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Arousal Confusion Syndrome

DR. JUDITH REISMAN, RESEARCH PROFESSOR
AARON NAZIF, J.D. | MARY MCALISTER, ESQ.

Shakespeare posed this provocative question in 1603: “Is there not charms, By which the property of youth and maidhood, May be abused? Have you not read, Roderigo, of some such thing?” (*Othello*, Act I, Scene I).

The English Bard was not alone in his interest in psychosocial development. Some 300 years later, the famous sci-fi writer H.G. Wells warned, “Preserving the young from a premature awakening is in the interests of civilization, in positively delaying the period of awakening, retarding maturity and lengthening the period of growth and preparation as much as possible.”

Thus, it is not surprising that our research group sought out whether the erotic “charm” alluded to by Shakespeare could invade the domain of “youth and maidhood” to cause a premature, even harmful sexual “awakening” in some people. What we discovered was provocative and disturbing. We observed that an Arousal Confusion Syndrome (ACS) was likely to occur if a person’s libido, fear, shame, and anxiety were triggered concurrently, causing subjects to identify confusing emotional and corporeal stimulation as sexual arousal. Tragically, due to sexual abuse or other trauma, anxiety-filled emotional sexual arousal can often be wired into the brain-body-mind architecture.

In the 1960s, Schachter and Singer identified a two-factor theory of emotion: to wit, a stimulus leads to a physiological response, which the individual interprets and labels as the most probable emotion. Additionally, in an early famous experiment, male subjects were made to cross a narrow, rickety bridge over a dangerous river. If a sexually-demonstrative girl greeted them at the end of the bridge, the men often felt sexually aroused (Schachter & Singer, 1962).

ACS can be described as a mechanism used to make sense of confusing cultural stimuli, at times resulting in “misattribution of emotion” (White, 1981). The biological instincts (fight, flight, food, and sex) are significantly controlled by testosterone, dopamine, and the amygdala, the almond-shaped grouping of neurons deep within the brain (Goleman, 2006).

A visual signal first goes from the retina to the thalamus before it is translated into the language of the brain. The message then goes to the visual cortex, where it is analyzed and assessed for meaning and appropriate response. If that response is emotional, a signal goes to the amygdala to activate the emotional centers. But a smaller portion of the original signal goes straight from the thalamus to the amygdala in a quicker transmission of an emotional response before the cortical centers have fully understood what is happening (Goleman, 1979).

The similarities between these mechanisms and the multipurpose use of associated brain areas for mixed signals suggests how emotions can be mislabeled and how individuals, particularly those who are vulnerable, can

confuse arousal responses. Negative stimuli, such as physical, psychological or sexual abuse, or even sexual information or imagery that worries or confuses a youth, sets off “a ripple of hormonal changes that wire the child’s brain to cope with a malevolent world” (Teicher, 2001). If the child learns that an event is coded as sexual, then he or she labels bodily responses as sexual.

Early trauma (e.g., forced oral sex) molds the brain to be more irritable, impulsive, suspicious, and prone to be swamped by fight-or-flight emotions the rational mind often cannot control (Teicher, 2001). Neurological studies find humans hardwired with touch, smell, sight, and sound memories that are associated with multiple other pathways (Ackerman, 1992). This offers tremendous potential for creative endeavors, cognitive problem solving, and survival skills when properly processed in a mature brain.

Adverse Childhood Experiences (ACE) is an accepted harm measurement used in social services, mental/public health, education, juvenile justice, pediatrics, criminal justice, medical research, business, etc. The Centers for Disease Control and Prevention ACE Study (1995 to 1997) followed thousands of participants for 15 years. The study established increased ACE measures predicting higher medical, mental, and social problems in adulthood (Stevens, 2012). ACE calculated how traumatic early life events impact long-term health and social-emotional well-being. Examples can include physical and sexual abuse, neglect, parent/caregiver loss, abandonment, incarceration, divorce, and exposure to violence and substance abuse (Stevens, 2012).

Also, increasingly premature exposure to sexual stimuli like pornography or sex education materials impact one’s lack of flourishing (Olfman, 2009). Said events can trigger Arousal Confusion Syndrome, leading to emotional confusion and mislabeling of stimuli in developing brains. Even in the absence of adverse childhood experiences, children exposed to premature erotic stimuli find fear, shame, or other anxiety-producing stimuli enhance sexual arousal due to ACS (Barlow, 1983). That in turn can become an ACE criteria, triggering lifelong dysfunctions.

The interrelationship between arousal confusion syndrome and adverse life (Heimbach, 2002) — in connection with recent findings addressing the behavioral impact of mirror neurons (Ramachandren, 2000; Giedd, 2014–2016, *Fight the New Drug*, 2019) — points to the need for serious reexamination of what type of stimuli (past, present, and future) should be provided to the undeveloped brain. ■

Dr. Judith Reisman is Research Professor of Psychology with the School of Behavioral Sciences. She has been a prolific writer and a seasoned educator at Liberty University School of Law since 2011. Her research interests include legal corruption, human sexuality, sexual science, Kinsey Institute myths, and political malfeasance regarding the pornography industry, child sex abuse, and sex education. For more information, contact Dr. Reisman at jreisman@liberty.edu.



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