

NEUROLOGICAL CONSEQUENCES OF TRAUMA

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Implicit memory

- At birth the brain is the most undifferentiated organ in the body.
- First 2-3 years of life: No recall, yet early experiences often determine behavior, how one sees self and others, how safe one feels in the world, and how one responds emotionally and sometimes physically.
- 100 billion neurons are being connected: After birth, most connections are determined by one's experiences and the meaning given to those experiences.
- Attunement and regulation: Ignoring the limbic needs of our children, leaves them more vulnerable to loss. Attunement essential. Child needs empathy for loss experience and help in regulating emotions.
- Although outside the realm of recall, the memory we attain during this time has a tremendous impact and influence on our responses to the world and those in it. Dan Siegel: "Memory is more than what we can consciously recall about events from the past. A broader definition is that *memory is the way past events affect future function*" (Italics Siegel's).

Hardwired beliefs following separation trauma

- I have no right to exist
- I am unworthy, undeserving, unlovable, unimportant
- I am helpless to change my situation
- No one will notice that I am gone
- Things will never get better (generalize negative attitude toward life)

These beliefs are usually created during trauma, are deeply imprinted and very difficult to change. The two sides of the brain do not speak the same language, so intellectual understanding doesn't help.

Explicit memory

- Recall of events and information possible beginning at age 2-3.
- Two parts to explicit memory:
 - Semantic memory:* factual information, such as the capital of California is Sacramento.
 - Episodic memory:* retrieval of autobiographical information—ourselves in time and space. "I remember going to the beach last September."
- Memory's treachery: Emotions determine what part of events we remember. We filter memory through our lens of experience. Time changes memory. Subsequent events alter memory.

Emotional Dysregulation

- *All psychopathology constitutes primary or secondary disorders of bonding or attachment and manifests itself as disorders of self and/or interactional regulation.* ~James Grotstein.
- Self-organization is essential to developing a sense of Self.
- Learning to regulate our emotions is a normal part of the maturation process.
- Begins with the attunement and soothing of the mother—sharing the grief.
- Self-regulation and self-organization are essential to good mental health.
- The amygdala is at once our savior and our nemesis.
- Discovering and increasing our *window of tolerance* helps us become more regulated.
- Learning to respond to situations, rather react to emotions, improves relationships.
- Attractor states: What is Christmas like in your childhood home? Regression normal.
- Awareness and consciousness are essential to a more productive, well-balanced life.
- Narrative is an important component in achieving self-regulation and self-organization.
- As humans, we do better when we can share our emotions with someone else.

Scientists are now questioning our old belief that as human beings we can always respond to our situations rationally. Although this is the ideal, there is a reason that it is difficult to achieve under certain conditions, such as early childhood trauma: The amygdala is programmed to prevent future trauma even vaguely linked to original traumatic events and receives information a nanosecond before the neocortex. Thus, one may react to a perceived danger before reason sets in. If as children we were not helped with the regulation of our emotions by the attunement and soothing of our mothers to our feelings, we may end up being unable to control our responses to those emotions as adults. Becoming more aware and conscious of how we affect others can help smooth the pathway to a better integration of our experiences and their effects on our psyche.

Regulating our emotional responses allows for a wide range of feelings while maintaining appropriate, flexible, adaptive, and organized behavior. It is essential to emotional health and a sense of control.

THE CONSEQUENCES AND MANIFESTATIONS OF TRAUMA

Consequences of Trauma

- *Terror*: The disappearance of mother/world is terrifying, confusing, and chaotic for an infant. The mother/baby are psychologically connected and the separation leaves a void in both mother and child.
- *Disconnection*: The severing of the mother/child bond is an interruption of the natural order of things. It calls into question basic human relationships, safety in world, value of self, trust, and intimacy.
- *Captivity*: Impotent to get mother back, the infant or child is unable to flee or escape from an environment which feels alien. Even though he doesn't feel as if he fits into the family, his parents are the most powerful people in child's life and the psychology of the child is shaped by their actions and beliefs. There is expectation from the parents for professions of respect, gratitude, and love.

Manifestations of trauma

- *Intrusion*: A vague resemblance to the original separation trauma can create an emotional response that blocks any opposing information. Hebbian memory: *Neurons that wire together fire together*.
- *Repetition compulsion*: Exposing oneself to situations reminiscent of the original trauma, usually resulting in the same response.
- *Avoidance*: Juxtaposed to this coping mechanism is that of avoiding any situation or relationship which has the possibility of resulting in abandonment.
- *Dissociation*: The pain of separation is often so severe that a child will resort to dissociation in order to avoid feeling the loss. Children: daydreaming or losing selves in TV programs or books. Adults: alcohol, drugs, sex.
- *Disconnection*: Difficulties in allowing oneself to get close to another. Fear of another abandonment keeps adoptee from close relationships. Trust in relationships learned in stages: mother, father and other family members, friends of parents, community, etc... If first stage is severed, hard to continue to trust and connect.
- *Hypervigilance*: The devastation of the separation from mother, although most often not recalled, makes the victim have to constantly survey the environment so as not to be surprised again. This makes concentrations and focusing difficult (especially as pertains to school).
- *Hyperarousal*: Lacking in stimulus discrimination, adoptees are constantly in flight or fight mode. Not only does this interfere with attention to task, but can cause deficits in preservative learning and the acquisition of new information.
- *Devaluing self*: Narcissistic response to mother's leaving: "What is wrong with me? If mother doesn't want me, how can I have any value?" This is one of the most deeply imprinted and difficult to overcome neurological patterns. It persists even under overwhelming evidence to the contrary.
- *Continuity of life*: Adoptees often feel like anonymous beings. If they are not allowed to know their genetic history, they are cut off from themselves as well as from their parents and relatives.
- *Cause and effect*: The interruption of the natural order results in a deficit in understanding consequences or cause and effect. This is seen as oppositional behavior by many parents and therapists, but is a real deficit for these children (and adults). The feeling of *being of no consequence* just adds to this dilemma.
- *Not belonging*: No matter how loved or nurtured adoptees feel, there is a tremendous sense of not belonging or not fitting into the adoptive family. This makes sense because there is no biological relationship and no reflection of self. It is one of the most difficult things for adoptive parents and their children to deal with, especially during adolescence (since they are not aware of what they are dealing with).
- *Victimization*: Because separation of mother and child is not generally seen as a trauma, most children who have suffered from this loss are not seen as victims of a devastating experience. There is no understanding, acknowledgment, or validation for their loss. Rather than understanding their behavior as coping mechanisms, it is assigned to personality. Adoptees eventually identify with their coping skills and see themselves as being "the bad child" or the "good child," when their coping style has little to do with their true personality. Perhaps it is this lack of recognition of victimization of the child that makes the victim role last so long.

Psychological responses

- *Depression*: Unresolved grief
- *Anxiety*: Fear of another abandonment.