Dear Danielle, Michael, Heidi, Jeremy, Philip, Amy, Julia, Tricia, Suzanne and Erik, it has been a wonderful privilege to be part of your leaning journey. May your chosen path bring you daily joy and clarity during challenging times. Let yourself be inspired by the courage of those sharing their stories with you for they can be a source of vicarious resilience. I deeply enjoyed being part of your training and learning from our simulating exchanges. I am also very much looking forward to collaborate closely with those who will stay connected with our department in one way or another.

Caroline Giroux, MD
Editor

The Polyvagal Theory: Autonomic Insight

By Daniel Ahlers, MD

Trauma is a trans-diagnostic phenomenon exemplary of the intersection between body and behavior, and can be effectively viewed as dysregulation of the autonomic nervous system. Stephen Porges’ polyvagal theory provides explanatory power derived from comparative neuroanatomy of the vagus nerve, shedding light on the symptoms of trauma and how we can effectively intervene.

The vagus nerve is the primary conduit of connection between the brain and the body. It is made up of 3 evolutionary circuits arranged in a hierarchical manner. Starting with the most primitive, these include the immobilization, mobilization, and social engagement circuits.

The immobilization circuit, or “old vagus,” is made up of unmyelinated fibers which project to the sub-diaphragmatic viscera. This system is shared with our reptilian ancestors, and represents the response to life-threatening situations in which no escape is possible. It is associated with dissociative states and chronic gut issues (e.g. IBS).

The mobilization circuit is more commonly known as the fight/flight response. A reduction

CONGRATULATIONS to our residents graduating from our program!
of vagal tone supports sympathetic activation, allowing for decisive action in response to environmental threats.

The uniquely mammalian social engagement circuit sits at the top of the hierarchy; when engaged, the others are inhibited. Its myelinated fibers project to the heart, bronchioles, and striated musculature of the face and neck. This “bidirectional coupling between spontaneous social engagement behaviors and bodily states” allows facial expressions, vocalizations, and gestures to serve as a portal to regulating autonomic activity.

Porges coined the term “neuroception” to describe the body’s capacity for risk assessment independent of conscious awareness. Psychoeducation on how our body reacts automatically in adaptive ways will help patients to understand their body and rewrite trauma narratives. Thus, nonverbal communication, including vocal prosody and facial expression, can be both a window into our patients’ bodily states and an effective tool for creating safety.


Violence screening

International studies show about 30% of all psychiatric inpatients and outpatients have experienced domestic violence. The research shows about 56% of psychiatrists felt comfortable in treating family violence, and being able to identify it at the right time and make referrals.

Patients could also feel too embarrassed and ashamed to talk about family violence, which requires the fostering of trust between psychiatrist and survivor.

The difficulties were particularly severe for those from migrant or ethnic backgrounds who were still living with perpetrators.

In your opinion, what are other barriers that could explain lagging behind on this issue?

Source: https://www.theguardian.com/society/2018/may/10/fears-family-violence-is-going-undetected-by-psychiatrists

“Meditation is to perceive the truth every second.”

-Krishnamurti
The Masks of PTSD: Dissociative Identity Disorder (DID)

Such a dramatic fragmentation of the self into alter egos is a way to avoid remembering traumatic events. It was during a highly traumatic moment that the child used dissociation to split his/her developing self-representations into pieces. Patients with DID are often unaware of their disorder. In response to trauma inquiry, the patient might have been forming secondary personalities as a mean of protecting the self from re-experiencing the anxiety of remembering the event. The trauma-centered therapist will be particularly interested in the primary personalities, all of whom were present at the event and hold a piece of that experience, or a “key”. Four or five basic types are common:

1-Innocent child who is preserved, without the memory of the trauma. Can have a child-like voice or be speechless;

2-Witness figure who saw what happened from a distance. Often cold, rational, and occasionally cynical or critical;

3-Angry, protective figure who identifies with the power of the perpetrator;

4-Acting-out figure who identifies with the perpetrator’s view of the victim and who is often sexual, wild or aggressive;

5-The host personality (may be one of the above or a separate one). The public face of the person.

Interestingly, there is usually not a figure who is frightened because the dissociation was employed to prevent such a feeling.


Life Review

The dose-response model implies that stressors of greater severity (as measured by proximity, duration or frequency) are associated with greater impairments. The majority of studies apply mostly to young adults. A large sample from the crest of the Baby Boom generation was studied and the results revealed that greater cumulative exposure to childhood violence was the strongest predictor of PTSD symptom severity, followed by adult physical assaults, warzone exposure, sexual assaults, death and illness.
Older adults are more likely to experience certain types of trauma (unexpected deaths of close others), which has been linked to greater PTSD severity. Certain normative events that occur during older adulthood, such as retirement, are also associated with the resurgence of triggering of PTSD symptoms. Age-related changes in health status and mobility are accelerated by cumulative trauma exposure.

Furthermore, PTSD may manifest differently in older adulthood, with more frequent reports of:

- poor health
- chronic pain
- cognitive impairment

Neuroticism increases the availability of memory for stressful events and the tendency to interpret neutral or ambiguous stimuli in a negative or threatening manner, which in turn may increase PTSD symptoms. Event centrality, or the perception of trauma as central to identity can affect the course, and greater centrality is thought to increase PTSD severity by enhancing the emotional salience of the trauma as well as the reminiscence. Event centrality is a strong predictor of PTSD, depression, lower self-esteem and poor physical health.

Supportive relationships help trauma survivors cope by assisting them in re-conceptualizing the event. The process of evaluating and accepting the events of one’s life is the primary developmental task of older adulthood. The study highlights the benefits of treatments aimed at reducing the centrality of trauma as they are evaluated during the life review process for older adult trauma survivors.


“Those who have a 'why' to live, can bear with almost any 'how'!”
- Viktor Frankl

“We can do no great things, only small things with great love.”
- Mother Teresa

“You have your way. I have my way. As for the right way, the correct way, and the only way, it does not exist.”
- Friedrich Nietzsche

Wishing you all an enlightening journey!

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SUBMISSIONS WELCOME!