

아동기 외상의 정신과적 개관

CHILDHOOD TRAUMA : PSYCHIATRIC OVERVIEW

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요약 : 가

가 (hypothalamic - pituitary - adrenal axis) inter-
 nal opiate가 central noradrenergic system 가
 cortisol , glucocorticoid
 가 (self) (object) (internal representation)

중심 단어 :

서 론

(trauma) ‘ trauma ’
 ‘ wound ’
 “ ”

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아동기 외상의 역사적 배경

“battle fatigue” “shell shock”
 ‘traumatize’ 1889 Janet⁵⁾
 , Fried Breur 6)
 Anna O
 (traumatic memory)¹⁾
 (Posttraumatic stress disorder : PTSD) (psychic trauma) Freud 가
 PTSD (internal fantasy)
 PTSD (childhood seduction theory) (external reality)
 1/4
 2-3). PTSD 가
 2), PTSD , 가 , (psychic trauma)
 1940 Dann⁷⁾ 가 . Freud
 PTSD 4)
 가
 가
 . 1945 Levy⁸⁾가
 가 가

1956 Block
9) 1953 tornado (field study)
가
가

1960 70
가
13)
1970 DSM - 14)
(traumatized child) 가
가
Wales 1966 가
116 (rheumatic fever)
5

10) 1972
125
11)가 가
가
1976 Cho-
Terr
wchilla 26 childhood trauma
12) 가 3
Terr 15)
(field study)
5

Terr¹⁵⁾ Chowchilla
아동기 외상의 현상학
Terr¹⁵⁾
1 (type trauma)
2 (type trauma)
가

type Type

. Terr¹⁵⁾

1. 아동기 외상의 공통 특성

1) 시각적이거나 또는 반복적으로 나타나는 기억

(re - seeing)

가 가

(visualization)

가

TV

가

(play -¹⁶⁾

out),

(verbal memory)

(positional

sense)

2) 반복행동

(reenactment)

가

(repetitive behaviors)

12

가¹⁶⁾,

trauma verbal memory

가

reenactment

가, 가

가 .

‘ reenact ’ 가 . Edgar

Allen Poe, Alfred Hitchcock, Ingmar Bergman¹⁷⁾, Stephen King¹⁸⁾,

playout

3) 외상사건과 관련한 공포

가

가

가

(tra-

uma - related fears)

가 ()

childhood trauma

4) 사람, 인생, 미래에 대한 태도의 변화

(basic trust)

(reenctment)

2. 단일 사건에 의한 아동기 외상의 임상특성

(shock)

1) 상세하고 완벽한 기억

28~36

가

16)

가

가

1) 부정(Denial)과 정신적 무감각(Psychic numbing)

(massive de-

denial)

가

16)

2) 후향적 재평가 / 인지적 재평가

(numbing)

(denial)

가? ; ‘

가?’

(mastery)

2

가(cognitive reappraisal)¹⁹⁾가

가

가

2) 자기최면과 해리

가

(self - hypnosis),

(depersonalization),

(di-

ssociation),

(compartmentalization)

3) 지각왜곡

가

가 가

가

가

가

가

3. 반복사건에 의한 아동기 외상의 임상특성

(multi-

ple personality disorder)

가

(sense of anticipation)

(trauma) 5

3) 분노

(negative passivity) reenactment

(traumatic dream) 3~4 가 가 5 가 4

^{23), Terr¹⁶⁾}

20

(passive into active), (identification with aggressor), (self - mutilation) (identification with aggressor), (self - mutilation) (failure to thrive)

4. 발달단계에 따른 아동기 외상의 증상 특성

(basal autonomic nervous system tone) 가 가 (hyper-reactivity) ²⁰⁾ (regression)

(stressor) (causality) (trauma) neurogenesis, migration, synaptogenesis, neurochemical differentiation ²⁵⁾

PTSD 'traumatized brain' (traumatology) PTSD

flashback (re - experience) PTSD

flashback ²¹⁾ (anger) 가 PTSD PTSD

가 ²²⁾ 가 PTSD PTSD

외상과 신경생물학

가 . startle response . startle re-
 sponse 8
 (alarm reaction) ,
 startle response가
 . alarm reaction 4 . Kraemer
 30) 1 rhesus mon-
 key 2~3

(hypothalamic - pituitary - adrenal axis : HPA
 axis) , cortisol 26) ,
 가 가
 central noradrenergic system
 가
 가

1. Internal opiate system
 Pitman 27) brain endorphin
 (psychic numbing)
 8 morphine nalo-
 xone
 internal opiate가
 internal opiate system
 cortisol
 . Munck Guyre³¹⁾
 cortisol

3. Hypothalamic-pituitary-adrenal axis
 HPA axis
 catecho-
 lamine
 cortisol
 cortisol
 . cortisol

(ACTH) beta - endorphin
 , beta - endorphin
 (trauma seeking beha-
 vior) 28) .
 negative feedback inhibi-
 tion , HPA axis .
 (Dexamethasone Suppression
 Test : DST) HPA axis
 . HPA axis
 24 cortisol
 24 cortisol ,
 glucocorticoid .

2. Noradrenergic system
 locus coeruleus(LC) ventral tegmental nucleus
 (VTN)
 . LC
 VTN
 . LC VTN 가
 , , , ,
 (startle
 response) 26) . Or-
 nitz Pynoos²⁹⁾ catechola-
 mine system PTSD
 PTSD 가 PTSD
 cortisol 가 ,

cortisol 가 , glucocorticoid 가 가 32).
 24 cortisol PTSD feedback sensitivity가 , 24 cortisol 가 cortisol

가 가 glucocorticoid , HPA negative feedback HPA axis , PTSD cortisol 가 , glucocorticoid 가 HPA negative feedback 가 HPA axis

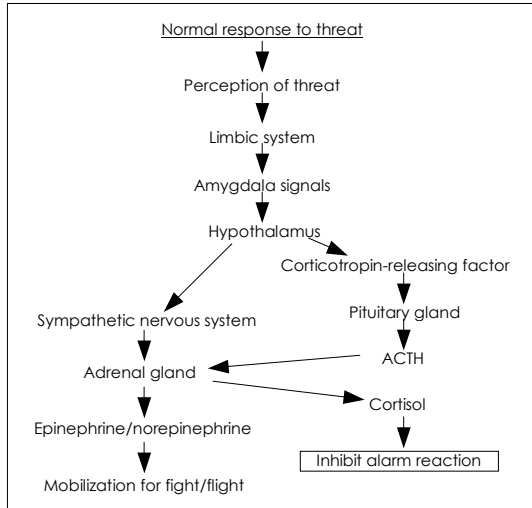


Fig. 1. Hypothalamic-Pituitary-Adrenal axis.

가 .
 33) noradrenergic system HPA axis 가
 excitatory response norepinephrine corticosteroid , inhibitory response corticosteroid , alarm reaction cortisol , alarm reaction cortisol (Fig 1, 2)³³⁾.

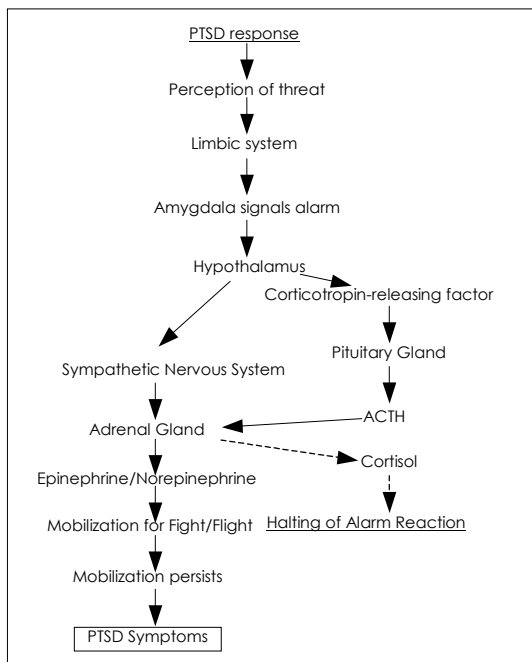


Fig. 2. Hypothalamic-Pituitary-Adrenal axis.

4. Hippocampus

가 flashback (hippocampus) . Sapolsky 34) glucocorticoid 가 glucocorticoid

아동기 외상과 정신병리

1970

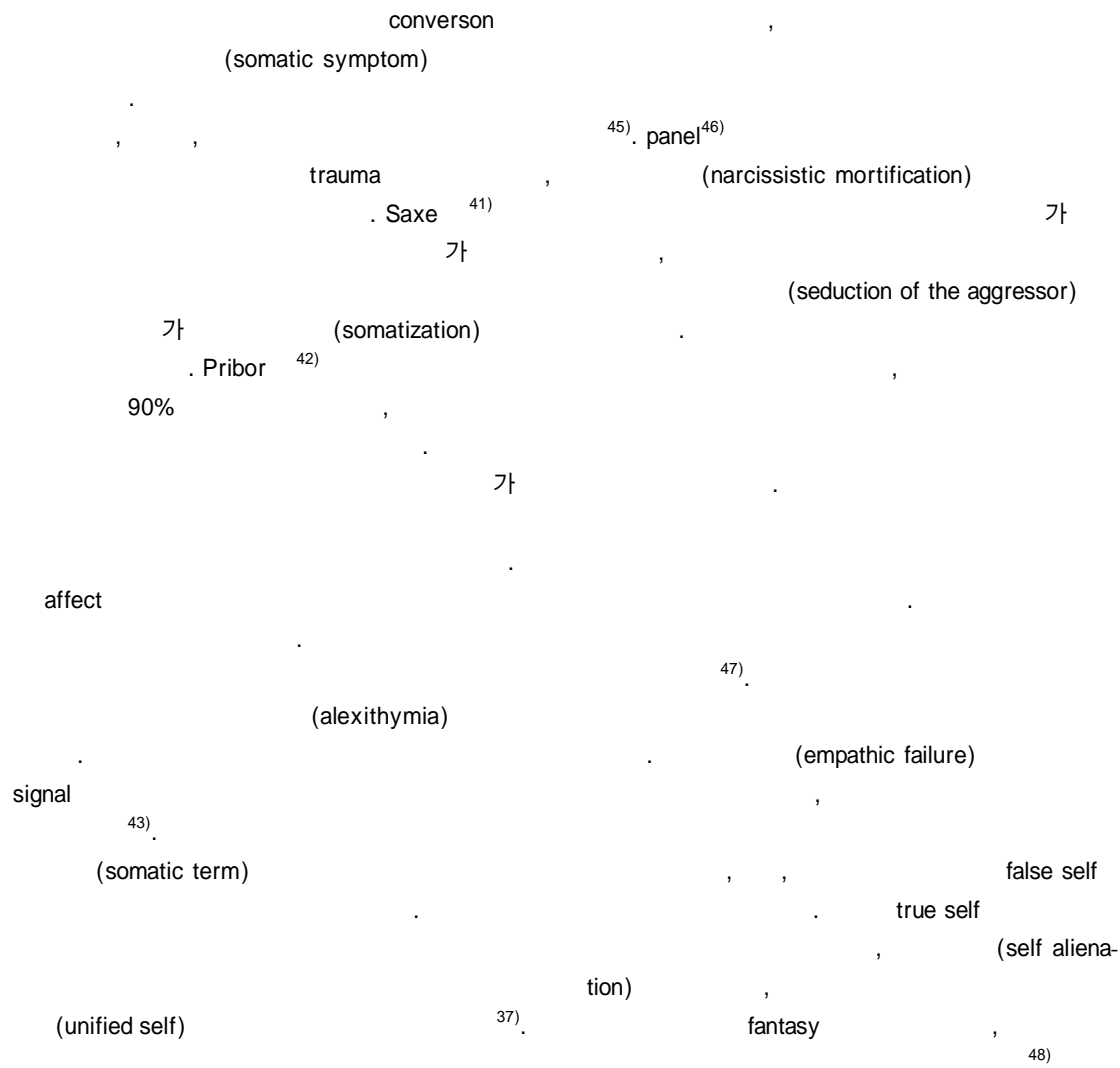
nal identity
 (trauma)
 가
 가
 (affect integration)
 35)
 developmental trauma (self) 가 가
 (object) (internal representation)
 Freud³⁶⁾
 (scar) (affect) (ego)
 가 , ego
 가

1. 해리(Dissociation)와의 관련성

(dissociation) (splitting in aware- trauma
 ness) (attunement)
 (sense of self) (affect) (sp- (pa-
 lit) (parental failure),
 가 (validate)
 (parental availability)
 37)
 가

2. 신체화(Somatization)와의 관련성

Janet⁵⁾ Somatization (distress)
 가
 (affect)
 38)
 (affect integration) 가
 가 ego - (sense of self)
 alien Janet 가
 (ego deficit model)
 가 personal self 가 Janet³⁹⁾
 perso- hystera Freud⁴⁰⁾



3. 자학성(Masochism) 및 자기에 장애(Narcissitic disorder)와의 관련성

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ABSTRACT

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CHILDHOOD TRAUMA : PSYCHIATRIC OVERVIEW

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Childhood psychic trauma appears to be a crucial factor in the development of serious disorders both in childhood and in adulthood. Traumatized children show strong tendency to revisualize or re-feel a traumatic events. Play and behavioral reenactments are frequent manifestations of both the single blow and the long-standing traumas in childhood. Those children who suffer the results of single, intense terror appear to exhibit detailed memory, retrospective reworkings and misperceptions. In long-standing or repetitive trauma, children would show psychic numbing, self-hypnosis, dissociation and rage.

Child's brain is undergoing critical and sensitive periods of differentiation. During this time, developing central nervous system is exquisitely sensitive to stress. Stressor-activated neurotransmitters and hormones can play major roles in neurogenesis, migration, synaptogenesis, and neurochemical differentiation. Internal opiate system operates in some trauma and causes the victim to fail to respond, to avoid, to shut off feelings. Evidence is also accumulating in traumatology that dysfunction of locus coeruleus and ventral tegmental nucleus system leads to catecholamine receptors hypersensitivity. This change result in hyper-vigilance, increased startle, affective lability, and increased autonomic nervous system hyperreactivity. Another site of action of trauma on the brain is hypothalamic-pituitary-adrenal axis. Individuals with PTSD do not have enough cortisol to halt the alarm reaction.

When children are exposed to long-standing extreme events, massive attempts to protect the psyche and to preserve the self are put into gear. These developmental traumas mobilize various kinds of defense mechanisms. Massive denial, dissociation, self anesthesia, identification with aggressor and aggression turned against the self often lead to profound character changes in the youngsters.

KEY WORDS : Childhood trauma · Phenomenology · Neurobiology · Psychopathology.