Bonding with similar others in a supportive environment can be a critical step toward regaining trust

References & Literature

- Source from: Stanford Report, Jan., 2004, by Lisa Trei - Psychologists offer proof of brain's ability to suppress memories -
<http://news.stanford.edu/news/2004/january14/memory-114.html>
- source from: <http://www.guidetopsychology.com/repressn.htm> written by Raymond Lloyd Richmond, Ph.D
- <http://www.victorianweb.org/science/freud/repression.html> written by David B. Stevenson, 1996, Brown University
- Renee Fredrickson, Ph.D, 1992– Repressed memories-A Journey to recovery from sexual abuse-A dawning reality- 25-30 p. ISBN 0-671-76716-X
- <http://www.caic.org.au/fms-sra/rmt.htm> written by Jan Groenveld
- <http://faculty.washington.edu/eloftus/Articles/lof93.htm> written by Elizabeth Loftus
- Trauma statistics:
http://www.bercelifoundation.org/s/1340/aff_2_interior.aspx?sid=1340&gid=1&pgid=391
- Sources - Trauma Releasing Exercises Pamphlet - Dr. David Berceci, Ph.D
http://www.bercelifoundation.org/s/1340/aff_2_interior.aspx?sid=1340&gid=1&pgid=403
- Source of the article: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181836/> J. Douglas BremnerMD - 2006 Dec. 8 Traumatic stress: effects on the brain
- Source: <http://www.fenichel.com/repression.shtml> - written by Michael Fenichel, Ph.D. - Repression: Anxiety Filter for the Ego

- <http://www.rachelsvineyard.org/Downloads/Canada%20Conference%2008/TextOfBrainPP.pdf> - written by -Theresa Burke, Ph.D. - How Trauma Impacts the Brain
- Source: <http://www.trauma-pages.com/a/vanderk.php> Approaches to the Treatment of PTSD - Bessel A. van der Kolk, M.D.
Onno van der Hart, Ph.D.
Jennifer Burbridge, M.A.
- 2004, Group interventions for treatment of psychological trauma, p. 25-27. -By Kathleen Hubbs Ulman, Ph.D-<http://www.agpa.org/docs/default-source/practice-resources/group-interventions-for-treatment-of-trauma-in-adults.pdf?sfvrsn=2>