

BETRAYAL TRAUMA

Betrayal trauma refers to a social dimension of psychological trauma, independent of post-traumatic stress reactions (Freyd, 1996). Betrayal trauma occurs when the people or institutions on which a person depends for survival significantly violate that person's trust or well-being: Childhood physical, emotional, or sexual abuse perpetrated by a caregiver are examples of betrayal trauma. When psychological trauma involves betrayal, the victim may be less aware or less able to recall the traumatic experience because to do so will likely lead to confrontation or withdrawal by the betraying caregiver, threatening a necessary attachment relationship and thus the victim's survival. Research findings indicate that adults are less likely to fully recall childhood abuse by caregivers or close others than by strangers (Freyd, DePrince, & Gleaves, 2007). In addition, betrayal trauma may be associated with other problems such as physical illness, alexithymia, depression, and anxiety (Freyd, Klest, & Allard, 2005). Females, compared with males, report greater exposure to traumas high in betrayal; the reverse is true for traumas low in betrayal (Goldberg & Freyd, 2006). Betrayal trauma theory highlights the importance of safe and trustworthy attachment relationships in understanding posttraumatic outcomes.

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See also: Abuse, Child Physical; Abuse, Child Sexual; Child Maltreatment

BIOFEEDBACK

Biofeedback techniques have been adapted clinically and scientifically tested for the treatment of posttraumatic stress disorder (PTSD). Feedback as a treatment intervention for PTSD involves providing information to an individual about some aspect of his or her behavior that occurs in response to experiencing stimuli associated with the past psychological trauma. Biofeedback specifically involves providing feedback about bodily reactions, hence the addition of the prefix *bio* to the generic term *feedback*.

Feedback appropriate to individuals experiencing PTSD may be provided via a variety of modalities that impart information about the individual's response to the presentation/experience of trauma-related stimuli, the individual's progress toward an identified goal such as being able to experience trauma-related stimuli without the extreme or debilitating psychological or biological reactions that characterize PTSD, or information about some aspect of behavior that is thought to help the individual control or reduce the experience of PTSD symptoms (such as the person's success in using relaxation skills to reduce bodily arousal).

Theoretical Underpinnings

The use of biofeedback in the change process for individuals with PTSD is anchored in self-regulation theory. Self-regulation refers to those processes that mediate goal-directed behavior. For example, an individual whose goal was to reduce hyper-responsiveness to trauma-related stimuli might set a subgoal of becoming more

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