

TRAUMA

What is trauma?

Trauma is a wound to our inner world.

If we view trauma through an EMDR¹ lens, trauma is a form of dysfunctional memory²—unprocessed (not yet integrated) memories of events that are *dysfunctionally stored* in our brain's neurological networks.

EMDR proposes a neurological function called the “*adaptive information processing*” (AIP) system. It is a system we all have as part of our neurological makeup. It is a brain-body mechanism that processes and stores our memories. Processed memories are memories that have been experienced and integrated into our data banks for future retrieval and reference. New experiences get neurologically wired to other experiences as we live and grow and figure life out. The AIP is part of how we develop, and how we integrate life experience into our sense of self.

Trauma is what we get when these normal processes are disrupted by events that overwhelm us. Like all wounds, trauma exists on a continuum of severity ranging from mild to extreme.

How do we get traumatized?

An event is traumatic if it swamps our ability to functionally process and store the memories of the event.

An “event” can be a one-time traumatic event (“simple” trauma), or it can be a chronic condition that accumulates (neglect at home, an emotionally and/or psychologically abusive home life, racism and prejudice in your environment, discrimination, deprivations of poverty, being chronically bullied, etc.) Often trauma from chronic conditions have multiple facets (an alcoholic home, domestic violence in the home, sexual abuse, poverty, for some examples)—multiple conditions that exist simultaneously. Although these conditions may be normalized within a family or community this does not make them any less destructive. It does make the trauma less visible to the victim and can create a more “complex” trauma than that from a single event, not to diminish the terrible effects of a onetime trauma.

When the AIP is swamped by experiences that are too overpowering or painful, the memories get stored unprocessed, in isolation from (not wired to) the rest of our life experiences and learning. Also, the memories are stored “hot” with the undiminishing live, raw power of the traumatic experience itself, giving the memories a sense of timelessness (as if it happened yesterday even though it actually happened long before). This is what is meant by “dysfunctionally stored.”

These highly charged yet disconnected memories represent the traumatic wound. Consequentially, when the neurological memory circuits that hold the traumatic experience are triggered or activated (by something happening in the present), it feels like the original event is happening again even though rationally we may know better. Because the activated traumatic material is disconnected from the rest of our stored life experiences we can't use new learning to balance out the traumatic memories. The traumatic material remains “uniformed” that the danger that once was has been mitigated by other new factors (the war is over, the abuse has stopped, years have passed and we're not children any longer, etc.)—the trauma doesn't know about this because it remains trapped in isolation away from new

¹ EMDR refers to a trauma treatment counseling theory called *Eye Movement Desensitization Reprocessing*. It was pioneered in the late 1980s by Francine Shapiro and is accepted today as a best practices approach to treating trauma.

² Memory as conceived of in EMDR is composed of visual images and scenes, thoughts (cognitions), beliefs (conscious or unconscious—primarily about the self), emotional memory (that can be preverbal or nonverbal), and body memories (such as physical sensations, olfactory, auditory, and/or taste) all of which can be pre- or non-verbal—elements that are re-experienced in the present that stem from past events. All these are memories as defined in EMDR.

learning. When we are triggered we shift into a default state of being that maintains a limited perspective and is organized around surviving the original trauma. The beliefs held by this shifted state of being are based on surviving the old trauma, but the beliefs forged by the trauma are not always functional for the current situation or circumstance.

How do you know you've got unresolved trauma?

If unresolved trauma is onboard you can expect to see *trauma responses* in your behavior.

When triggered into a *trauma response* (a response that is driven by the underlying unresolved traumatic material) we may feel as vulnerable as we were when the trauma first occurred. As already pointed out, trauma doesn't know about the passing of time. Tell-tale signs of unresolved trauma are:

1. our reactions are, in part, irrational
2. our behavior is disproportionately reactive
3. our negative or toxic self-beliefs get reinforced
4. when triggered we get internally disorganized and revert to automatic (impulsive) behavior to cope
5. the behavior that seems so justified in the moment later becomes a source of guilt, embarrassment, or shame

By "irrational" we mean our behavior is not appropriate or balanced for the circumstances. For instance, someone (a boss, a teacher, or just someone who's having a bad day) gives us a cross look and at some level we feel like we're going to be attacked, frightened, or shamed like we were when we were small. Even a loved one who does something *reminiscent of past abuses*³ can suddenly become the enemy. After we calm down we can see that our responses and fears were not entirely rational for the present moment.

Being "disproportionately reactive" means we may overreact and yell at someone for a small infraction, or want to strike out in anger when the situation only calls for a smaller, more assertive response.

"Negative or toxic self-beliefs" mean we say excessively critical things to ourselves about ourselves ("I'm stupid" "I'm not good enough" "I don't measure up to everyone else" etc., or "I'm in danger" "This is intolerable" "I must fight" "I must escape" when in reality the situation isn't that dangerous after all). These statements can go consciously unnoticed but their effects are there nonetheless.

"Internally disorganized" and "automatic behavior" often appear together, and can form a powerful platform for compulsive behavior or addictions. "Internal disorganization" is the state the original trauma put us in and is the state we can find ourselves in again when triggered. We are flooded, which can happen in an instant and can take minutes or hours to calm back down. "Automatic behavior" is the survival behavior we learned and have practiced over time. It is behavior we trust even to the point of irrationality. Something as simple as a stressful day can stir old memories that we want to avoid so without thinking about it, and before the memories rise to consciousness, we find ourselves eating comfort food, having a drink we don't need, blowing up at someone over nothing (using anger as a self-medicating drug), or the like. Unresolved trauma can cause us to undermine our lives with destructive and self-sabotaging behavior. Unresolved trauma can fuel anxieties, compulsions, and unwanted behavior that we can't control by simple will power.

³ Unresolved trauma produces exquisitely tuned self-protective mechanisms including a sensitive radar system that picks up on any potential threats. Once a threat is perceived bio-chemical alarm systems activate resulting in cascades of automatic behaviors. The threat that triggered the system may not be a real threat. It may just have some similarity to past events that were real threats. This is where "irrationality" figures in. Trauma responses can appear irrational if the unresolved trauma context is overlooked.

Our behavior can be troubling to us and can mystify us when we don't understand where it's coming from.

Why do we fail to recognize our trauma and our corresponding “trauma responses”?

Surviving trauma gives rise to effective defenses including a denial system that limits our access to the trauma.

To answer a question with a question, why do we justify inappropriate behavior or act like certain behaviors are OK when they're not?

By definition trauma is something that is painful so we naturally seek to avoid it. Because it is painful, traumatic material can get buried out of sight and out of mind but it doesn't go away. It's under the surface out of awareness exerting its influence on our behavior. Mechanisms of denial help keep it buried. We deny that there is a problem. We ignore that there is a problem. We minimize problems. We rationalize and justify our behavior, or someone else's. Denial becomes a protective shield that insulates us from the unwanted troubling emotional pain. But denial also keeps us stuck in a dysfunctional revolving door of behavior we can't quite explain (point 5 above).

What can we do about trauma?

If trauma is dysfunctionally stored (painful) material what do you do to resolve it?

In the natural course of things unresolved childhood trauma can come to the fore and, finally, present itself for long overdue attention. With age and wisdom comes internal strengths that were not there in the child as they are now in the adult. A natural readiness emerges. Additionally, pressures in adult life motivate us to deal with our unfinished business, especially when it's getting in the way of important roles and goals we have as adults.

EMDR proposes to work with the traumatic material within to help process and integrate it into the whole of your life experiences. EMDR seeks to integrate, not erase, life experiences. When the memories are not recurring “trigger events” but simply accessible memories that are no longer so overpowering, the past can finally become just that, the past. We are free to appropriately feel and benefit from the painful lessons of the past, instead of being controlled by the past.

EMDR is a theory of counseling that is organized around a neurological model that guides the clinical process (the AIP model). There is an 8-phased structured protocol that facilitates the healing process. EMDR in its essence is not a “talk therapy”. It is an experiential approach to counseling that employs the resources within the person and seeks to activate an innate healing mechanism. Cuts and broken bones heal and mend through an innate healing mechanism of the body, with the right treatment (stitches, bandages, casts and crutches). EMDR proposes that there is a corresponding healing mechanism for the unseen wounds of trauma and seeks to engage it.

We can respond in several different ways depending on how the unresolved trauma is affecting our lives. If we feel that it's not affecting us significantly we can choose to do nothing. Trauma happens on a continuum of severity, so the wound may actually be minor enough to simply leave it alone and live with it. Unfortunately, this choice is sometimes more satisfactory to us than it is to those around us! Or we can take a self-help approach, or get professional help. Whichever route is taken it is important to remember, trauma's effects may seem unchangeable but that's not necessarily true. Trauma is an injury and injuries can heal.