

Kinsey Institute Traumatic Stress Research Consortium

November 2018

What is the KI-TSRC?

A Message from Stephen W. Porges, Ph.D.

Welcome to the Kinsey Institute Traumatic Stress Research Consortium (KI-TSRC). The consortium has been established by the Kinsey Institute to further our understanding of the experiences of survivors of trauma. Although trauma affects all of our lives, we as a society often don't listen to the voices of survivors. Instead, we react and judge based on a mistaken belief that traumatic events have only a transitory influence on mental and physical health. We broadcast this lack of understanding through the media, courts, military, medical practices, hospitals, schools, workplace, and most of the institutions that form our society.

Where are the resources to inform society of the profound physical and mental impact of trauma? Where is there information on the consequences of traumatic stress on survivors' social behavior, on their relationships, and on their personal intimacy and sexuality? Where does a survivor of trauma find the 'roadmap' describing symptoms and possible treatments and a timeline of when those treatments would be most effective in leading to positive outcomes?

A recent televised hearing on a US government appointee follows a year of the #metoo movement and sexual assault accusations against celebrities and politicians in the US, Canada, the UK, and beyond. Whether they result in tangible consequences for the accused aggressor or not, as these high-profile cases play out in the media and the court of public opinion, they bring into stark relief the widespread misunderstandings of the consequences of trauma, especially of traumas that occurred decades ago and did not result in bodily injury. A significant proportion of our society cannot believe that an event occurring in adolescence, which did not lead to physical injury, could have lifelong effects influencing health and relationships. Yet, as those of us who work with survivors listen to these histories, we hear a familiar narrative that includes self-denial, self-blame, a loss of self-confidence, and a trajectory of mental health problems. We have listened and watched as survivors shared their memories, describing attacks with clarity but uncertainty about the date and context, disclosures that resonate strongly with those of us who work with survivors.



How do I get involved?

The Traumatic Stress Research Consortium is seeking therapists and trauma workers to participate in a study on their professional practice, personal histories, current stressors, and health. The study consists of a 45-minute online questionnaire, which can be completed at a time and place of your choosing. If you would like more information on the study or would like to know if you are eligible to participate, please email Deb Dana, the consortium coordinator: trauma@indiana.edu



And for each of these survivors, we respected their courage as they displayed vulnerability to the public view, awakening not only their memories, but also the memories of others who have had similar experiences.

The mission of the Traumatic Stress Research Consortium is to fill these important gaps in our understanding of the experiences of survivors, based on a new paradigm for the study of trauma. In this paradigm, we witness the survivor through various methodologies and technologies. These approaches will start with survey questions delivered through the internet and will be followed with the application of new technologies to enable us to document the consequences of trauma on autonomic state.

In addition, the consortium will be collaborating with several affiliated laboratories throughout the world. These collaborations will enable the focus on specific trauma related outcomes such as disruptions in digestive processes, human sexuality, relationships, sleep, and other manifestations of autonomic function.

Through the consortium, the Kinsey Institute will learn and document from survivors their personal feelings, shifts in physiology, mental and physical health challenges, feelings of despair, difficulties in forming and maintaining trusting relationships, difficulties functioning in work environments, and feeling marginalized in society. We will provide an opportunity for survivors to anonymously express their personal narrative. As we document the heroic journeys of survivors following trauma, we will be able to inform society of the impact of trauma.

My Research Journey and the Polyvagal Theory

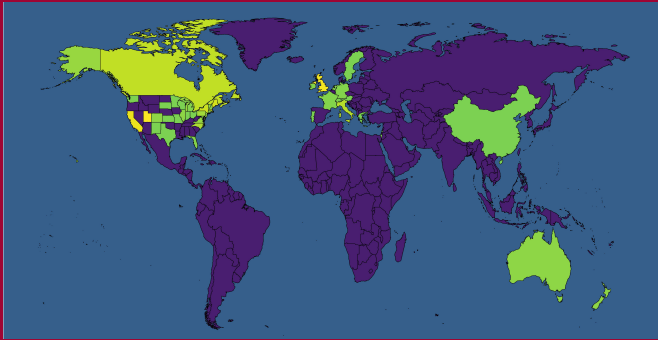
Working with the Traumatic Stress Research Consortium represents an important landmark in my personal journey to understand how we, as humans, deal with challenges ranging from day-to-day stressors to life-threatening experiences. Similar to many scientists and therapists, I have had a passionate desire to understand how the human experience can be optimized. Along this path I was introduced to the clinical world that focuses on trauma. Through observing the impact of trauma on the lives of survivors, I learned more about the qualities of being human. I learned more about being a human by observing the capacities that were disrupted by trauma. I learned that trauma selectively targets a desire to live, impacts greatly on our gut and digestive

system, and disrupts an ability to feel safe. This inability to feel safe makes it difficult for survivors to form trusting relationships, to be in close proximity with other people, and at times even to enter a novel environment like a restaurant, shopping mall, or stadium.

For more than five decades, I have been studying why and how some individuals cope and even thrive following horrendous experiences related to injury, disease, surgery, rape, abuse, and other traumatic events, while others facing an emotional experience such as a loss of a loved one or being verbally abused without physical injury, may functionally collapse. Why and how some individuals are more resilient and others more vulnerable, is a question that has perplexed me and other scientists who study trauma and the clinicians who work with the survivors. Coincident with my acknowledgment that there were variations in responses to stressful and traumatic events, Polyvagal Theory emerged. The theory was a product of a consolidation of the information I had gained from decades of questioning about how bodily state influenced our interactions with others and at times distorted our perspective.

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Polyvagal Theory provided a conceptualization of how physiological state and the regulation of physiology were intertwined in both resilience and vulnerability. The theory helped fill a gap in our understanding of human behavior and provided an understanding of the mechanisms that determine vulnerability to traumatic events. The initial presentations of the theory were not clinically oriented but focused on understanding the role that the nervous system, and especially circuits in the brainstem, played in regulating the autonomic state and how autonomic state supported different global domains of behavior (e.g., social engagement, fight/flight, and death feigning).



TSRC Member Locations

The areas highlighted in yellow indicate locations with more members.

To my surprise, the theory was embraced by trauma therapists and survivors of trauma. Suddenly, I was invited to trauma-oriented conferences where I learned that Polyvagal Theory was helping therapists by providing them with a neurobiological explanation of the feelings and experiences of the survivors of trauma they were working with, and a language to interpret their traumatic experiences.

The theory provided the tools to transform the client’s narrative from a documentary emphasizing events of injury and abuse to a refocusing on the client’s feelings. And, to interpret these feelings as bodily responses reflecting the client’s pragmatic quest for safety. With this new information, many who had experienced trauma spontaneously revised their personal narrative from victim to heroic survivor as they developed a sense of self-compassion for their body’s valiant attempt to ensure their survival.

Our Team



Deb Dana,
LCSW



Greg Lewis,
Ph.D.



Jacek Kolacz,
Ph.D

It has been through this personal integration of compassion for the survivors of trauma with a scientific focus on how physiological state influences our vulnerability and resilience that, from my perspective, my decades as an academic scientist have provided me with the necessary background to embark on this new journey of discovery.

The TSRC Team

Joining me on the consortium team are a master clinician and two gifted scientists. Deb Dana, LCSW, brings her decades of treating survivors of trauma and in teaching trauma therapists. Deb’s clinical insights help the consortium communicate with the clinical world, as she works with our scientific team to develop appropriate assessment tools. Dr. Greg Lewis, a Research Scientist at the Kinsey Institute and an Assistant Professor in the Department of Intelligent Systems Engineering at Indiana University, provides the engineering background for our team as we redefine survey research from questionnaires to physiological monitoring through computer microphones and webcams. Dr. Jacek Kolacz, a Post-Doctoral Research Fellow in the Kinsey Institute, provides skills for survey research, scale development, and psychometrics.

It is for the millions of trauma survivors in the world that the Kinsey Institute has established the Traumatic Stress Research Consortium. We want to document the trajectory that follows trauma. We want to provide an opportunity for survivors to be witnessed and for the information that they are sharing with the consortium to be disseminated. The consortium emerged out of a realization that the apparent concern about trauma by many of our institutions is more about potential litigation than providing opportunities for the survivor to be witnessed, understood, and supported. The consortium is focused on documenting the survivor’s feelings and biobehavioral adjustments that follow the traumatic event, rather than simply documenting the event.

With a heartfelt connection to the survivors of trauma, their friends, and family,

Stephen W. Porges, PhD

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