

“Don’t Get Trapped By Trauma”: helping you understand and recover from Post Traumatic Stress

If you’ve ever experienced flashbacks, severe emotional upset, or powerful memories that intrude unwanted when you least expect them, then you may be experiencing some typical after effects of trauma. You might also find it hard to concentrate; your sleep may be disrupted by disturbing dreams; you jump at the slightest thing, feel overly stressed and even need to take time off work.

It can be a disconcerting, even frightening experience. One minute you’re coping, the next minute you’re not. As someone put it, “Last week I was handling complex situations, firing on all cylinders, making things happen; being effective. This week I can’t make a decision about the simplest thing This isn’t me. What’s happening? Will I ever get back to being me? How do I begin to make sense of it?”

It’s in the words, “How do I begin to make sense of it?” that lies the path to recovery: because if we have lost the ability to make sense of what’s happening, it’s through regaining that ability to understand and take action that we find our way through.

This article is designed to help you take that first step. It will help you understand more about the effects of trauma, how they might or might not be relevant to the difficulties you are experiencing and what you can do to help yourself get back on track.

It’s going to look at the process of trauma through to recovery in three steps:

1. what is meant by the term trauma, and what makes a traumatic event different from other upsetting events and experiences that we can generally bear, make sense of and move on from
2. what is happening in our brain when we experience trauma and how does it affect our emotions, behaviour and capacity to function
3. what we can do to restore our emotional balance and get back to living life more as we want to live it

1. What do we mean by trauma?

When we experience something difficult or upsetting, even if it troubles us for a few hours, even a few days or weeks, we will eventually make sense of it and put it to the back of our minds. It becomes a memory that we can return to if we want to but which won’t come in uninvited; and if it does we can look at it and put it to the back of our minds once more.

On the other hand, if something more serious i.e. a traumatic experience/event happens, instead of being able to eventually make sense of it and store it as a memory, the traumatic event and its associated emotions, feelings, thoughts and images, get stuck in our mind. It's like a story that has no ending. A film that is on an everlasting loop we can't get out of.

So how would we recognise that we're experiencing are the effects of trauma? What signs we should look for?

Typically, traumatic symptoms will include some or all of the following:

- Intrusion (the inability to keep memories of the event from returning, uninvited, at random moments; intrusive dreams and flashbacks)
- Avoidance /or numbing (an attempt to avoid stimuli and situations that may trigger and bring back those memories);
- Hyper arousal (similar to jumpiness; this may include insomnia, a tendency to be easily startled, a constant feeling that danger or disaster is nearby; extreme levels of irritability and anxiety)
- Hypo arousal (a shutting down of the senses which can drain energy, affect our ability to focus and make the most basic decisions)
- Depression that doesn't lift
- Disturbance to normal sleep pattern

In summary then, trauma involves any threat to life or our psyche which overwhelms the mind's defences to cope. Trauma can invoke a feeling of extreme helplessness, fear and anxiety and even fear for one's survival. It is the piercing of the body's and psyche's defences which triggers an extreme response in our brain in order to cope.

Post Traumatic Stress symptoms can happen at any time – even years on. Why? Trauma has no respect for time. For some, distressing feelings relating to a traumatic experience can feel ever present: they live in a state of hyper vigilance, feeling constantly anxious about when the next trauma might occur. This state of heightened awareness is normal for trauma survivors. One survivor described it as, "It's like waiting for the next truck to come up from behind and take me out. I never know when it's going to happen."

Other trauma survivors may not even recognise they have been affected because they wouldn't say they experience this level of debilitating anxiety in their every day lives. For these people the trauma can lie buried in their subconscious for years and it's only when something happens that reminds them of what occurred all that time ago that the memory comes flooding back. This is called a trigger event. It can be a repeat of the same traumatic event. However, often it is not directly related. It could be something similar – a loud noise, a smell, or a situation that makes the person feel

like they did at the time e.g. a feeling of being out of control, powerless, unsafe, or at fault. In these moments the trauma recall feels as fresh as the moment of the trauma itself, disrupting daily living and relationships.

Now, let's look at the science behind trauma: how details associated with traumatic events - images, thoughts and feelings - become stored in the brain in a way that's different from other less upsetting experiences and how when that happens it triggers an extreme response which we know as flight/fight/freeze.

2. What's happening in our brain when we experience trauma?

What's actually happening when we experience trauma is that the 'emotional computer' part of our brain whose job it is to make sense of our experience and maintain emotional equilibrium is in overload.

Here we need to look at what's known as the Adaptive Information Processing System (AIP). The AIP represents our brain's capacity to heal and restore emotional balance. It's the emotional equivalent to the body's biological capacity to heal itself utilising its immune system.

Our AIP is made up of two parts within the brain: one is the amygdala, the other the prefrontal cortex. Together they interact to make sense of our experiences and help us recover when we get knocked off balance by life events.

A bit more about the amygdala. This is the ancient reptilian part of the brain stem that we are born with. It performs basic functions to ensure our survival: a fight/flight/freeze response. It's not sophisticated: it doesn't 'think' very much, it just reacts.

The other part of the AIP within the brain, the prefrontal cortex, develops in childhood and particularly from adolescence onwards and it's not fully formed until we are in our mid 20's. This is the more sophisticated of the two parts of the AIP. It can think at a number of levels and achieve a degree of mastery in relation to what we choose to think about, how we think about it and when to do that thinking. It can help us to make sense of our experiences, look at things in perspective, get over upsetting or distressing events and store them in our brain as memories in the same way we do with less disturbing events. We can get them out to look at if we wish, but they don't come into our heads uninvited or in a way that overwhelms us.

For the most part our AIP works well and we aren't aware that this team work is even going on. It may take a few hours or a few days to 'get over' a disturbing event but eventually we can stand back from it, put it in perspective and get on with every day

living. The difficulty comes when something occurs, such as a trauma, which is simply too large, too difficult or too frequent for the two parts of the brain to work together to make sense of what's happened and process it. In these circumstances the teamwork can break down.

To understand what's happening to bring about that breakdown in team work it's useful to think of the amygdala as the 'smoke detector' in the brain and the prefrontal cortex as the 'fire investigator'.

In the event of a perceived threat the amygdala (smoke detector) will flash red warning lights and make a loud noise. If the event doesn't challenge the psyche's defences too strongly it can stay sufficiently 'open' to let in the more sophisticated 'thinking' prefrontal cortex (fire investigator) to look at the situation more calmly, think through what's happening, what's real or not real, what emotions might be being triggered, and decide what to do to restore some balance and emotional equilibrium.

In the event of a more severe perceived trauma, one that threatens the psyche's defences too much, the smoke detector goes into overdrive. It isn't sophisticated enough to know whether the house is on fire or whether someone has just lit a match. It can't distinguish between what's an okay thing to think about and what's not, so it takes a blanket approach and shuts everything down. To protect the psyche it activates one of its limited repertoire of responses: either fight, flight or freeze. Fight or flight are more obvious. The freeze response is different. This is the rabbit in front of the headlights scenario where the senses (notably hearing, movement, sight, decision-making) are impaired or in extremis completely shut down temporarily in order to recover.

Because the smoke detector operates milliseconds faster, it's able to shut out the fire investigator. In these circumstances our capacity to pause, make sense of what's happening and eventually restore our emotional equilibrium gets hijacked. It's like one component of the AIP, the smoke detector, is saying, "Danger, danger" while the other component, the fire investigator, is saying "Wait a minute, it might not be so bad." But the fire investigator can't be heard above the noise of the smoke detector. In other words when the hardware of the 'emotional computer' in our brain has too many conflicting instructions being inputted at once the system overloads and eventually crashes.

This is when we can get stopped in our tracks: because if the traumatic event isn't processed, it's prevented from becoming a memory, and therefore it remains a current problem: stuck in the system. A story that has no ending – it just keeps looping. We get flashbacks or intrusive thoughts in present day situations or events that remind us of the original trauma. We do our best to press the computer's STOP button: like

avoiding situations which are likely to trigger these flashback experiences, but we can find our lives getting more and more limited. It's like we keep living our past in our present, and if we don't attend to the wound that trauma leaves us with we are likely to not only live our past in our present, but in our future too.

3. What we can do to restore our equilibrium and get back to living life as we want to

In order to recover we need to calm the system sufficiently to unscramble the emotional computer part of the brain so the AIP can get back on line to do its job.

There is a lot of help out there. All therapeutic approaches are working toward helping to restore emotional equilibrium and well being. However, there are several specialised treatments used to support recovery from the ongoing effects of trauma. These come under the umbrella of what's known as Trauma-Focussed Therapy (TFT). Some you can do by joining a class or going on-line to learn the techniques e.g. mindfulness, Emotional Freedom Technique (EFT). For others you will need to seek the support of a therapist who specialises in trauma. These include TFCBT (Trauma Focussed Cognitive Behavioural Therapy), EMDR (Eye Movement Desensitisation Reprocessing), and Equine-Led Trauma-Focussed Therapy.

In this article we're going to focus on EMDR. To help you decide whether it could be a useful intervention for you we'll look at the underlying principles and goals of the treatment and how it works in practice.

THE BASIC PRINCIPLES

EMDR is based on the premise that our health and well being can be blocked when a traumatic experience becomes embedded or stuck i.e. when the AIP goes into overload, crashes and goes off line. The goal of EMDR is to get the AIP back on line.

EMDR doesn't profess to eliminate the event, but rather to lessen its impact: to normalise and make sense of what's happened to make it more bearable so you can put it on a memory stick in your emotional library. You can get it out to look at when you want to without being overwhelmed and get on with life without experiencing unwelcome, uninvited thoughts, images and feelings or be triggered by similar situations in the present.

It's possible to use EMDR as a stand alone treatment. However, it also sits well alongside other trauma-focussed interventions, making use of CBT resourcing-type techniques such as mindfulness, visualisation and relaxation.

HOW DOES IT WORK?

During EMDR sessions you will remain in control, fully alert and wide awake. This is not a form of hypnosis and you can stop the process at any time.

EMDR uses a technique called BLS (Bi-Lateral Stimulation) to reproduce the positive effects of REM (Rapid Eye Movement).

What do we mean by REM and why is it important in our path to recovering from trauma?

If you look at someone who is in the REM part of their sleep cycle you'll notice their eyes flickering from side to side under their eyelids. This is the short, but deep part of sleep, during which the subconscious makes sense of information it hasn't been able to process during the day. For instance, have you ever gone to bed worrying about something and in the morning when you wake up the problem isn't troubling you in the same way? This is an example of the REM doing its job to help process/make sense of what's happened and keep your AIP on line.

During treatment the therapist uses bilateral stimulation to mimic the side to side eye movements of REM to disrupt/slow down the smoke detector sufficiently to let in the more thinking part of our brain, the fire investigator to help. Remember, this is the part of our AIP which can make sense of the upset and help us gradually to restore our emotional balance so we can function better. There are several ways of delivering BLS including using finger movements, a light bar, tapping or audio stimulation.. Between you and your therapist you will work out which works best for you.

At the start of treatment your therapist will ask you to start out by looking at the worst part of the trauma-related memory as it affects you today and the image that goes with it. You might feel it's counter intuitive to go back and think about something that causes such pain. However, in order to recover it's important to expose oneself to thinking about and imagining the traumatic event in order to gain release from its hold.

Your therapist will then use short sets of BLS to enable you to look at the trauma memory in small chunks. They'll also ask you to let your mind go free and notice other spontaneous thoughts and feelings that come up. These may seem unrelated, but they are all relevant. Just enjoy the journey.

The treatment will continue until the memory no longer has the same negative resonance. This may take one or several sessions, depending upon the nature and severity of the trauma-related memory.

So, what are we saying overall about how trauma affects us and what we can do about it?

As we said at the beginning, being able to make sense of what's happening when you're experiencing the after effects of trauma and the neurological reasons behind why you can be so affected by it is the first and most important step toward recovery, because having knowledge, understanding and language to describe what is happening lifts us out of helplessness and empowers us to to get what we need to restore our well being.

So don't let trauma keep you a prisoner of your past. Free yourself to live life more fully in the present, unshackled by paralysing fear and anxieties and regain more control of your life and how you want to live it.

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