

Why do we need to be trauma informed:

Being trauma-informed is the shift from thinking **"what is wrong with you"** to **"what has happened to you"**.

"What we don't need in the midst of struggle is shame for being human."

- Brene Brown

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THE CONNECTED SELF

The flight/flight & freeze/collapse mode

An initiative by psych connect.

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Fight/flight and Freeze/collapse mode

Most of us sometimes prefer to deal with the logical, thinking nature of things and disregard the entangled feelings that come with it. However it is necessary to remind ourselves that these emotions have a purpose. Primary feelings such as fear, anger or disgust are key messengers which are cues that help us achieve basic needs like protection and safety. When we are faced with threats, the primitive and reactive parts of our brain are the first to jump in and protect us.

This reactive part is what leads to the flight/fight/freeze and collapse response.

The fight, flight and freeze response (Barlow, 2002) reflects an interaction between learning an innate biological system to help human beings adapt to threat. When there is a threat to the self ----> the fight / flight / freeze (collapse) is activated.



The fight & flight mode



The fight, flight is known to be in the hyperarousal mode.

Hyperarousal mode is a survival strategy and may resemble diagnostic labels such as ADHD, Anxiety Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder, Separation Anxiety and Conduct Disorder. The heart rate increases and the body is ready.

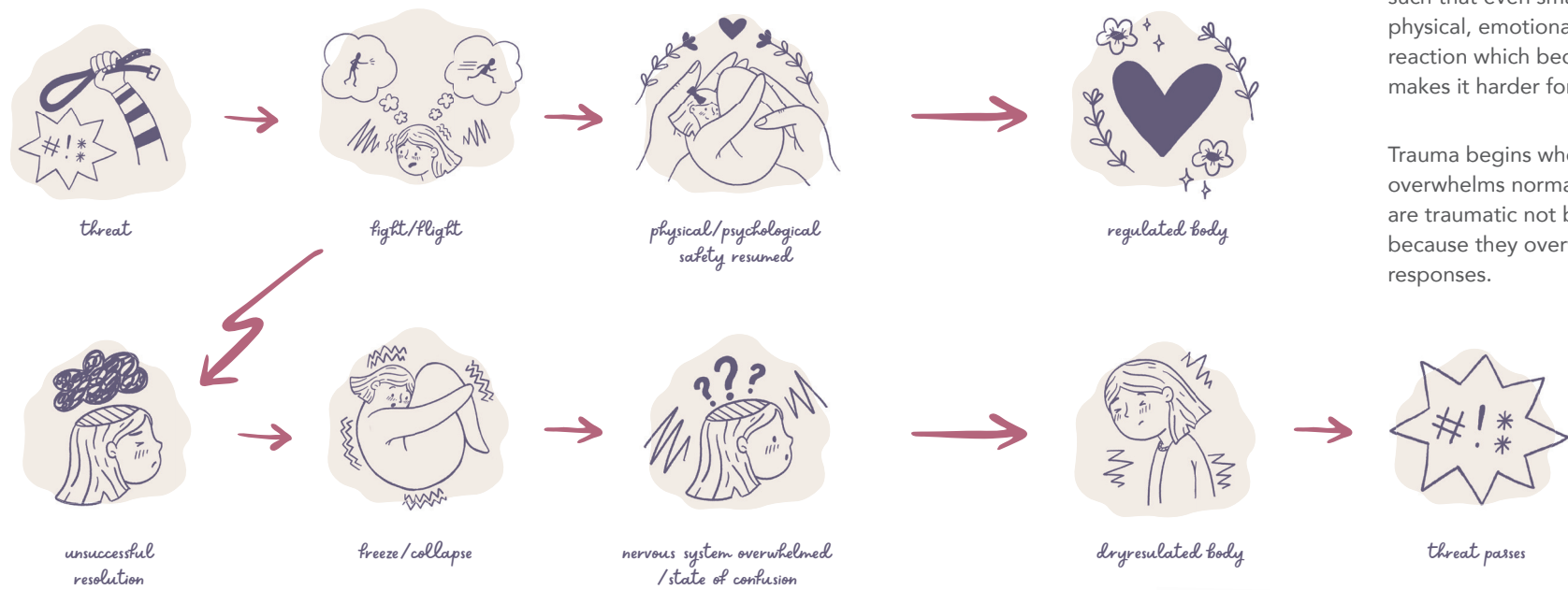
The freeze & collapse mode



The freeze/collapse is in the hypoarousal mode.

Hypoarousal is similar to tonic immobility (Gallup, 1977) and person may face dissociation, have memory issues, and may even experience feelings of depersonalization.

Repeated exposure to threats

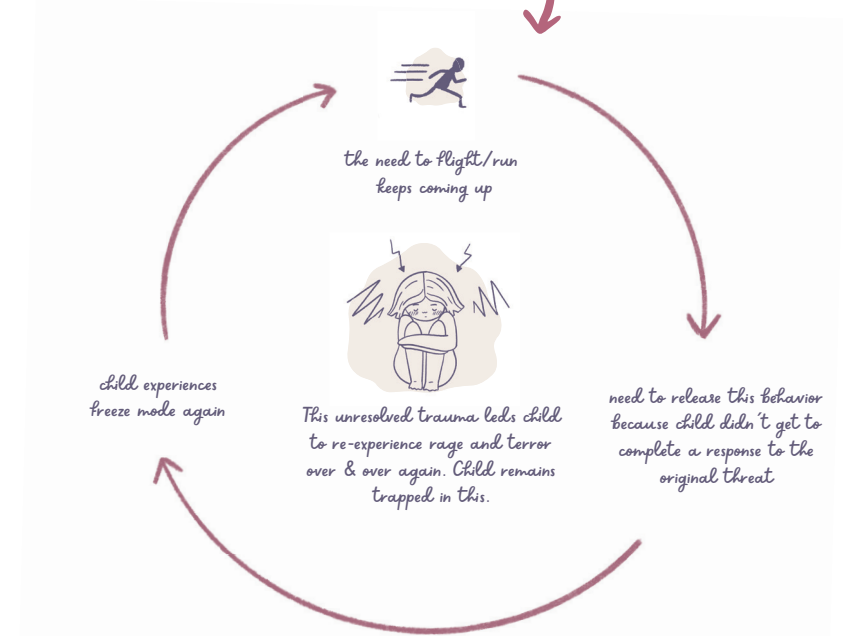
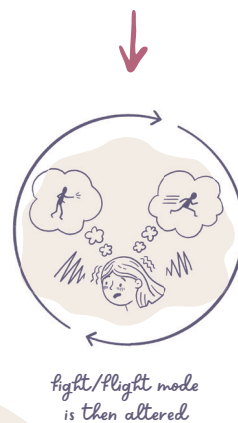


With every experience of fight-or-flight, our brain forms a network of connections that get triggered with every new threatening experience. When children are repeatedly exposed to danger, their bodies become unusually sensitive so that even minor threats can trigger off this sequence of physical, emotional, and cognitive responses. They can do nothing to control this reaction - it is a biological, built-in response, a protective device that only goes wrong if we are exposed to too much danger and too little protection in childhood or as adults.

When we repeatedly experience the fight or flight mode, the brain forms network of connections that are triggered with every new threatening experience.

Children who are continuously exposed to danger and do not receive sufficient protection from adults, start to become unusually sensitive, such that even small threats may trigger intense physical, emotional and cognitive responses. This reaction which becomes biological and rooted makes it harder for the child to control.

Trauma begins when an event or experience overwhelms normal coping mechanisms. Events are traumatic not because they are unusual, but because they overwhelm our normal coping responses.



Developmental trauma

When young children experience overwhelming stress:

- + The brain drives the "fight or flight response" and release of stress hormones.
- + The young child has limited capacity to manage this overwhelming stress and experiences increased arousal in fear and anxiety (physical and emotional sensations).
- + Excessive fear and anxiety and excessive cortisol (stress hormone) can affect the capacity for stress regulation as well as development and higher functions of the brain, and
- + Significant early adversity can lead to lifelong problems (physical and mental health).

A child's ability to adapt, use internal coping resources, and employ defense mechanisms in the face of trauma are determined by:

Development

(brain development, self-regulation, psychosocial development, cognitive functioning and communication)

Attachment relationships

(an attuned and responsive caregiver, social environment)

Resilience

(ability to bounce back from life's adversity based on protective factors such as good health, easy going temperament, close relationships, consistent parenting, etc.)

(Cook et al, 2003; Blumenfeld et al, 2010)



Attachment disorders

Those children who have secure relationships have a more controlled stress hormone reaction when they are upset or frightened. They are able to explore the world, meet challenges and be frightened at times and calmed without sustained reactivity to stress and threat. In contrast, children whose caregiving relationships are insecure, disorganized, or unpredictable demonstrate higher stress hormone levels when they are even mildly frightened and their expectations for a safe and predictable world are shattered (Groves, B., 2002; National Scientific Council on the Developing Child, 2005).

The child's internal conflict sounds like this:

"I would need this person for my physical safety because I am not able to protect myself yet. So, above all, I should preserve this relationship and adjust to be the child they want me to be. While my likely reaction would be to become activated and show anger, this would push them away and make it difficult for me or they could leave me entirely. The best thing to do for my survival at this point is to be passive, understand their emotional state to know how to behave, and get through this by disconnecting with my body and mind, so that I don't care as much and don't feel the hurt too much."



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