

BACKGROUND

Abuse, and the misuse of power—socially, culturally, and interpersonally. How men and women treat each other.

A measure of the healthy use of power in a culture: *see how they treat the children.*

The race is on in our culture: Redo the way we do power in order to get escalating violence under control.

ADDICTION AND TRAUMA

Addiction: A problem in the brain.

Trauma: Politicized and “hot” due to alleged ‘false memories.’

Both fields are in a state of change-related stress. Both fields are seeing the same clients.

Problem: When people get sober they get their memories back [and their feelings and emotional memories].

Addictions come in interconnected packages.

*****TABLE (Sexual/Physical/Emotional Abuse stats*****

Power Problem: USA money is not available to treat survivors and addictions even though the science shows that to do so would save money in (1) the legal system (2) the medical system.

Sex abuse survivors are 8x more likely to contract cancer, . [health issues]. . . and lupus.

Social controversy undermines addiction treatment and research.

BUILDING A MODEL

PTSD. Surviving....

Compartmentalization. Insulation against trauma, traumatic amnesia.

Reactivity. If the trauma material begins to get through the compartment(s) it leads to reactivity and there are symptoms of “leakage” (the body is mobilized for fight/flight, body stress, etc.).

Trauma Reaction. Reactivity is involved with trauma reaction (there is physical stress, dreams and nightmares, flashbacks, intrusive trauma material, etc.).

*****GRAPHIC: TRAUMA IMPACT*****

Trauma is disruptive to brain functioning. Connections and pathways don't link. “Front brain” and “back brain” communication and integration breaks down or dysfunctions. Survival impulses (features of the so-called back brain) run without the benefit of front brain supervision and regulation—this is “reactivity.”

Trauma can be cumulative, ie., chronic neglect accumulates into trauma.

Trauma reactivity is mentally, emotional and physically hard to endure. Survivors are looking for ways to manage the pain, looking for ways to feel better. The brain is trying to find a way through the trauma and the aftermath of the trauma. It can sometimes find “trauma pleasure,” states of feeling better when, in reality, things really aren't better. Brain-based survival mechanisms.

TRAUMA PLEASURE.

Pain vs Pleasure. . . . based in (4) neural pathways:

- (1) *Arousal*: Trauma gets fused (mixed up with) the pleasure experience. It is a way of burying “upset-ness” with pleasure.
- (2) *Numbing*: Addiction as a form of dysfunctional soothing. Blocking. Blocking with sexing, eating, gambling, drinking, drugging, etc.
- (3) *Dissociating*: Escape via dissociative schemes (trauma “splitting,” zoning out, losing time, secret lives, D.I.D., not being present within ones self).
- (4) *Deprivation*: Trauma abstinence, shutdown. Control of personal reality through depravation, hoarding, anorexia, saving, sexual anorexia, compulsive cleaning.

. to relieve pain and increase pleasure.

Problem: the problem is still there.

Also, there is a shame dynamic that comes into play. Shame intensifies experience.

Shame also potentiates (increases the power of) the above four neural pathway “sets”.

Four things that makes things worse:

- (A) **TRAUMA SHAME**. Trauma produces shame in the victim. Shame amplifies the above 4 items. It is natural, as a victim, to feel responsible for the victimization. Example: Hedda and Joel. Hedda as a victim felt defective and responsible, increasing her position as the shameful victim, in a relationship with a “shameless” perpetrator.
- (B) **TRAUMA REPETITION**: Addiction to the trauma. Repetition compulsion. “Recycling the experience” when we were children. Repeating it as a victim. Repeating it as a perpetrator.
- (C) **TRAUMA BONDING**: Abuse combined with love and care. Getting the hostage food and cool water, we become victims of brain stress. Example: the hostages that waited for their kidnappers to get out of jail so they could get married to them. Repeating and reinforcing the above (4) neural pathways.

Notes

“Trauma Bonds” (video)

by Patrick Carnes

(D) CO-DEPENDENCY: an obsession with someone who is out-of-control. Also reinforces the above (4) neural pathways (arousal, numbing, dissociating, deprivation).

BREAKTHROUGHS in Recovery

*****GRAPHIC of breakthru’s*****

Carnes (the speaker) checked himself into The Meadows as a sexual abuse trauma survivor.

Shares--re: his daughter’s friend, a story of abuse.

“Our culture is filled with violence.”

What to do? How to change our culture? Like his daughter and the friends of the victim, it is time to believe the victim. It is time to stop primary abuse. It is time to stop secondary abuse.

*****GRAPHIC of MODEL*****