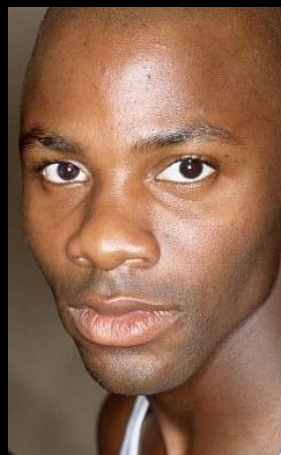




# The Neurobiology of Trauma

David Lisak, Ph.D.

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**Why is it so crucial that we understand, prevent and effectively treat psychological trauma?**

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**Trauma and violence  
are  
self-propagating**

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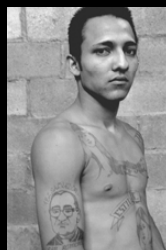
## **The Cycle of Violence**

**Childhood abuse  
significantly increases  
the risk that the abused  
child will themselves go  
on to be abusive or  
violent.**

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## From Victim to Victimizer

**Abused**



**Learns  
to be  
tough**

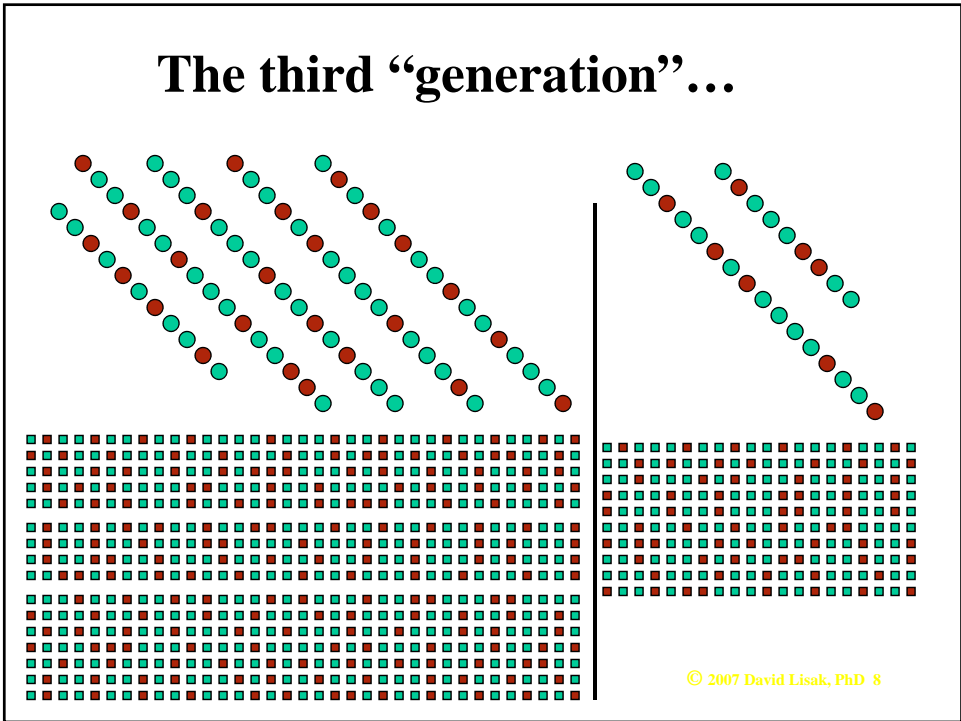
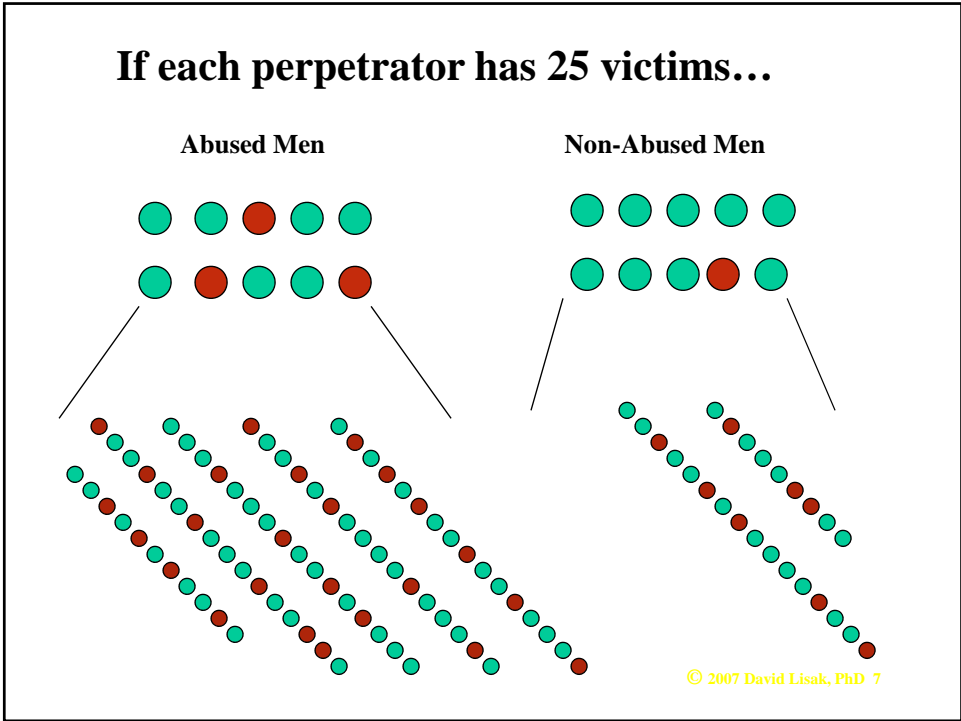
**Hardened**



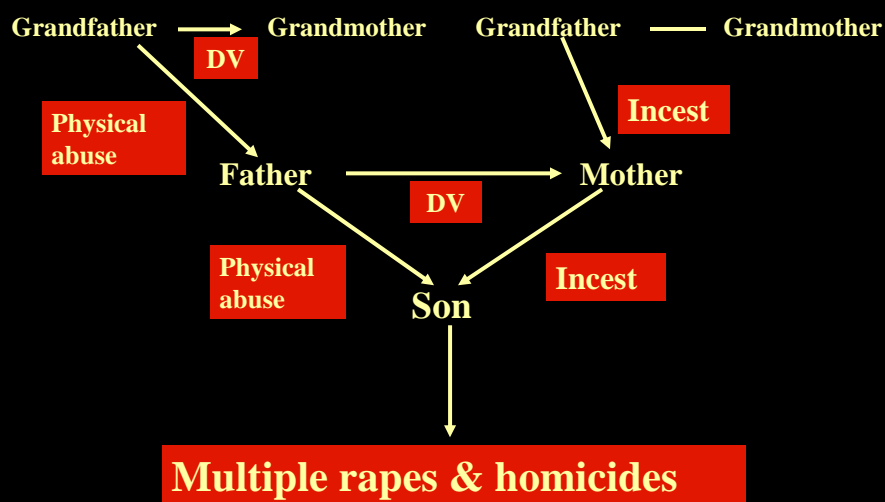
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## The Inter-generational Progression of the Cycle of Violence

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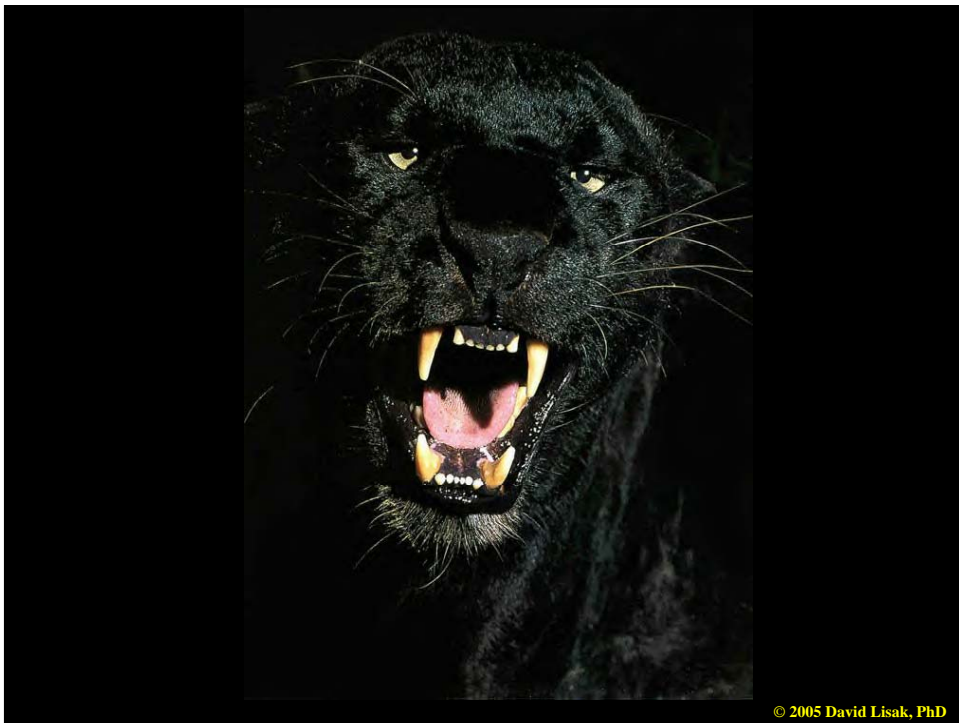
## The Cycle of Violence: 3 Generations



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**The psychological symptoms of trauma are rooted in changes in the brain.**

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## The Lesson



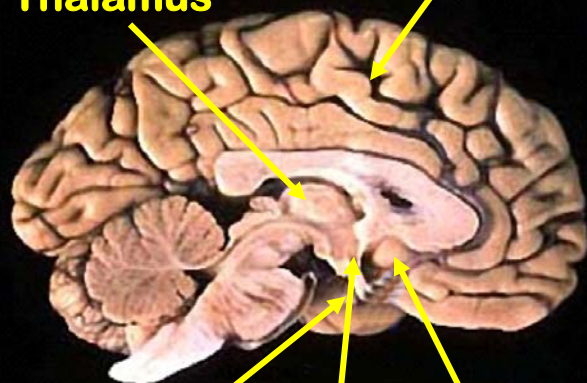
The human brain is a multi-layered map of millions of years of evolution

Our limbic structures are legacies of our mammalian & primate past

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Sensory Thalamus

Cortex



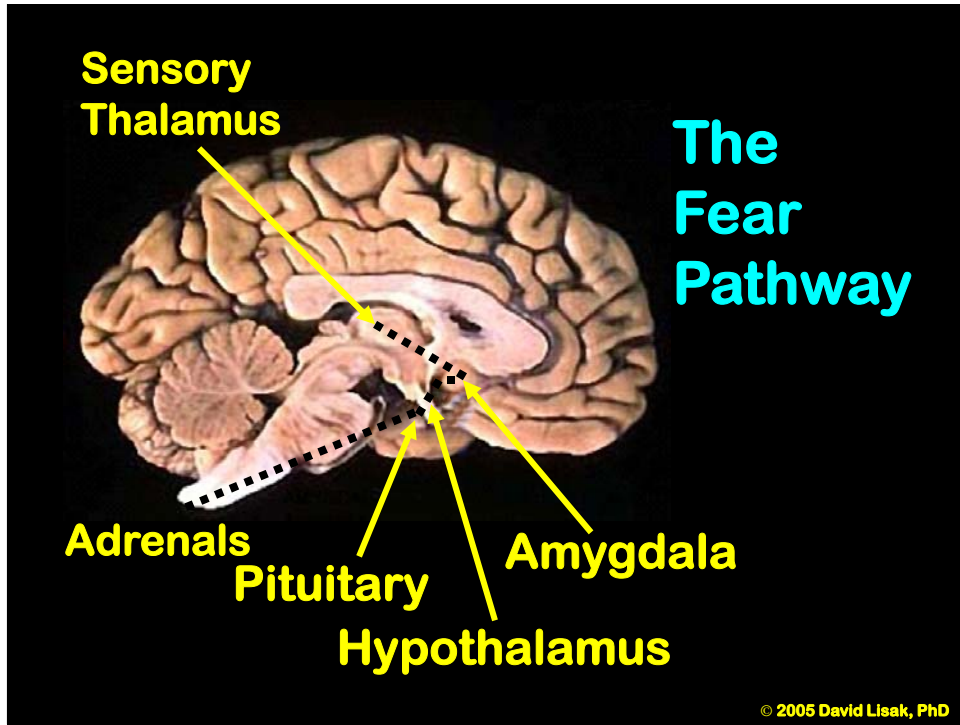
Pituitary

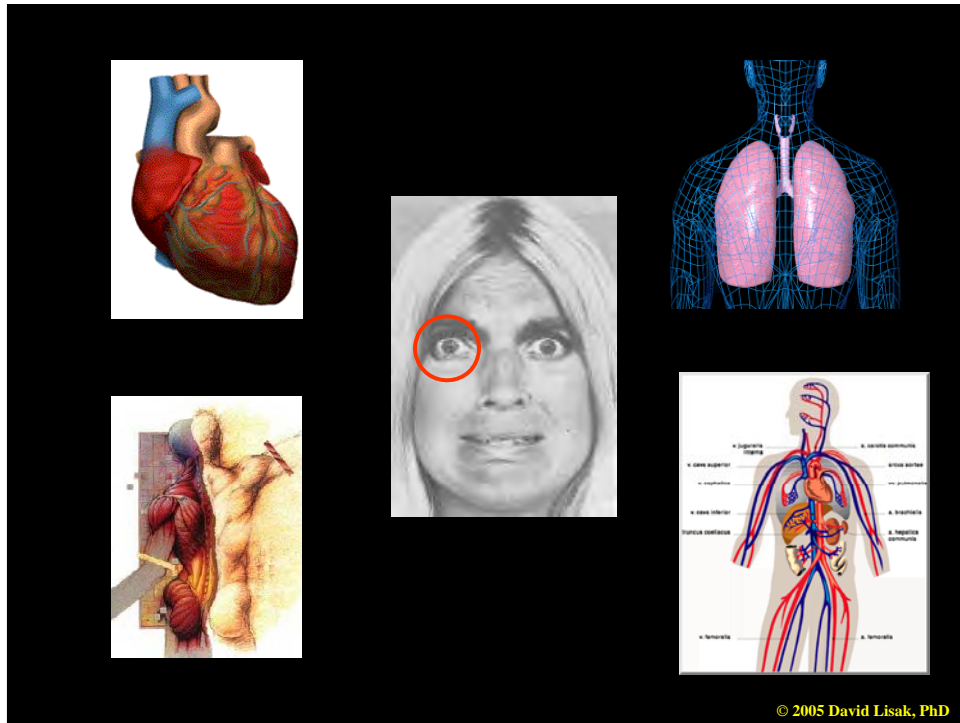
Amygdala

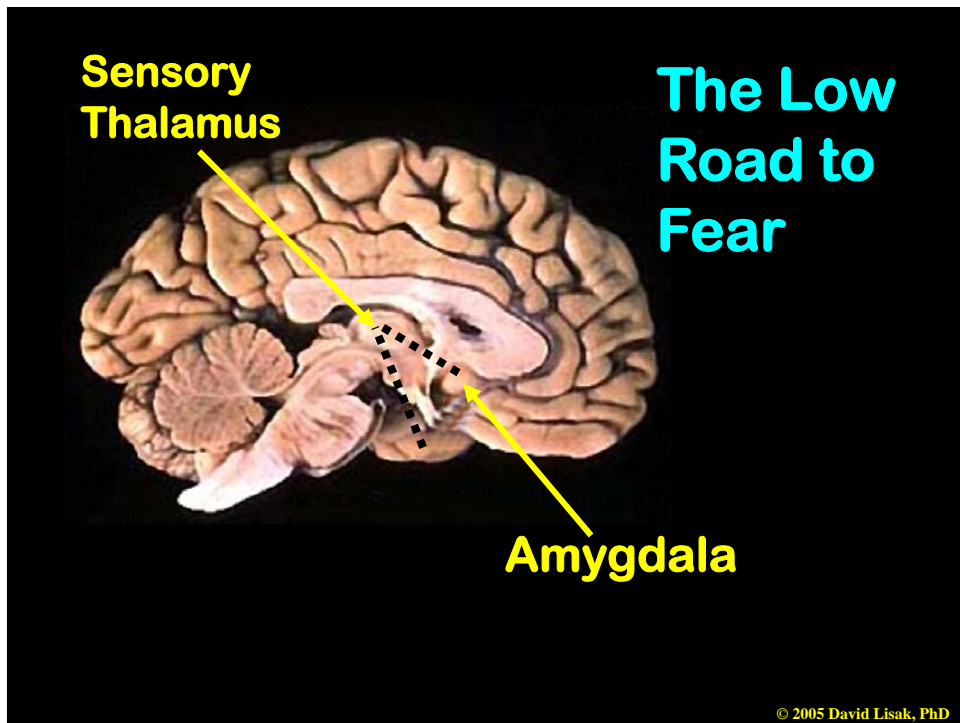
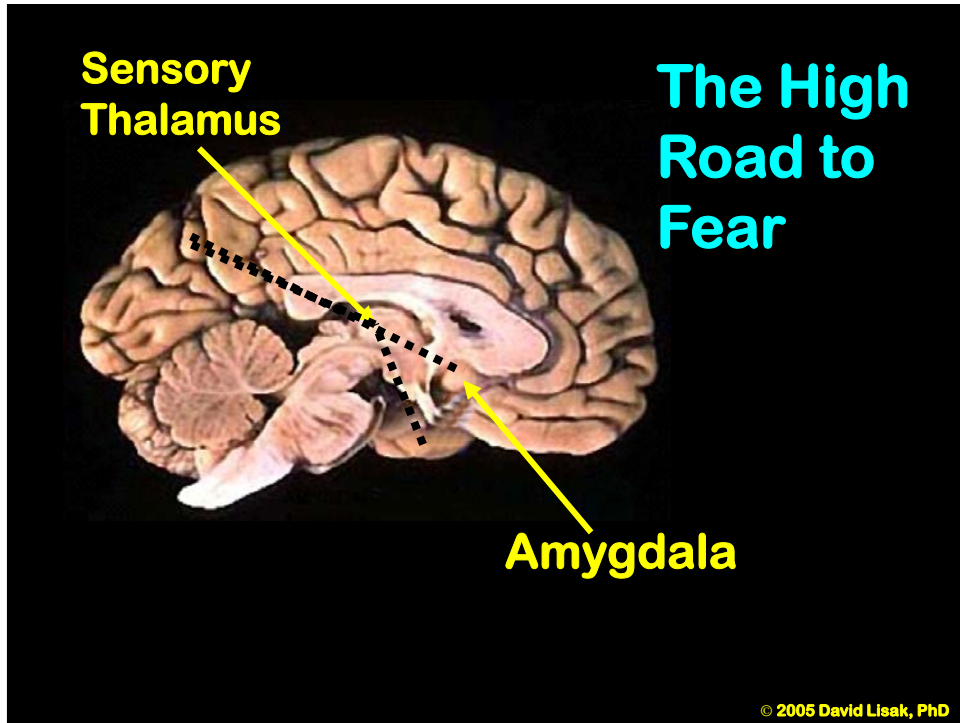
Hypothalamus

Critical Brain Structures in the Fear System

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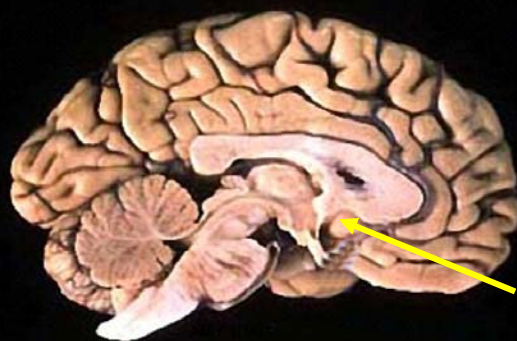




**Why we need the Low Road pathway**

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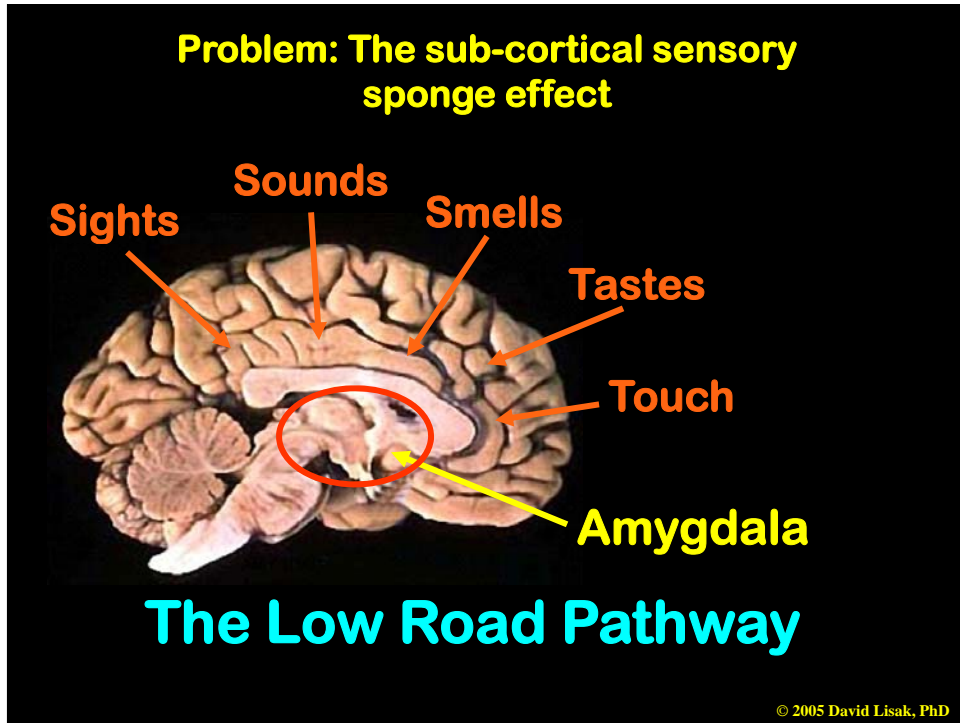
**Problem: The sub-cortical  
sensory sponge effect**



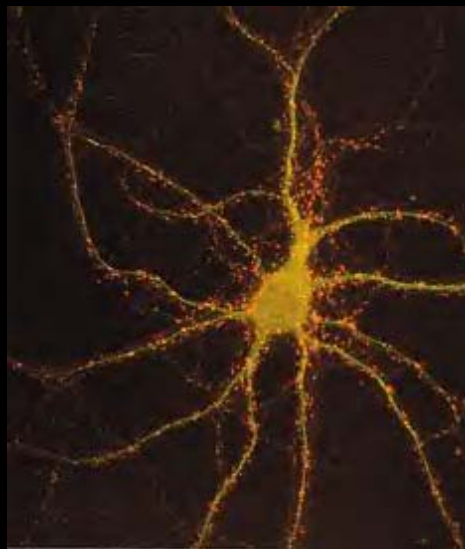
**Amygdala**

**The Low Road Pathway**

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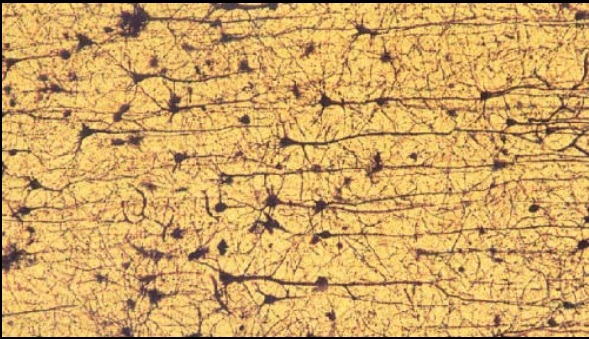
When we say "encoded" what do we mean?




**Amygdala**

**Post-trauma, Amygdala-based Fear Network**

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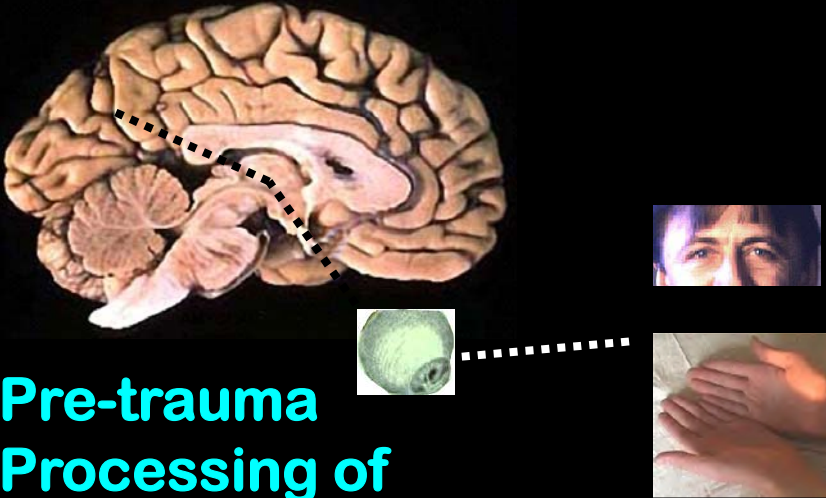
A Network of Neurons





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This slide features a microscopic image of a neural network at the top, showing a dense web of neurons with their cell bodies and branching processes. Below this, the text "A Network of Neurons" is written in cyan. To the right is a lateral view of a human brain, showing the cerebral cortex and internal structures. A copyright notice "© 2005 David Lisak, PhD" is located in the bottom right corner.

No Threat



Pre-trauma Processing of Ordinary Stimulus

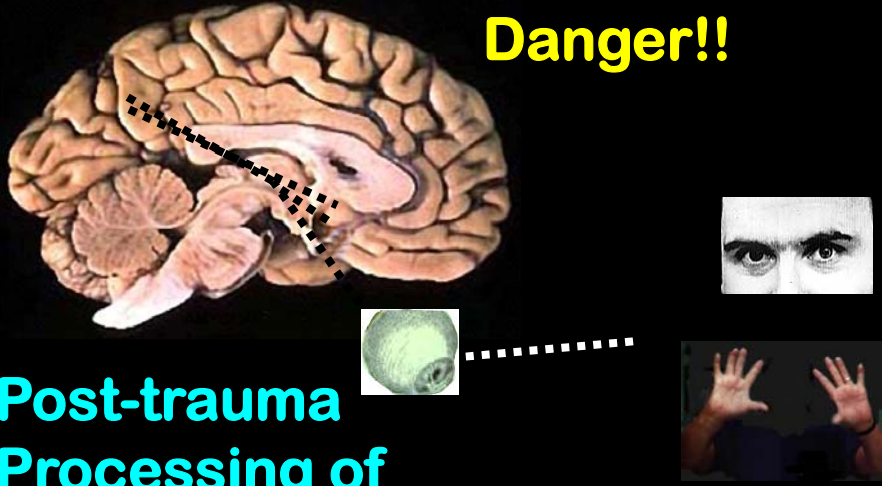


© 2005 David Lisak, PhD

This slide illustrates the concept of "Pre-trauma Processing of Ordinary Stimulus" in a state of "No Threat". It features a lateral view of a human brain with a dashed line tracing a path from the brain to two small inset images: a close-up of a person's eyes and a close-up of hands. The text "No Threat" is at the top in yellow, and "Pre-trauma Processing of Ordinary Stimulus" is at the bottom in cyan. A copyright notice "© 2005 David Lisak, PhD" is in the bottom right corner.

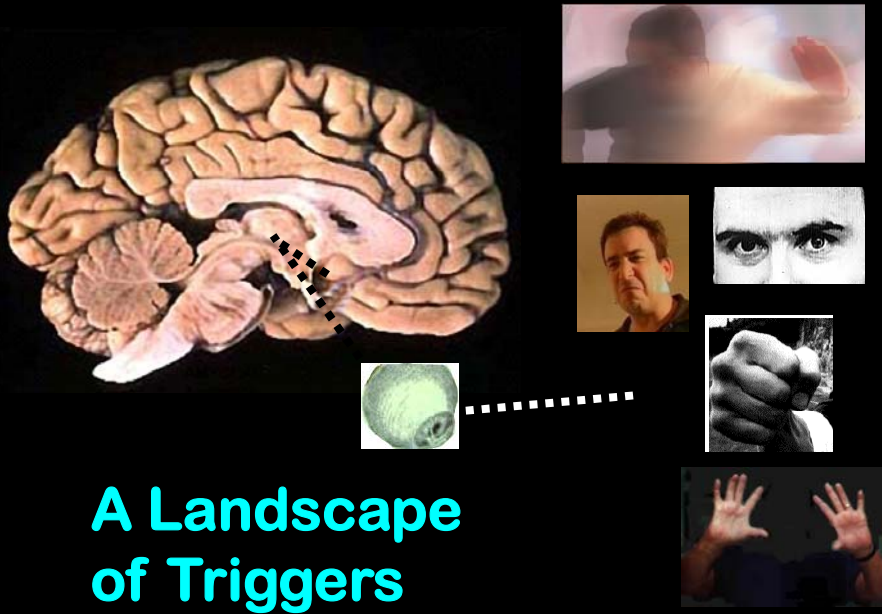
**Threat!!**

**Danger!!**



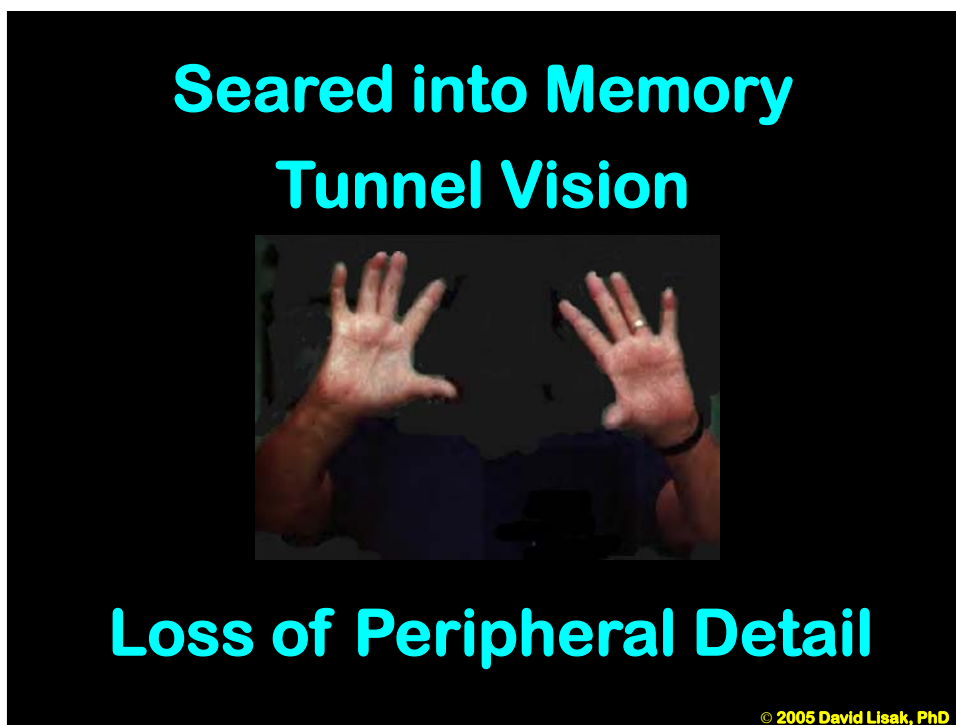
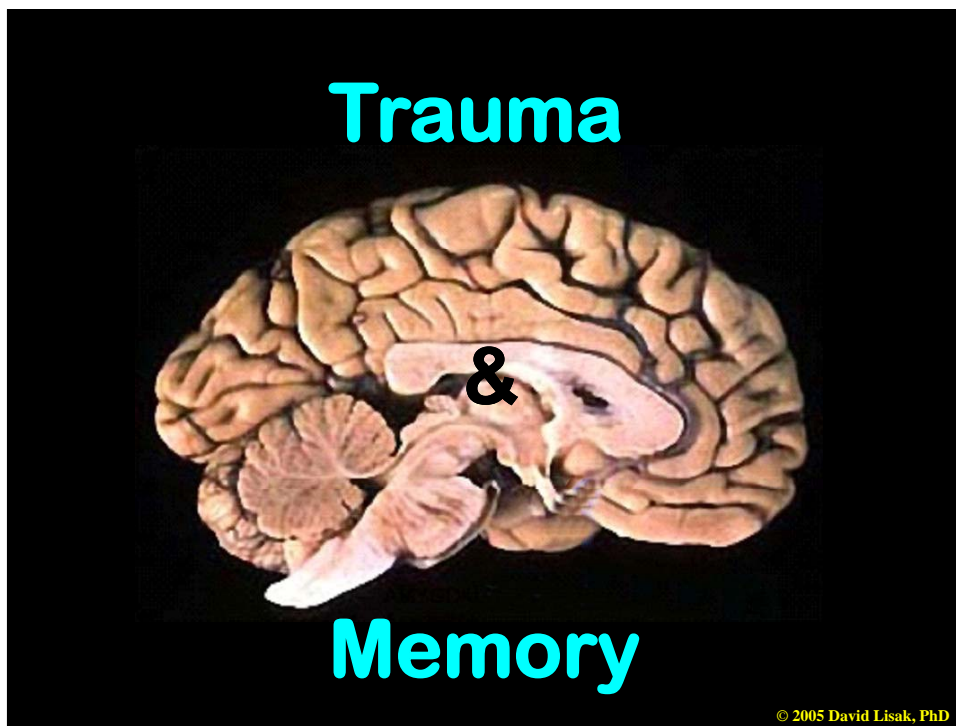
**Post-trauma Processing of Ordinary Stimulus**

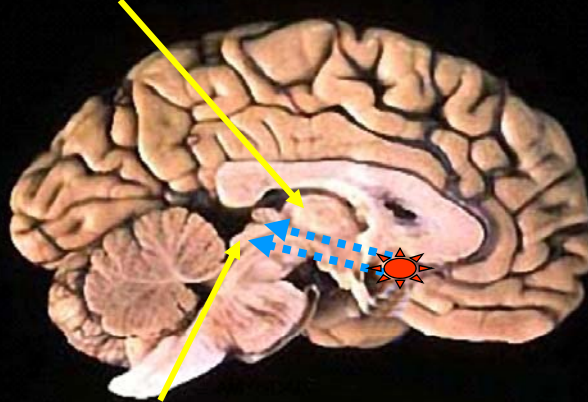
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**A Landscape of Triggers**

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**Sensory Thalamus**

**Hippocampus**

1. Amygdala activated
2. Stress hormones released
3. Hormones interfere with functioning of hippocampus & sensory thalamus

**Neurobiology of Traumatic Memory**

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**Traumatic memories:**

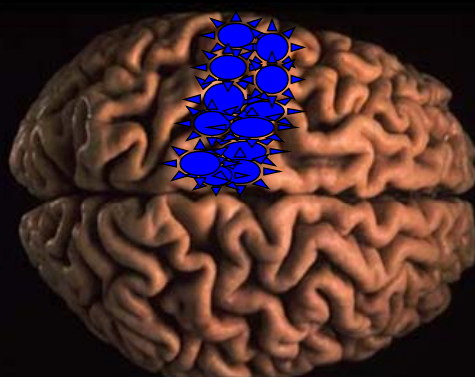
- Are fragmented & sensory...
- Are encoded as disconnected fragments...
- Are hard to willfully retrieve...
- And are triggered by unforeseen cues

**Phenomenology of Traumatic Memory**

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# Traumatic memories are less easily translated into language

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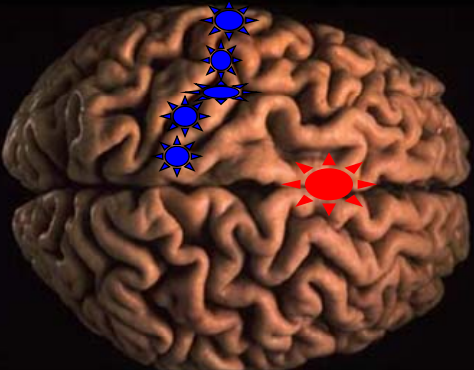


**Trauma Victim: Non-  
trauma Script**

**“He opened the  
front door and  
smiled and I  
immediately  
recognized him as  
the man I had  
dated during my  
freshman year in  
college. I was  
thrilled to see him  
again and I  
couldn’t believe it  
really...”**

Rauch, et al. (1996). A symptom provocation study of posttraumatic stress disorder using positron emission tomography and script-driven imagery. *Archives of General Psychiatry*, 53, 380-387.

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**“He put his arm across my windpipe and I couldn’t breathe and I started to really panic but I couldn’t scream because I just couldn’t – I could smell him, this smell that I can’t get out of my mouth...”**

**Trauma Victim: Trauma Script**

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**Trauma,  
Memory & Language:  
Lessons for Investigation**

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## Trauma, Memory & Language: Lessons for Investigation

### 1. Don't push for what the victim cannot provide:

- Sequence; context; peripheral details

**Pushing for narrative context can lead to errors – guesses, assumptions – that can either be substantive or minor, but either way will be pounced on by defense attorney.**

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## Trauma, Memory & Language: Lessons for Investigation

### 2. DO elicit raw data:

- Sensory experience: sights, smells, sounds, etc.

**Do you recall hearing anything? What do you recall hearing?**

**Do you recall smelling anything? What do you recall smelling?**

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## Trauma, Memory & Language: Lessons for Investigation

3. Standard interrogation techniques **DO NOT** work well with trauma victims

**E.g.: Asking victim to repeat narrative from different points in the sequence**

**E.g.: Asking victim questions designed to confuse/test their narrative**

**Problem: You can't determine whether inconsistencies are indicative of dissimulation or normal, traumatic memory.**

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## Effects of Chronic Trauma on the Developing Brain



- **Chronic trauma shapes the developing brain**
- **Brain becomes hyper-sensitive & hyper-reactive to trauma cues**

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## Effects of Chronic Trauma on the Developing Brain



**Child's brain becomes hyper-sensitive to subtle facial indicators of threat.**

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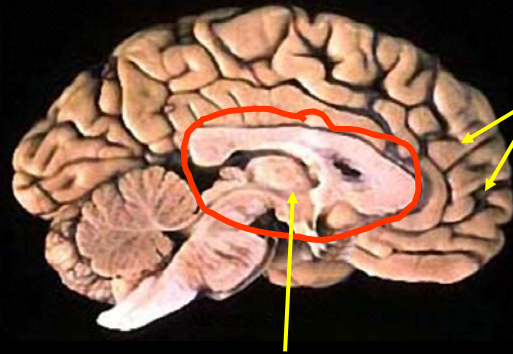
## Effects of Chronic Trauma on the Developing Brain



**Child becomes prone to chronic hyper-arousal and hyper-vigilance.**

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## Combined Effects of Chronic Trauma & Neglect



**Frontal cortex:**  
Source of  
impulse control  
& emotion  
regulation

**Limbic area:** Source of intense  
emotions and impulses

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## How Cortical Inhibition Develops

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**Childhood trauma generates extremely intense limbic activity that can lead to an over-perception of threat & aggressive impulses**

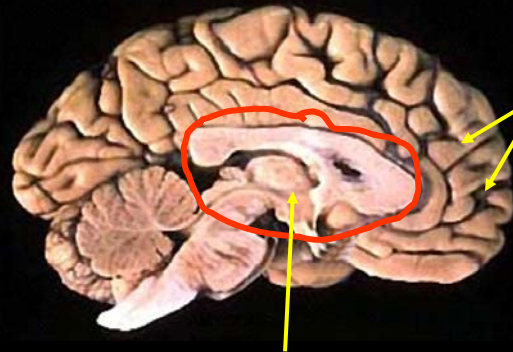
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**Child neglect delays the development of cortically based networks that inhibit and channel intense emotions and impulses**

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## Combined Effects of Chronic Trauma & Neglect




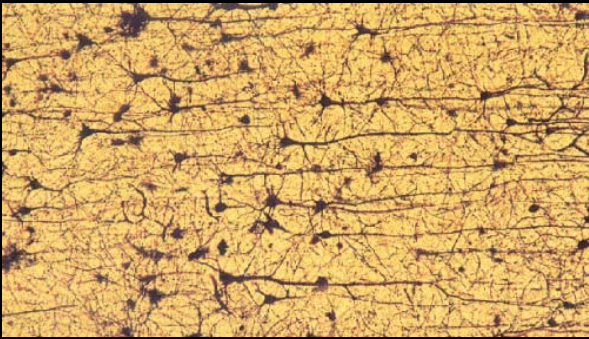
**Frontal cortex:**  
**Weakened**  
**capacity for**  
**impulse control**

**Limbic area: Intensified**  
**emotions & impulses**

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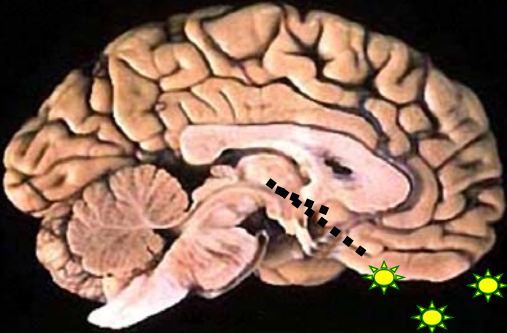


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## The Longevity of trauma networks

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## Fear network triggered by molecules of lemon grass

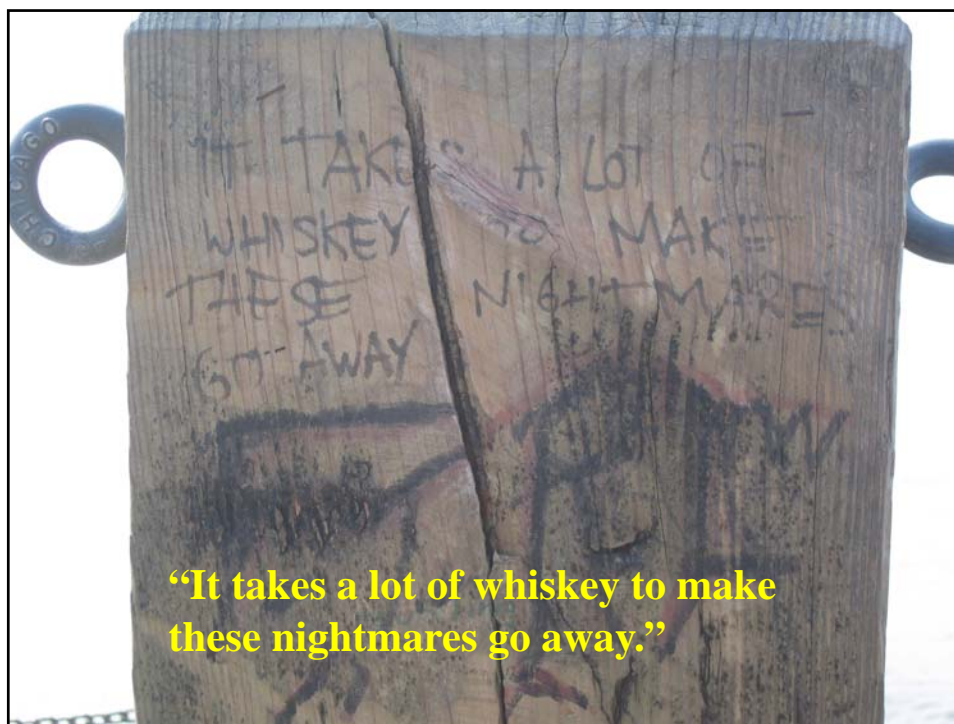
## Anatomy of a 25-year Old Memory

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# Inter-generational Transmission of Trauma

## Self-medication





## The Trauma-Substance Abuse Cycle

### Self-medication

#### 1. Trauma symptoms in need of medication:

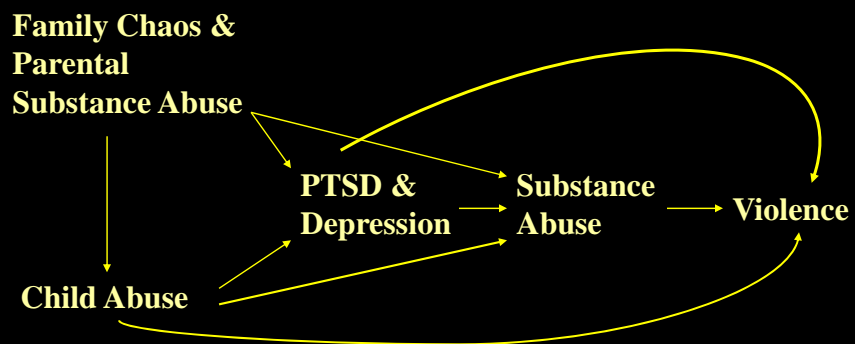
- PTSD; anxiety; depression; despair

#### 2. "Medications" available:

- Alcohol as general psych. anesthetic
- CNS depressants to calm physiological hyperactivity
- Meth., cocaine, etc. as anti-depressants & to combat chronic fear states



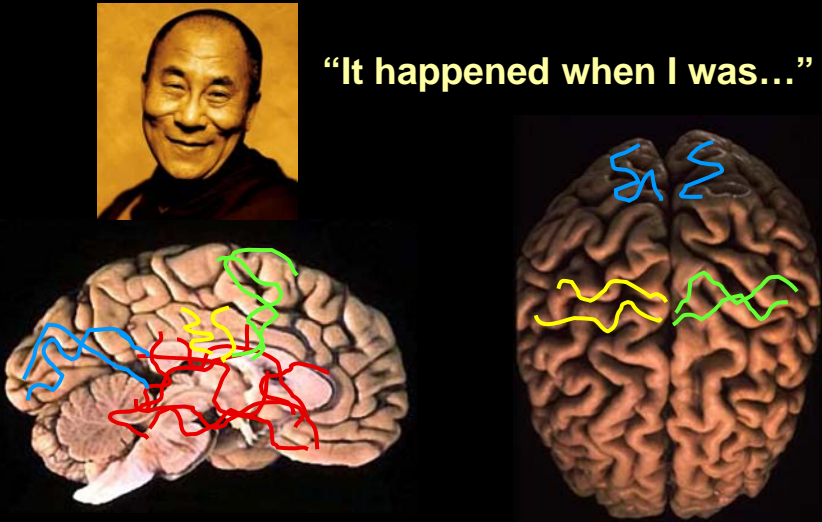
## PATHWAYS TO VIOLENCE



These relationships confirmed by scores of studies.

## The Neurobiology of Healing

"It happened when I was..."



**The Neurobiology of Healing**

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**Can we borrow from  
the model of brain  
injury rehabilitation?**

**The Neurobiology of Healing**

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The Neurobiology of Healing

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The collage features several key elements: a portrait of a smiling Buddhist monk in the top left; a black and white photo of a person sitting next to a large wooden wheel in the top center; a person meditating in a lotus position against a sunset in the top right; a person riding a bicycle on a path in the middle left; and a group of people sitting on the floor in a room in the middle right. Two human brains are overlaid on the collage, with colored lines (blue, green, red, yellow) tracing specific neural pathways across their surfaces.