

Trauma-Arrested Hyperrationality Syndrome (TAHS): A Unified Framework Linking Historical Policy, Sexual Trauma, Arrested Neurodevelopment, and the Social Media Dopamine Economy

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Abstract

This paper proposes a new theoretical framework — **Trauma-Arrested Hyperrationality Syndrome (TAHS)** — that integrates Dr. Daniel Siegel’s model of adolescent “hyperrational” cognition with Dr. Bessel van der Kolk’s research on the somatic and neurological storage of trauma. TAHS posits that severe, unresolved childhood trauma — particularly sexual trauma — can functionally arrest the neurodevelopmental transition from adolescent reward-dominated decision-making (“hyperrationality”) to mature, intuitive “gist” judgment. Applied at the population level, the framework traces a causal chain: mid-twentieth-century welfare policy (the “man-in-the-house” rule) destabilized Black family structure; family destabilization elevated childhood exposure to sexual violence and adversity; that trauma, per van der Kolk, dysregulates the prefrontal and integrative brain systems required for cognitive maturation; and the modern social media attention economy then exploits precisely the reward circuitry that trauma has left dominant — perpetuating an intergenerational cycle. Critically, the framework applies across the lifespan: today’s children and adolescents are the first generation to carry their trauma load *inside* the dopamine economy itself, being arrested in real time during the developmental window when intervention is most effective. TAHS is therefore simultaneously a clinical hypothesis about trauma-arrested adults and a prevention framework for the most trauma-exposed, algorithm-immersed generation of youth in history. The framework yields falsifiable predictions and identifies neurofeedback as the mechanistically indicated intervention for both populations.

Keywords: developmental trauma, hyperrationality, adolescent neurodevelopment, youth mental health, prevention, neurofeedback, adverse childhood experiences, social media, intergenerational trauma

1. Theoretical Pillar One: Siegel's Hyperrational Thinking

In *Brainstorm: The Power and Purpose of the Teenage Brain* (2013), Daniel J. Siegel, M.D., argues that adolescent risk-taking is not irrationality but **hyperrationality**: a literal, calculated weighing of pros and cons in which heightened dopamine reactivity amplifies perceived rewards and discounts risks.¹ Key elements:

- Adolescence brings elevated baseline and phasic dopamine release, making novelty, thrill, and social reward feel disproportionately valuable.¹
- The prefrontal cortex — the seat of integrative, big-picture, intuitive “gist” thinking — is still under construction until roughly the mid-twenties.^{1 2}
- Maturity is defined not by acquiring more facts but by the shift from literal cost-benefit calculation to intuitive gist judgment (“this could end my life — not worth it, period”).¹

Critical implication for TAHS: the exit from hyperrationality depends on healthy prefrontal integration. Anything that disrupts prefrontal development or keeps the brain locked in survival/reward mode can delay or prevent that exit.

2. Theoretical Pillar Two: Van der Kolk and the Body's Ledger

In *The Body Keeps the Score* (2014), Bessel van der Kolk, M.D., synthesizes decades of clinical and neuroimaging research showing that trauma is not stored as ordinary narrative memory but is encoded somatically and subcortically:³

- Trauma dysregulates the amygdala (threat detection), hippocampus (memory contextualization), and **medial prefrontal cortex** — the same integrative machinery Siegel identifies as the engine of maturation.³
- Traumatized individuals show a chronically activated stress-response system; the “smoke detector” (amygdala) overrides the “watchtower” (prefrontal cortex).³
- Van der Kolk and colleagues proposed **Developmental Trauma Disorder** to describe how chronic childhood trauma produces pervasive dysregulation of affect, attention, self-concept, and — crucially — *developmental arrest* across domains.⁴
- Neuroimaging research by Martin Teicher and colleagues independently confirms that childhood maltreatment alters prefrontal-limbic architecture, with effects tied to the developmental stage at which the trauma occurred.⁵

Critical implication for TAHS: severe early trauma can freeze emotional and executive development near the age of injury — not as metaphor, but as measurable neurobiology.

3. The Synthesis: Trauma-Arrested Hyperrationality

Placing the two pillars together yields the core TAHS mechanism:

Unhealed childhood trauma disrupts the prefrontal integration required to exit Siegel's hyperrational mode. The individual chronologically ages into adulthood while the decision-making system remains adolescent: reward-amplifying, risk-discounting, novelty-seeking, and validation-hungry.

This is a general human mechanism — it applies to any person, of any race or sex, who carries sufficient unresolved developmental trauma. And it is not only retrospective: for a traumatized child or adolescent, the arrest is happening *now*, during the very window in which prefrontal integration is supposed to be built. The adult with TAHS is yesterday's untreated child; today's untreated child is tomorrow's adult with TAHS. TAHS then examines a population in which trauma exposure is documented to be exceptionally high.

4. The Trauma Load: Sexual Violence Against Black Women and Girls

The following prevalence data document the population-level trauma exposure central to the framework:

- Approximately **1 in 4 Black girls will be sexually abused before the age of 18.**⁶
- **1 in 5 Black women are survivors of rape** (CDC NISVS lifetime prevalence for non-Hispanic Black women, ~21.2%).⁷
- **35% of Black women experienced some form of contact sexual violence** during their lifetime.^{7 8}
- An estimated **40–60% of Black women report coercive sexual contact by age 18.**^{6 9}
- **38% of Black women experienced sexual violence other than rape** during their lifetime.⁷
- Bureau of Justice Statistics data (2005–2010) found that Black girls and women age 12+ **experienced rape/sexual assault at higher rates than White, Asian, and Latina counterparts.**¹⁰

Under the ACE (Adverse Childhood Experiences) research paradigm, this trauma load predicts elevated lifetime risk across health, behavioral, and social outcomes in a dose-response fashion.¹¹

5. The Historical Vector: The “Man-in-the-House” Rule

The framework requires a historical account of *why* family structure — a primary protective buffer against childhood sexual abuse — was destabilized.

- From the 1940s–1960s, many states enforced “**man-in-the-house**” (**substitute father**) rules, denying Aid to Families with Dependent Children (AFDC) benefits to any household where an able-bodied man resided. Caseworkers conducted “midnight raids” to catch men in recipients’ homes.¹²
- The rule created a direct economic penalty for two-parent poor households: assistance was available only if the father left. The Supreme Court struck the rule down in *King v. Smith*, 392 U.S. 309 (1968), but scholars argue the structural incentive against marriage persisted in AFDC’s design for decades.^{12 13}
- Black two-parent household rates, historically comparable to or higher than national norms in the early twentieth century, declined sharply in the post-war welfare era.¹³

Mechanistic link: father absence and household instability are among the best-documented risk factors for childhood sexual abuse — children in single-parent or reconstituted households face substantially elevated victimization risk, largely through reduced supervision and exposure to unrelated adult males in the home.¹⁴

5b. The Second Historical Vector: The Father-Removal Pipeline (Convict Leasing → Drug War → Mass Incarceration)

Where welfare policy paid fathers to leave, a parallel carceral pipeline physically removed them — continuously, from Emancipation to the present:

- **Convict leasing (1865–1940s).** The Thirteenth Amendment abolished slavery “except as a punishment for crime” — a loophole Southern states exploited immediately through Black Codes, vagrancy laws, and convict leasing, re-enslaving tens of thousands of Black men and leasing them to plantations, mines, and railroads. Douglas Blackmon documents this system, which he calls “slavery by another name,” persisting into World War II.²⁸ Ava DuVernay’s documentary *13th* (2016) traces this same loophole as the through-line from slavery to modern mass incarceration.²⁹

- **The crack influx and Gary Webb’s “Dark Alliance” (1996).** Webb’s *San Jose Mercury News* investigation documented that Nicaraguan Contra-linked traffickers sold cocaine that flowed into South Central Los Angeles’ crack trade while the CIA backed the Contra effort. Though the series was fiercely attacked, the CIA Inspector General’s own 1998 report (the “Hitz Report”) later confirmed that the agency knew of drug-trafficking allegations against Contra-connected individuals and continued working with them, and had obtained an agreement relieving it of the duty to report drug crimes by non-employee assets.³⁰ Whatever the ultimate scope of intent, the crack epidemic detonated in exactly the communities Sections 4–6 describe — already destabilized, already trauma-loaded.
- **The War on Drugs and mass incarceration.** Michelle Alexander’s *The New Jim Crow* (2010) documents how drug-war policy — including the 100:1 crack/powder cocaine sentencing disparity of the 1986 Anti-Drug Abuse Act — drove the U.S. prison population from ~300,000 to over 2 million, with Black men incarcerated at wildly disproportionate rates despite similar drug-use rates across races.³¹ Alexander’s core claim is structural: mass incarceration functions as a racial caste system that, like convict leasing before it, systematically extracts Black men from families and communities.
- **Mechanistic link to TAHS.** Paternal incarceration is itself an Adverse Childhood Experience in the original ACE framework,¹¹ and research shows it independently raises children’s risk of behavioral problems, school failure, and later justice involvement.³² The pipeline thus feeds the model twice: it removes the father (raising sexual-abuse and violence exposure per Section 5), and it inflicts a direct trauma of its own — while the drug economy it created supplies the violence-and-death environment driving the male pathway (Section 8).

Taken together, the two vectors form a pincer: **the welfare state incentivized father absence while the carceral state enforced it** — a 150-year continuity of policy-driven family disruption from convict leasing through the man-in-the-house rule to the drug war.

6. Family Structure and Child Outcomes: What the Rigorous Evidence Shows

Careful causal research (rather than viral statistics) finds that father absence has real, measurable negative effects — modest in size but consistent in direction:

- McLanahan, Tach & Schneider’s landmark review of causally rigorous studies finds father absence increases risk of **high school non-completion, behavioral problems, mental health problems, and early/nonmarital childbearing**, with effects strongest for behavior and educational attainment.¹⁵

- Children from single-parent homes show roughly **1.5–2× elevated risk** across delinquency, substance use, and dropout — much of it mediated by income loss and instability rather than single motherhood per se.^{15 16}
- Teen pregnancy risk is significantly elevated for girls raised in father-absent homes, with earlier father absence producing larger effects.¹⁷

These honest effect sizes are sufficient for the theory: multiplied across generations and combined with elevated trauma exposure, modest per-child risk elevations compound into large population-level effects.

7. The Modern Accelerant: The Social Media Dopamine Economy

The final component explains why the cycle is *intensifying* rather than resolving:

- Social media platforms are engineered around **variable-ratio reward schedules** — likes, shares, virality — the same reinforcement structure that drives compulsive gambling.¹⁸
- Neuroimaging shows that receiving “likes” activates the **nucleus accumbens and ventral striatum** — the identical dopamine reward circuitry Siegel identifies as hyperactive in adolescence.¹⁹
- For a trauma-arrested adult whose decision system remains hyperrational, viral validation is a near-perfect exploit: enormous perceived reward (fame, status, income), heavily discounted risk (humiliation, child endangerment, permanence of content).
- This predicts the observed phenomena: adults chasing viral moments alongside teenagers; parents recruiting children into content; adults experiencing a “second adolescence” of status-seeking online. The platform does not distinguish a 15-year-old’s reward circuit from a 35-year-old’s trauma-arrested one — it monetizes both identically.
- **The children are the most exposed population in the model.** Every prior generation carried its trauma load into an adulthood without algorithmic exploitation; today’s children carry theirs *inside* the machine from the start. A traumatized 12-year-old now experiences the van der Kolk injury and the dopamine-economy exploit simultaneously, during the exact years prefrontal integration is under construction — trauma arrests the development while the algorithm trains the arrested circuitry thousands of times a day. TAHS therefore predicts this generation of trauma-exposed youth will show the deepest and most widespread arrest ever measured — and, equally, that they are the population in which intervention pays the highest dividend, because the developmental window is still open.

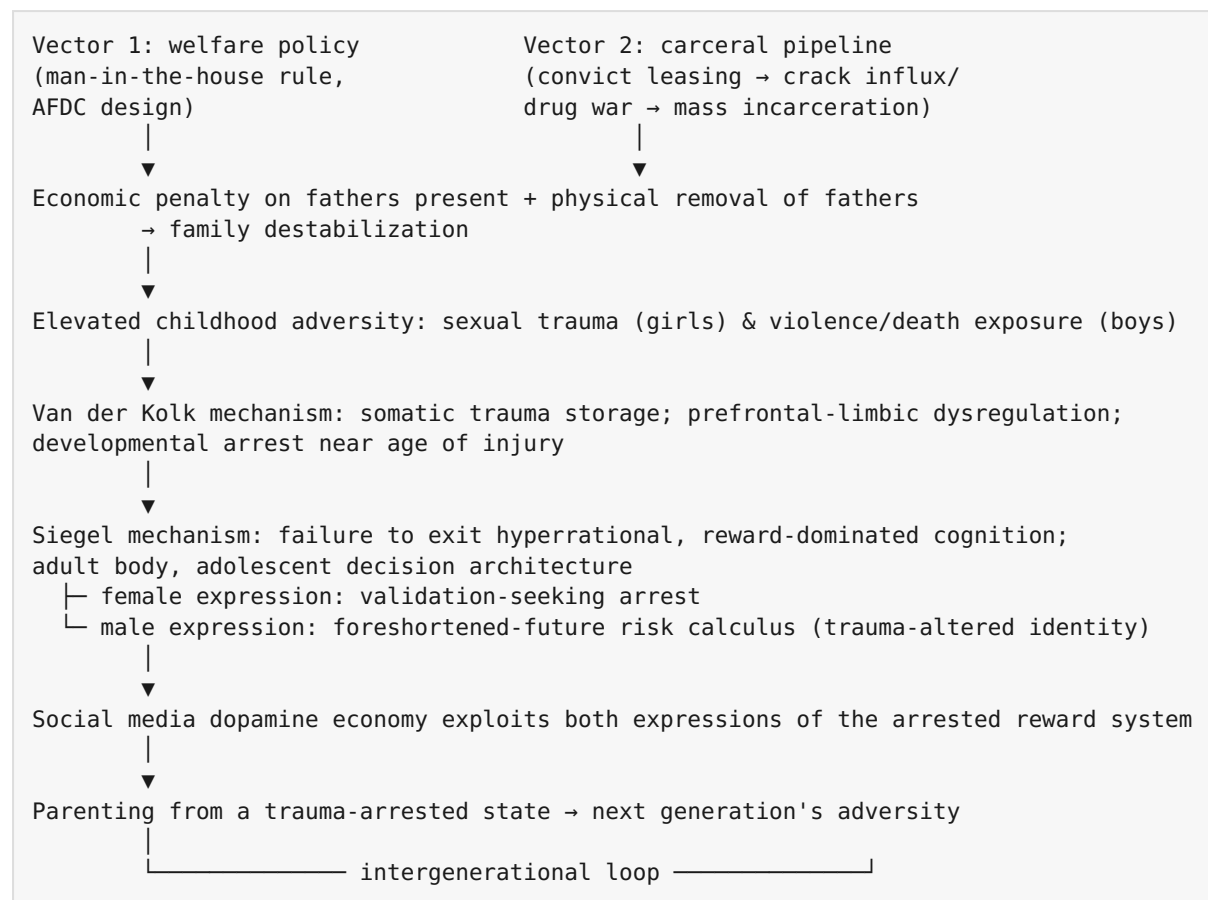
8. The Male Expression: Trauma-Altered Identity Around Violence and Death

TAHS predicts sex-differentiated expressions of the same underlying arrest. Where the female pathway runs primarily through sexual trauma, the dominant male pathway runs through **chronic exposure to community violence and death**:

- Black male adolescents experience the highest rates of exposure to community violence of any U.S. demographic — witnessing shootings, losing friends and family members, and living under persistent threat.²¹ Homicide has long been the leading cause of death for Black males aged 15–34.²²
- Chronic violence exposure produces the trauma physiology van der Kolk describes — hypervigilance, threat-biased perception, blunted stress response — plus a hallmark PTSD symptom: a **sense of foreshortened future** (DSM: the conviction that one will not live a normal lifespan).²³ Research documents “futurelessness” in violence-exposed urban youth: substantial proportions do not expect to live past their mid-twenties, and lower survival expectations independently predict higher violence involvement and risk-taking.²⁴
- **This is the decisive input to the hyperrational equation.** Siegel’s model is a cost-benefit calculation; the foreshortened future zeroes out the cost side. If death by 21 feels probable, then long-term consequences — prison, injury, death itself — carry near-zero weight, while immediate rewards (status, respect, money, protection, notoriety) dominate absolutely. Risk-taking that looks senseless from the outside is, inside a trauma-altered identity, a *coherent hyperrational calculation over a shortened time horizon*.
- Identity itself reorganizes around the trauma: violence-exposed youth adopt personas built on invulnerability, retaliation, and death-acceptance as survival adaptations — what researchers describe as trauma-shaped identity formation in the “code of the street” environment.²⁵
- **The dopamine economy then exploits this loop directly.** Drill videos, fight clips, gun displays, and beef-driven content are among the most viral formats; the algorithm pays out status and money for escalating displays of violence-adjacent authenticity, while diss content memorializing dead rivals keeps retaliation cycles alive online. The platform monetizes the foreshortened-future calculation the same way it monetizes the validation-seeking one — completing the male side of the Hyperrational Trauma Loop.

Thus the two expressions mirror each other: the female pathway (sexual trauma → validation-seeking arrest) and the male pathway (violence/death exposure → foreshortened-future risk calculus) are one syndrome with two exploits, both farmed by the same attention economy, both feeding the next generation’s trauma load.

9. The TAHS Model — Full Causal Chain



10. Predictions and Testable Hypotheses

A genuine theory must be falsifiable. TAHS predicts:

1. Adults with high childhood sexual trauma scores (ACE/CTQ) will show adolescent-typical patterns on delay-discounting and risk-weighting tasks relative to matched controls.
2. The effect will scale with trauma severity and inversely with age at trauma onset.
3. Trauma treatment that restores prefrontal-limbic integration (EMDR, somatic therapies, neurofeedback — modalities van der Kolk documents³) should measurably shift decision-making toward gist-based judgment.
4. Problematic social media use will correlate with childhood trauma scores independent of age — a correlation already emerging in the literature.²⁰
5. Communities with historically higher exposure to family-destabilizing policy will show elevated population rates of the above, controlling for income.

6. Among violence-exposed young males, measured survival expectations (“do you expect to live to 35?”) will predict risk-taking and violence involvement better than impulsivity measures — and interventions that credibly extend the perceived future should shift the hyperrational calculation more than risk-education does.
7. Trauma-exposed children and adolescents with heavy algorithmic media use will show steeper developmental divergence (delay-discounting, affect regulation, attention) than trauma-exposed peers with low use — and early neurofeedback intervention in this group should produce larger and more durable gains than the same intervention delivered in adulthood, because the prefrontal window is still open.

11. Treatment Implications: Neurofeedback as the Primary Intervention

If TAHS is fundamentally arrested prefrontal-limbic integration, then the indicated treatment is one that directly retrains that integration — and this is precisely the case van der Kolk makes for **neurofeedback** (*The Body Keeps the Score*, Ch. 19, “Applying Neuroscience: Rewiring the Brain”):³

- **Mechanism match.** Neurofeedback trains the brain, via real-time EEG reward, to shift its own oscillatory patterns — calming hyperaroused fear circuitry and strengthening the regulatory (prefrontal) networks whose weakness defines both the van der Kolk injury and the Siegel arrest. It targets the *substrate* of TAHS, not just its symptoms.
- **Evidence.** Van der Kolk’s group ran a randomized controlled trial in chronically traumatized adults unresponsive to conventional treatment: 24 sessions of neurofeedback produced significant PTSD symptom reduction and — critically for TAHS — improved affect regulation and executive function.²⁶ Follow-up work extended the findings to developmental trauma.
- **The treatment manual already exists.** Sebern Fisher’s *Neurofeedback in the Treatment of Developmental Trauma: Calming the Fear-Driven Brain* (2014, foreword by van der Kolk) describes protocols for exactly the population TAHS identifies: individuals whose development was arrested by early relational and bodily trauma.²⁷
- **Why it fits where talk therapy fails.** Trauma is stored subcortically — below the reach of language and insight. A hyperrational, reward-locked decision system cannot be lectured out of its arrest (Section 1’s “more facts don’t help” applies to adults too). Neurofeedback bypasses the narrative mind and works at the level where the score is kept.
- **TAHS-specific predictions.** Successful neurofeedback treatment should (a) shift delay-discounting and risk-weighting toward adult norms, (b) lengthen the perceived future horizon

in violence-exposed males, (c) reduce compulsive social media reward-seeking, and (d) — across a generation of treated parents — measurably lower the trauma load transmitted to children. Each is testable.

- **The prevention case: treat the children first.** Everything above applies with greater force to youth. Fisher's protocols were developed for developmentally traumatized children and adolescents;²⁷ the developing brain's plasticity means integration training during the open prefrontal window is prevention, not just repair. A generation of children is currently being trauma-arrested inside the dopamine economy in real time — intervening now interrupts the loop before it completes, rather than unwinding it decades later. This is also where the framework meets policy: school-based and community-based neurofeedback programs for trauma-exposed youth are a concrete, fundable, testable implementation of TAHS.
- **Complementary modalities.** Van der Kolk's broader toolkit — EMDR, somatic experiencing, yoga, theater, MDMA-assisted psychotherapy — addresses the same bottom-up substrate and can be sequenced around neurofeedback as the core integration-training intervention.

Neurofeedback is therefore not merely *a* treatment option for TAHS; it is the intervention whose mechanism is the inverse of the syndrome's mechanism — the direct retraining of the integration whose failure defines the arrest.

11b. Applied Work: The TAHS Neurofeedback Game Suite

As a proof-of-concept implementation of Section 11 — designed to be accessible to youth and adults alike — the author has developed a suite of nine browser-based neurofeedback training games (HTML5, open web technologies) built on a shared signal engine supporting simulated, manual, and live-EEG (Lab Streaming Layer) input modes. The games operationalize the reward-feedback principles van der Kolk describes — continuous auditory reward while the target calm/focus state is held, withdrawal of reward on state loss, and stress-spike disruption — across gamified scenarios targeting both TAHS pathways (e.g., interpersonal-approach games mirroring the female and male expressions, sustained-attention sports games, and an alpha-theta twilight protocol with state-responsive audio). The game format is deliberate: it meets trauma-exposed young people inside the medium they already inhabit, converting the same engagement mechanics the dopamine economy uses to exploit the arrested reward system into mechanics that train its repair. The suite is designed to pair with consumer EEG hardware for accessible, home- and school-based integration training and is available for research use upon request.

12. Conclusion

TAHS reframes what is often moralized as personal failure — risk-taking, validation-seeking, unstable parenting — as the predictable output of a nervous system injured in childhood and never permitted to complete its development, now embedded in an attention economy engineered to exploit exactly that injury. And the injury is compounding: the children of the trauma-arrested are growing up more trauma-exposed and more algorithm-immersed than any generation before them, being arrested in real time while their developmental window is still open. The framework is simultaneously an indictment of historical policy, a clinical hypothesis, and a roadmap: because van der Kolk's own research shows the arrest is treatable — with neurofeedback as the mechanistically indicated intervention, most powerful when delivered young — the cycle is interruptible, and the place to cut it is in this generation of children.

References

1. Siegel, D. J. (2013). *Brainstorm: The Power and Purpose of the Teenage Brain*. Tarcher/Penguin.
2. Casey, B. J., Jones, R. M., & Hare, T. A. (2008). The adolescent brain. *Annals of the New York Academy of Sciences*, 1124, 111–126.
3. van der Kolk, B. A. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Viking.
4. van der Kolk, B. A. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35(5), 401–408.
5. Teicher, M. H., & Samson, J. A. (2016). Annual research review: Enduring neurobiological effects of childhood abuse and neglect. *Journal of Child Psychology and Psychiatry*, 57(3), 241–266.
6. Black Women's Blueprint (2011); see also Amodeo, M., et al. (2006). Childhood sexual abuse among Black women and White women from two-parent families. *Child Maltreatment*, 11(3), 237–246.
7. Centers for Disease Control and Prevention. Black, M. C., et al. (2011). *National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: CDC.
8. Smith, S. G., et al. (2017). *NISVS: 2010–2012 State Report*. CDC.
9. Institute for Women's Policy Research (2017). *The Status of Black Women in the United States*.

10. Truman, J. L., & Planty, M. (2012). *Criminal Victimization, 2005–2010*. Bureau of Justice Statistics, U.S. Department of Justice.
11. Felitti, V. J., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults (ACE Study). *American Journal of Preventive Medicine*, 14(4), 245–258.
12. *King v. Smith*, 392 U.S. 309 (1968); Bell, W. (1965). *Aid to Dependent Children*. Columbia University Press.
13. Murray, C. (1984). *Losing Ground: American Social Policy 1950–1980*. Basic Books; Moynihan, D. P. (1965). *The Negro Family: The Case for National Action*. U.S. Department of Labor.
14. Finkelhor, D., et al. (1997). Sexually abused children in a national survey of parents. *Child Abuse & Neglect*, 21(1), 1–9; Sedlak, A. J., et al. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4)*. U.S. DHHS.
15. McLanahan, S., Tach, L., & Schneider, D. (2013). The causal effects of father absence. *Annual Review of Sociology*, 39, 399–427.
16. McLanahan, S., & Sandefur, G. (1994). *Growing Up with a Single Parent: What Hurts, What Helps*. Harvard University Press.
17. Ellis, B. J., et al. (2003). Does father absence place daughters at special risk for early sexual activity and teenage pregnancy? *Child Development*, 74(3), 801–821.
18. Montag, C., et al. (2019). Addictive features of social media/messenger platforms and freemium games against the background of psychological and economic theories. *International Journal of Environmental Research and Public Health*, 16(14), 2612.
19. Sherman, L. E., et al. (2016). The power of the Like in adolescence: Effects of peer influence on neural and behavioral responses to social media. *Psychological Science*, 27(7), 1027–1035.
20. Wong, H. Y., et al. (2020). Relationships between severity of internet gaming disorder, severity of problematic social media use, sleep quality and psychological distress. *International Journal of Environmental Research and Public Health*, 17(6), 1879.
21. Sheats, K. J., et al. (2018). Violence-related disparities experienced by Black youth and young adults. *American Journal of Preventive Medicine*, 55(4), 462–469; Zimmerman, G. M., & Messner, S. F. (2013). Individual, family background, and contextual explanations of racial and ethnic disparities in youths' exposure to violence. *American Journal of Public Health*, 103(3), 435–442.
22. Centers for Disease Control and Prevention, WISQARS Leading Causes of Death data (homicide, Black males 15–34).

23. American Psychiatric Association (2000). *DSM-IV-TR* (sense of foreshortened future, PTSD criterion C7); van der Kolk (2014), op. cit.
24. Brezina, T., Tekin, E., & Topalli, V. (2009). "Might not be a tomorrow": A multimethods approach to anticipated early death and youth crime. *Criminology*, 47(4), 1091–1129; Borowsky, I. W., et al. (2009). Health status and behavioral outcomes for youth who anticipate a high likelihood of early death. *Pediatrics*, 124(1), e81–e88.
25. Anderson, E. (1999). *Code of the Street: Decency, Violence, and the Moral Life of the Inner City*. W.W. Norton; Rich, J. A., & Grey, C. M. (2005). Pathways to recurrent trauma among young Black men. *American Journal of Public Health*, 95(5), 816–824.
26. van der Kolk, B. A., Hodgdon, H., Gapen, M., et al. (2016). A randomized controlled study of neurofeedback for chronic PTSD. *PLoS ONE*, 11(12), e0166752.
27. Fisher, S. F. (2014). *Neurofeedback in the Treatment of Developmental Trauma: Calming the Fear-Driven Brain*. W.W. Norton.
28. Blackmon, D. A. (2008). *Slavery by Another Name: The Re-Enslavement of Black Americans from the Civil War to World War II*. Doubleday.
29. DuVernay, A. (dir.) (2016). *13th* [documentary]. Netflix.
30. Webb, G. (1996). "Dark Alliance" series, *San Jose Mercury News*; Webb, G. (1998). *Dark Alliance: The CIA, the Contras, and the Crack Cocaine Explosion*. Seven Stories Press; Hitz, F. P. (1998). *Report of Investigation: Allegations of Connections Between CIA and the Contras in Cocaine Trafficking to the United States* (CIA Inspector General, Vols. I–II).
31. Alexander, M. (2010). *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. The New Press; Anti-Drug Abuse Act of 1986, Pub. L. 99-570.
32. Murray, J., & Farrington, D. P. (2008). The effects of parental imprisonment on children. *Crime and Justice*, 37(1), 133–206; Wildeman, C. (2009). Parental imprisonment, the prison boom, and the concentration of childhood disadvantage. *Demography*, 46(2), 265–280.