

NOTES

You are being provided with a book chapter by chapter. I will request you to read the book for me after each chapter. After reading the chapter, 1. shorten the chapter to no less than 300 words and no more than 400 words. 2. Do not change the name, address, or any important nouns in the chapter. 3. Do not translate the original language. 4. Keep the same style as the original chapter, keep it consistent throughout the chapter. Your reply must comply with all four requirements, or it's invalid. I will provide the chapter now.

NOTES

PROLOGUE

1. V. Felitti, et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study." American Journal of Preventive Medicine 14, no. 4 (1998): 245-58.

CHAPTER 1: LESSONS FROM VIETNAM VETERANS

1. A. Kardiner, *The Traumatic Neuroses of War* (New York: P. Hoeber, 1941). Later I discovered that numerous textbooks on war trauma were published around both the First and Second World Wars, but as Abram Kardiner wrote in 1947: "The subject of neurotic disturbances consequent upon war has, in the past 25 years, been submitted to a good deal of capriciousness in public interest and psychiatric whims. The public does not sustain its interest, which was very great after World War I, and neither does psychiatry. Hence these conditions are not subject to continuous study."

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the Nightmare Sufferer," *American Journal of Psychiatry* 138 (1981): 794–97; B. A. van der Kolk, et al., "Nightmares and Trauma: Life-long and Traumatic Nightmares in Veterans," *American Journal of Psychiatry* 141 (1984): 187–90.

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7. Unlike normal memories, traumatic memories are more like fragments of sensations, emotions, reactions, and images, that keep getting reexperienced in the present. The studies of Holocaust memories at Yale by Dori Laub and Nanette C. Auerhahn, as well as Lawrence L. Langer's book *Holocaust Testimonies: The Ruins of Memory*, and, most of all, Pierre Janet's 1889, 1893, and 1905 descriptions of the nature of traumatic memories helped us organize what we saw. That work will be discussed in the memory chapter.

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9. Ibid.

10. K. H. Seal, et al., "Bringing the War Back Home: Mental Health Disorders Among 103,788 U.S. Veterans Returning from Iraq and Afghanistan Seen at Department of Veterans Affairs Facilities," *Archives of Internal Medicine* 167, no. 5 (2007): 476–82; C. W. Hoge, J. L. Auchterlonie, and C. S. Milliken, "Mental Health Problems, Use of Mental Health Services, and Attrition from Military Service After Returning from Deployment to Iraq or Afghanistan," *Journal of the American Medical Association* 295, no. 9 (2006): 1023–32.

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and
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Human
Services, Administration for Children and Families, Administration on Children, Youth
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CHAPTER 2: REVOLUTIONS IN UNDERSTANDING MIND AND BRAIN

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www.nationaltraumaconsortium.org.
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Grinspoon, J. Ewalt, and R. I. Shader, *Schizophrenia: Psychotherapy and
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27. Katie Thomas, "J.&J. to Pay \$2.2 Billion in Risperdal Settlement," New York Times, November 4, 2013.

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Reisman, have resigned from their positions because of the excessive power of the pharmaceutical industry over medical research, hospitals, and doctors. In a letter to the New

York Times on December 28, 2004, Angell and Reisman pointed out that the previous year one

drug company had spent 28 percent of its revenues (more than \$6 billion) on marketing and

administrative expenses, while spending only half that on research and development; keeping 30

percent in net income was typical for the pharmaceutical industry. They concluded: "The

medical profession should break its dependence on the pharmaceutical industry and educate its

own." Unfortunately, this is about as likely as politicians breaking free from the donors

that

finance their election campaigns.

CHAPTER 3: LOOKING INTO THE BRAIN: THE NEUROSCIENCE REVOLUTION

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CHAPTER 4: RUNNING FOR YOUR LIFE: THE ANATOMY OF SURVIVAL

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CHAPTER 5: BODY-BRAIN CONNECTIONS

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CHAPTER 6: LOSING YOUR BODY, LOSING YOUR SELF

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CHAPTER 9: WHAT'S LOVE GOT TO DO WITH IT?

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CHAPTER 10: DEVELOPMENTAL TRAUMA: THE HIDDEN EPIDEMIC

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Spinazzola, Marylene Cloitre, Bradley Stolbach, Alexander McFarlane, Alicia Lieberman, Wendy D'Andrea, Martin Teicher, and Dante Cicchetti.

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18. <http://www.traumacenter.org/products/instruments.php>.

19. Read more about Sroufe at www.cehd.umn.edu/icd/people/faculty/cpsy/sroufe.html and more

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abuse doubled the chance of later developing PTSD. The chance of receiving multiple diagnoses

was 54 percent for children who suffered neglect, 60 percent for physical abuse, and 73 percent

for both sexual abuse.

24. This was a quote based on the work of Emmy Werner, who has studied 698 children born on

the island of Kauai for forty years, starting in 1955. The study showed that most children who

grew up in unstable households grew up to experience problems with delinquency, mental and

physical health, and family stability. One-third of all high-risk children displayed resilience and

developed into caring, competent, and confident adults. Protective factors were 1. being an

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W. Putnam, *Sexual Abuse of Females: Effects in Childhood* (Washington: National Institute of

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26. In the sixty-three studies on disruptive mood regulation disorder, nobody asked anything about attachment, PTSD, trauma, child abuse, or neglect. The word “maltreatment” is used in passing in just one of the sixty-three articles. There is nothing about parenting, family dynamics, or about family therapy.

27. In the appendix at the back of the DSM, you can find the so-called V-codes, diagnostic labels without official standing that are not eligible for insurance reimbursement. There you will see listings for childhood abuse, childhood neglect, childhood physical abuse, and childhood sexual abuse.

28. Ibid., p 121.

29. At the time of this writing, the DSM-5 is number seven on Amazon’s best-seller list. The APA earned \$100 million on the previous edition of the DSM. The publication of the DSM constitutes, with contributions from the pharmaceutical industry and membership dues, the APA’s major source of income.

30. Gary Greenberg, *The Book of Woe: The DSM and the Unmaking of Psychiatry* (New York: Penguin, 2013), 239.

31. In an open letter to the APA David Elkins, the chairman of one of the divisions of the American Psychological Association, complained that DSM-V was based on shaky evidence, carelessness with the public health, and the conceptualizations of mental disorder as primarily medical phenomena.” His letter attracted nearly five thousand signatures. The president of the American Counseling Association sent a letter on behalf of its 115,000 DSM-buying members to the president of the APA, also objecting to the quality of the science behind DSM-5—and “urge(d) the APA to make public the work of the scientific review committee it had appointed to review the proposed changes, as well as to allow an evaluation of “all evidence and data by external, independent groups of experts.”

32. Thomas Insel had formerly done research on the attachment hormone oxytocin in non-human primates.
33. National Institute of Mental Health, "NIMH Research Domain Criteria (RDoC)," <http://www.nimh.nih.gov/research-priorities/rdoc/nimh-research-domain-criteria-rdoc.shtml>.
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CHAPTER 11: UNCOVERING SECRETS: THE PROBLEM OF TRAUMATIC MEMORY

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the effects of seduction, which treats a child as a sexual object prematurely and teaches him, in

highly emotional circumstances, how to obtain satisfaction from his genital zones, a satisfaction

which he is then usually obliged to repeat again and again by masturbation. An influence of this

kind may originate either from adults or from other children. I cannot admit that in my paper on

‘The Aetiology of Hysteria’ (1896c) I exaggerated the frequency or importance of that influence,

though I did not then know that persons who remain normal may have had the same experiences

in their childhood, and though I consequently overrated the importance of seduction in comparison with the factors of sexual constitution and development. Obviously seduction is not

required in order to arouse a child’s sexual life; that can also come about spontaneously from

internal causes. S. Freud “Introductory Lectures in Psycho-analysis in Standard Edition (1916),

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CHAPTER 12: THE UNBEARABLE HEAVINESS OF REMEMBERING

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CHAPTER 13: HEALING FROM TRAUMA: OWNING YOUR SELF

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memories; it also happened when they were asked to pay attention to neutral words.

This means

that, as a group, traumatized patients have a harder time to articulate what they feel and think

about ordinary events. The PTSD group also had decreased activation of the medial prefrontal

cortex (mPFC), the frontal lobe area that, as we have seen, conveys awareness of one's self, and

dampens activation of the amygdala, the smoke detector. This made it harder for them to

suppress the brain's fear response in response to a simple language task and again,

made it

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CHAPTER 16: LEARNING TO INHABIT YOUR BODY: YOGA

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become frantic or spaced out when we approach upsetting subjects. Others feel so chronically out of control that it is difficult to find any abiding sense of "self." In most psychiatric settings people with these problems are given medications to stabilize them. Sometimes that works, but many patients lose their motivation and drive. In our randomized controlled study of neurofeedback, chronically traumatized patients had an approximately 30 percent reduction in PTSD symptoms and a significant improvement in measures of executive function and emotional control (van der Kolk et al., submitted 2014).

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