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

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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

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!!
References