

# **Understanding Trauma**

by

**Dawn Frances Wadiak**



**FOUNDATION FOR  
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### *Introduction*

The National Trauma Society confirms that trauma is the leading cause of death within the first four decades of life and that nearly 75 percent of the population within the United States have been directly impacted by some form of trauma. According to The National Center for Health Statistics children and adults are the most severely affected.

About half of adults over age 19 reports having experienced at least one instance of maltreatment or related traumatic stress by age 18 and about 25 percent report more than two (Felitti et al., 1998). A study by Chemtob, Nomura, and Abramovitz (2008) of preschool children found that 53 percent had experienced at least 1 of 13 traumatic events, a percentage the researchers considered conservative because their study excluded sexual abuse, physical abuse, and exposure to domestic violence. Childhood trauma sets the stage for psychopathology in the future (Bowlby, 2002). This research paper will explain the nature of traumatic injury and the subsequent immediate and life long implications upon the neurophysiology of an individual; contributions to effective therapeutic interventions and understanding of how to integrate such traumatic events will also be examined.

### *The Definition of Trauma*

Trauma has been described as any event which is prolonged, overwhelming or unpredictable (Post, 2000). *The Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> edition, Text Revision (DSM-IV-TR; American Psychiatric Association [APA], 2000) specifically defines trauma as

direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an

event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behavior) (Criterion A2). (p.463)

Major types of trauma include natural disasters of which surveys suggest that between 13 and 30 percent of individuals have been exposed to one or more natural disasters in their lifetime (Briere & Elliot, 2000; Green & Soloman, 1995). Natural disasters in this regard include: earthquakes, large fires, floods, avalanches, hurricanes, tornados, and volcanic eruptions. Other traumatic events include, but are not limited to, mass interpersonal violence (i.e. the Oklahoma City bombing), house fires, motor vehicle accidents, rape and sexual assaults, physical assaults, domestic violence, war, child abuse and emergency worker related exposure to traumatic events (Briere & Scott, 2006). Within this list I would also include prenatal and perinatal trauma and pervasive developmental stress.

#### *Early Developmental Trauma*

Understanding the ways in which interpersonal relationships early in life impact the development of neural pathways involved in self-regulation can help us understand the formation of personality, behavior (i.e. coping measures) and persistent patterning within family dynamics. A psychoneurobiological perspective focuses on the first two years of life, when the human brain is growing faster than at any other stage of life.

Traumatic events have an effect upon the entire mind and body system of an individual and can have life long implications. Secure Attachment bonds serve as the primary defense against trauma-induced psychopathology in both children and adults (Finkelhor & Browne, 1984). Utilizing the attachment bond as a therapeutic intervention will be

discussed later in this report. The rising amount of young children being diagnosed with psychiatric disorders today presents a challenge to society and the mental health system at large to examine the critical components of attachment formation and the period in which many believe is the foundation from which all psychiatric disorders form (Schoore, 2003).

### *The Effects of Trauma Overview*

Victim-specific factors that contribute to variations of the effect of traumatic events include: gender, age, race, socioeconomic status, psychological state, coping style, family systems, nervous system and regulatory ability and greater distress surrounding the time of the traumatic event itself (Brewin, Andrews, & Rose, 2000; Roemer, Orsillo, Borkovec, & Litz, 1998). “Trauma can alter the very meaning we give to our lives, and can produce feelings and experiences that are not easily categorized in diagnostic manuals. These more existential impacts include profound emptiness, loss of connection with one’s spirituality, or disruption in one’s ability to hope, trust, or care about oneself or others” (Herman, 1992). Types of posttraumatic responses include depression, psychotic depression, anxiety, panic, phobic anxiety, stress disorders, PTSD, ASD, dissociation and somatoform responses. “Patterns in the flow of energy and information that become ingrained as restrictive or chaotic states reveal a lack of resolution of trauma...this directly interferes with the ability to adapt to changes in the internal and external environment.

The attachment relationship early in life directly shapes the maturation of an infant’s right brain, which comes to perform adaptive functions in both the assessment of

visual and auditory socio-emotional communicative signals and the human stress response (Adolphs, 2002; Dimberg & Petterson, 2000; Gur et al., 2002; Keil et al., 2002). This framework of critical understanding into infant development also applies to adolescents and adults as well. According to Reid (1999) that where trauma has occurred in infancy, before there is adequate differentiation of self from other, and before the development of the capacity to symbolize, the child cannot withdraw from the experience...this has also been noted in adults and children suffering from traumatic stress disorders. (pp. 99-100).

*Effective Therapeutic Interventions*

“Interventions directed towards ameliorating relational trauma should focus on improving the efficiency of psychobiological communications within the bodily based attachment relationship, and on optimizing the maturation of limbic-autonomic circuits and the higher right brain prefrontal systems involved in affect regulation” (Schoore, 2003).

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