Traumatic Reenactment
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Dissociation

**Traumatic Reenactment**
1. Created to gain mastery over trauma.
2. We generate traumatic conflict in order to achieve a more acceptable outcome. Trying to "get it right"

**Traumatic Reenactment**
Repetitious behavior is a means to release trauma related tension.

**Traumatic Reenactment**
The actions provoke similar feelings and thoughts which accompanied the trauma:
- Helplessness
- Anger
- Abandonment
- Grief
- Humiliation
- Terror
- Shame
The trauma keeps the person locked into a particular conflict and they continue to engage with the same struggle over and over again.

When a person has undergone trauma, they need to work it through. Some will attempt to do so by unconsciously recreating situations which resemble some aspect of the trauma.

Principle Repetitions:
- Dreams which repeat themselves
- Fantasies
- Repeated visualizations and intrusive thoughts.

Re-enactment involves post traumatic perceptions and memories.

Signs of Psychic Trauma:
- Repetition
- Avoidance
- Hyper Alertness
Repetition (or re-enactment) is the most obvious indicator of trauma and the most reliable demonstration that trauma has occurred.

Return of Trauma Related Feelings
- Complaints regarding sexual intercourse
- Painful abdominal sensations/cramps
- Stomach discomfort
- Pelvic pain
- Vaginal numbness

Multiple Abortions

Eating Disorders
Abortion as Shock Treatment

72% of all electroconvulsive therapy is performed on women

Rage Against Pregnancy

Leading cause of death during pregnancy is homicide. (Homo H.C. Cheng D. Cited in Reversing the Gender Gap—David Reardon)

One study of violent deaths among pregnant women 3 out of every 4 were killed during the first 20 weeks of pregnancy. (Krulewich,C.)

Men often attribute motive as “not wanting to pay child support.”

SHAME

• Solitude
• Hatred
• Anger
• Memories
• Evil

Normal and Pathological Phases Of Post stress Response

Even

Outcry: Fear, Sadness, rage

Dissociative Reactions, Results of escalated emotional reactions

Overwhelmed: Dazed, confused, swept away by immediate emotional reaction

Panic or Exhaustion, Dissociative Reactions, Reactive Psychosis: Results of escalated emotional reactions
Normal and Pathological Phases of Post Stress Response

Normal Response:
- Denial and Numbing: Refusal to face memory of trauma
- Intrusion: Unbidden thoughts and images, feelings, behaviors, and physiological responses associated with the event

Pathological Intensification of Response:
- Maladaptive Avoidances: Resorting to extreme measures to deny the pain (e.g., withdrawal, drug/alcohol abuse, counterphobic frenzy; fugue states)
- Flooded and Impulsive States: Disturbing persistent images and thoughts of event, impaired work and social functions, compulsive reenactments

Normal and Pathological Phases of Post Stress Response

Working Through: Facing the reality of what happened; addressing meanings, mourning, new plans

Completion: Integration of thoughts, feelings, memories; cessation of intrusions

Physiological Disruptions/Anxiety and Depressive Reactions
- Character Distortions: Long-term inability to work, create, or feel emotions