

Exposure to Childhood Abuse: Implications of Trauma on Memory and Emotion in Adulthood

Lois Row
Immaculata University

Overview of presentation

- Introduction
- Summary of relevant literature
 - Effects of childhood abuse across the lifespan
 - Chronic stress and the brain
 - Memory, betrayal, victim's experience
 - Assessment and treatment
- Conclusion

Introduction



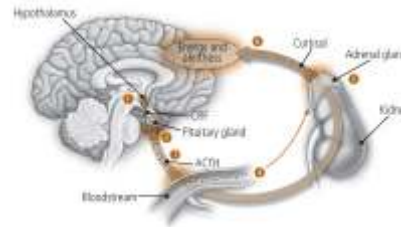
- Problem of childhood abuse
- Effects of ongoing trauma-related stress
- Need for appropriate assessment and treatment

Effects of childhood abuse across the lifespan

- Psychological distress and increased vulnerability prevalent
- PTSD
- Alternative diagnosis of *complex* PTSD

Effects of chronic stress on the brain

- Cascade of events as result of abuse on immature brain
- HPA axis
- Functional abnormalities within areas of brain responsible for:
 - Executive functioning
 - Memory
 - Affect regulation
 - Arousal
- Effects of environment



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Autobiographical memory

- Explicit automatic memory system
- Directed search/retrieval
- Narrative composed of episodic recollections of the past



Autobiographical memory, cont.

- Severe and chronic stress impairs
- Imbalance between impoverished and impaired explicit and implicit memory
- Encoded implicit memories can intrude
- Emotional processing styles
- Memory deficits
 - Reduced memory specificity
 - Overgeneral memory
 - Repressed, dissociated, recovered memory

Betrayal trauma theory

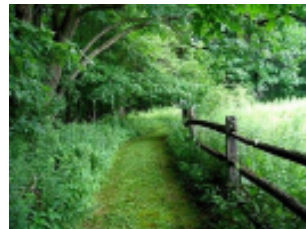
- Abuse represents betrayal by trusted, needed other
- Child best served by staying engaged
- Conscious memory of trauma refused
- Silence, secrecy

Additional symptoms

- Inability to self regulate
- Sense of defectiveness, powerlessness
- Substance abuse
- Eating disorders
- Anxiety, suicidality
- Vulnerability for revictimization
- Increased vigilance
- Intimacy, trust, interpersonal relating impaired; isolation

Survivors in treatment

- What may have been adaptive at time of abuse now severely challenges adult survivor's ability to thrive
- Coping skills from childhood tend to crumble
- Renewed symptoms, or those felt for the first time
- Assessment



Therapy

- Safety, trust
- No one “best” approach; treatment tailored to individual and current functioning
- Goals
 - Coming to terms with meaning and influence of trauma experience
 - Ease distress
 - Integration of traumatic memories

Therapy, cont.

- May focus on trauma history
 - Link current symptoms to past
- May be more present focused
 - Attention to interaction of symptoms in the here and now
- Creation of narrative
- Existential therapy
 - “the therapist’s work is to assist the survivor in discovering and trusting her internal sensing . . . The client’s lack of connection to herself originally ensured her survival by creating distance from the overwhelming pain of the abuse” (Fisher, 2005)
 - Tenets of responsibility and authenticity
 - “Being with” as opposed to treating

Conclusion

- Much remains to be understood
 - Complexity of neurobiopsychological workings of experience and memory
- Disagreement within the field
 - Especially with respect to content and recollection of abuse
 - Benefits and risks of survivor self-disclosure
- Lack of *DSM-IV-TR* PTSD criteria to fully explain experience argues for CPTSD diagnostic construct

- *Questions?*

- Thank you!!



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